OCIIO May 18, 2010 Issuers Data Collection Webinar

May 18, 2010

OPERATOR: … for standing by. All lines will be in a listen only mode until the question and answer session.

To ask your question, please press star one.

Today's conference is being recorded. If anyone has any objections you may disconnect at this time.

Now I'll turn the meeting to Mr. Brian Sinclair James (ph). You may begin.

BRIAN SINCLAIR JAMES (ph): Thank you, Lee (ph).

Good afternoon everybody. I want to thank you for joining us for the healthcare reform portal data entry training session. This is the second, and I believe the final scheduled training. Although, obviously, if you have any other concerns or any special needs, we'll ask you to communicate with us later and we'll try to address those.

My name is Brian Sinclair James, (ph) I'm with the Assistant Secretary for Planning and Evaluation within Health and Human Services. I'm also joined by Christie Holchay (ph) who will be answering the more specific questions relating to the data entry tool and dealing with some of the technical issues of how to get your information entered.

What I'd like to start off with today is simply going through what the goal of the portal is, orienting you in terms of why we're asking the questions that we're asking, what generally that information is, and then I'll turn it over to Christie (ph) to take you through the tool. We'll address whatever questions come in over the chat line, and then at the end we'll take whatever calls you have and do our best to answer your questions at that point in time.

In terms of the overall goal of the Web portal, clearly it's to establish a mechanism, including an internet Web site through which a resident of, or small business in, any State may identify affordable health insurance coverage options in that state. Now what we are really trying to do is to provide a single point of entry where people can get information about Medicaid, about the chip programs within their State, about the high risk pools, and also learn about the individual insurance market and the small group market so that they can look at those options and make the right choice for them in terms of establishing the appropriate level of insurance.

On the next slide you can see we've got the statutory basis for the legislation. We're providing this so that you can number one, if you do have any questions or want to find out what the specific language is, overseeing this you'll be able to find it. But as well, we really would like to gather whatever comments you have, whatever concerns you have, we'd ask you to go ahead and provide those to us. This is an iterative process. Not only are we going through for July, we have the October release, and we will continue to work on the portal to make sure it's accomplishing the best result in terms of meeting everyone's interest and providing information that consumer's need.

Today's training really – I'm going to try to take you through and explain the data request, what it is we're asking, why we're asking it, perhaps deal with a couple of the details that we've gotten from prior questions. And then turn it over to Christie (ph) for that technical training you know data entry. And then today will be you know I know for the prior training on the 7th, we could take questions, but we will try to get through as many of those as we possibly can today, as well.

I did want to take just a moment to talk about the nature of the request. In part, one of the challenges that we confronted in terms of how to construct a portal, was to come up with a definition of what the entries are that should be presented on a Web site. I know many of you have worked with different vendors. You provide them with sets of information. You can provide them with the information you want to provide them. And so it's not required that you set up definitions.

In our situation we do have to determine, OK, what are we going to require from you? How are we going to require

it? And so what we essentially wanted to do was to – well, we came up with the concept of what we're calling a portal plan which associated with a set of products. For the July request, we really only want to get information regarding products. For many States and many of the issuers, this concept will make, I think, very clear sense

What we're looking for is the package of benefits associated with a State filing. So for those States where you list, OK, here is an HMO that we're going to be offering within the State. We are going to have different sets of pricing associated with that. But here is the set group of benefits that we have to file with the State. That is exactly what we're looking for.

In those States where you do not have particular filings, what we are hoping for is that you will have – and again, this may differ depending on how you've worked out your system of insurance. But generally we expect that you're going to have a set of benefits that you offer that can be associated with different sets of pricing. We're not looking for you to incorporate all the different types of you know OK, we've got a $500 deductible, we've got a $50 deductible, we've got a $55 deductible. We're not looking for that amount of detail at the – for the July listing. What we're really trying to get at is the set of major benefits associated with that.

And in terms of the dimensions of those benefits, hopefully you'll be guided by the dimension in tool, itself, in terms of what we mean by a product. You can look within the reg for more specific definition. We do have question and answer materials that are now available on the Web site. And if you need additional guidance you can always call the help desk, or send an e-mail to the help desk e-mail address. And we can work through those details with you in more specificity.

For the July product information, we are also going to be asking the States to provide us a list of the number of products offered by each issuer within their State. We will be trying to cross validate that information. So we are informed by a State that Bob's insurance is offering three HMOs, we are going to look to see, OK, are you providing us with HMO information for that State. And you know essentially work validation through that process.

In terms of what markets we are requiring, we are actually looking for individual and small group major medical. There have been a lot of questions on limited policies. There have been catastrophic policies, policies that only cover hospital insurance, dental benefits, those more limited policies we actually are not trying to gather at all at this time. What we are really interested in is obtaining the major medical policies that you have as products, offered in the different States.

Additionally though, we are going to try to gather information on how consumers can reach your firm. Particularly since we're only asking for a broader level of information for July, it's going to be critical that as consumers go through, if they see a product that appeals to them, they're not going to have the pricing information available for the July release, we want to make sure we're directing them to you appropriately so that they can get the information and possibly sign up for that insurance. We'd like to get – if it's a separate set of information on how consumers can request quotes specific to those policies, if you are tracking that as a separate set of information, we'd like to get that as well.

And then in October we're really seeking the fuller plan level of information. Equivalent to what you might list with a vendor such as E Health or Vinia (ph) or any of the other vendors out there where they're trying to provide plan level information. A specific policy that a consumer might be interested in applying for, that's what we'll be trying to obtain for October.

For this July 1st release, we are going to want to get corporate and contact information. This is essentially so that we can reach out for you – to you. We want to make sure that we know who you are. If we have questions about what you are offering or, not offering, we'd like to make sure that we have contact information so that we can reach out to you.

The product level information. Again, we are not going to try to drill down into the level of particular policies that might be offered. We simply want to gain the benefit packages that are an offer within a State, so we can identify these for consumers so that they can compare their different opportunities.

Individual and small group, clearly we'd like you to separate out those products that are available for the individual

market from those products that are available for the small group market. We recognize, in fact, that certain benefits may be available on – as a package to both those markets. In that case, we'd actually like to see two entries, one for the individual market, and one for the small group market, so that we can represent them to consumers who come in looking for either one or the other.

We are going to be asking for product names and identifying numbers. Again, we know that there's going to be you know there's a little bit of ambiguity. Because there has not been any centralized authority for entering this information, we know in certain cases it's difficult to identify exactly what we mean by that. Essentially what we're looking for is a number that we will be able to contact you by, or that consumers would be able to contact you by, and that you would then be able to know what it is we're asking about. This may, in fact, be associated with an NAIC filing.

What we're looking for though is, in fact, something modeled after the filings from the group market where you list those benefits for actual filings with the Department of Labor and the IRS to make – for HIPAA compliance and that sort of thing. So for benefits where you are able to identify a concrete grouping of benefits, we'd like to have an identified number that you can provide.

Additionally for product type, there are a number of different ways of dividing up the types of insurance products. For major medical, fortunately, those definitions have become more concrete. HMOs, PPOs, an indemnity, or a fee for service plan, the point of service, those are what we mean by product type. And we are going to be asking for a link to a brochure.

The brochure link is something that has become an issue as we've talked through with various people about closed product lines. We are asking you to identify for us those products, even if they maybe closed blocks, but they do have enrollment. This is not so that we can provide this information to consumers. Rather this is for us to get a better idea of the insurance market within a State, and also to be able to better validate the information that you provide for us.

If we hear that a particular company is covering say you know 50,000 people within a given state, and then we only get product lines with enrollment numbers adding up to 10,000. If we know that you have closed products out there with 40,000 people in them, then we still have a – an adequate knowledge of the market and your role in it. That's why we're of ten – that's why we're asking for that information. You will have an opportunity to mark that it is a closed product, and that will inform us that this is not something that you want listed on the portal. This is something that all of us are in agreement with.

There are no plans to provide closed block information on the portal at this time. We may actually use that information to learn more about the market. We may actually use that information to inform us in terms of designing the portal so that we're better presenting information. But we won't – we have no plans to provide that information, even though we are requesting it. It's, again, for validation purposes and for a general understanding of the markets so that we can design the portal better.

And finally, we are asking for a link to what we call the network provider. In this case what we're really looking for is those people who are providing services. If you have a list of particular doctors who are associated with a given product line, we're asking for the link to that network.

Generally, I think, this is not going to be problematic. In certain cases, again for closed blocks, there may not be a specific network associated with that. In that case you know we're not asking for that information to – we're not asking for people to make that information up, or to try to form networks of providers, but where a link to a network provider Web site is available, we'd like to acquire that information so that we might be able to utilize it to provide to consumers so that they can check whether their personal physician's on that list.

Dates. The training – actually today is not May 7th, that was the first training for the first set of Web slides. We have pushed back and gotten – you know unfortunately due to the time constraints that we've been confronting, we've had to work – rework some of these deadlines, somewhat. But the help desk was open on May 7th. Any questions that you have, you will be able to reach out to them, they will be able to answer your questions. We should have gotten the log in information out to you on May 10th. If you have not received log in information, or if

you know of others who have not (INAUDIBLE) …

UNIDENTIFIED PARTICIPANT: (INAUDIBLE).

JAMES (ph): – I'm sorry.

Yes. Well, either way. We were asking that you send in the log in information. If that log in information has not been sent in, we would still appreciate getting information and you can reach through the help desk. We do not want to leave people out. We are not trying to create artificial deadlines that will keep people from being able to present their information on the portal. We're simply trying to impose some order on the reporting so that we're able to get the development in place and produce the best portal we can based on our deadlines, which are hard set, for putting this information on.

The starting date for data entry has passed us. You are able to get in, you can submit your entries, and we would appreciate doing so as soon as possible.

The deadline for submissions, currently it says May 21st. This was pulled directly from the Web site. Our Web site information also says May 21st, but that is no longer the case. Because we got the information out to you late, we have extended it to May 26th and we would dearly love to hear from you before that date.

May 26th in a certain respect is a harder deadline because we really do need time to validate this information, get it entered into the portal tool so that we can get the information posted you know on really July 1st. I understand that that's a tough deadline to meet. Quite frankly, we're under the same constraints that you are. And so we appreciate the difficulties, but we'll work with you as much as we can to make sure that we're getting the information entered.

And finally, the support information. As I mentioned the HIOS help desk is available. You can call at the toll free number shown in your screen. This information is also available on the HHS.gov/OCIIO Web site. You can call that number or you can use the e-mail address to send any questions that you have to us. If there are specific information on the portal, the help desk should respond very quickly. If there are more generally information on issues of what information that technical people may have questions about, they will be forwarding that information on to other staff who can assist with those questions and we will be replying to those information as quickly – to those requests as quickly as possible.

If you submitted an e-mail and have not back from us, it is quite possible that we actually have even started to reply to you, but those replies are in clearance. We've been trying to be very careful about making sure we're giving you the right information, and consistent information, so we will be replying to those e-mails as soon as possible. And we are streamlining this process so we will be making quicker responses as we go forward.

OK. I know you're probably going to have some questions about these materials. We will open things up for questions at the end. But at this point in time I'd like to hand things over to Christie Holchay (ph). I'm mispronouncing her name all across the board. Christie Holchay (ph) who will be able to take us through the portal tool itself.

CHRISTIE HOLCHAY (ph): All right, thank you Brian (ph). I'm going to go through the data entry portion of the form.

The first thing I want to go through basically is that you should have already received the copies of the template and the forms through the list serve plus it's also available on the Web site. If you have not received these, the Web site address is hhs.gov/ociio. And if you go to that Web site you will see under the left hand nav, there's a link for gathering insurance information. You just click there and you will actually see the template and the technical instructions on that Web site.

Towards the middle of May, after you all have submitted your forms by May 26th, you will be able to – or we will actually process those templates and you will receive an e-mail saying that it has – it was either a successful submission and basically everything on the back end has validated. Or that we found some errors and that we are requesting that you redo the template you know and fix those errors and then send it back to us and then we will go

through and process it. What we will end up doing is based on the contact information of who submitted it, that will be the person that will be notified that the date of submission either was missing information, or that everything is OK with it.

The system requirements are that you need to have Excel 2003, or greater. We cannot – or it does not work at all with anything before Excel 2003. Please make sure that you review the technical instructions on how to enable your macros accordingly, otherwise the template will not work.

Basically – the basic makeup of the template that there are three tabs. The issuer general information, where we gather information about the issuer. So such as the issuer name, the Federal EIN of the company, the nakes (ph) company code, the State – the product – market coverage which either individual, or small group, or both. The NAIC group code is an optional field, so if you do not have that, you do not have to enter it. And then the issuer ID.

Under address, basically it's your company address. And then under question number three, there are actually four sub-questions in that. Which is you need to identify whether you offer an individual market. If you select yes, you will then be asked to fill out the Web site for that individual market. If you select no, then you will not have to fill out the Web site information. And then the same thing for the small group market.

The next question refers to the customer service information. You will put down basically the local number, the toll free number, TTY, the Web site address. I think the only field in here that is optional is the extension. And I think the TTY is also – Sharon (ph), is that true, TTY is also optional?

OK. No. TTY is not optional.

But anyways, the next bit of information is the data submission contact for the individual market. This is the primary contact information of the person filling out the form for the individual market. This may be the same information as the validation for the submission. We do request that you fill out a back up contact. If you do not have a back up contact, that is all right, this is an optional field. But we do request that there is somebody else. Because if we do find issues or we have questions based on your submission, we will contact you.

As far as the small group market, we are asking the same information. We need the primary contact for who has filled out the information for the small group. And again, the backup contact. Let me see.

Then the next question really refers to the rating. This – here we are asking for you to identify if your company has been rated by an outside firm, that you indicate yes or – you have been rated for the individual market or the small group. And then you would indicate who was the rating company, what rating type it is, what the rating was, and if you indicated that it was another company than those we have listed in the drop down, then you would be required to fill in the other, or describe. Again, same thing with rating type, if you selected other there is a section where you have to fill out the rating type other, and describe what other type it is.

This information will not be presented on our Web site at this time. In addition, right now we are only collecting five of these rating types, so if you actually have more you know obviously we don't have enough sections for that. But you do not have to fill out all five if you don't have any you know that sort of thing. And this is again, we asked it for both the individual and the small group market.

So the next slide is actually a picture of what that information – or what that template looks like.

SHARON (ph): Christie (ph), this is Sharon (ph). I'm sorry there was a problem with my line. The TTY field is optional.

HOLCHAY (ph): It is optional …

SHARON (ph): Yes.

HOLCHAY (ph): … thank you, Sharon (ph).

SHARON (ph): Yes.

HOLCHAY (ph): OK. So the next slide I want to go to – or actually I guess this is the tip. The fields are required – or, are marked as required or optional. So when you actually select on a cell, you will kind of get a little pop up. And in that pop up it'll basically explain what it is we are looking for, for that cell. But then, in addition to that, it'll tell you whether it is an optional field or not.

At – while you're going through the form, we do request that you select the validate button up at the top of the form periodically. It'll basically tell you if the information you have entered into that cell has – is valid, or if you need to go back in and reenter the information in a valid format. Let me see.

Certain cells are conditional based on the data you have entered in a previous cell such as that if you – if you offer in the individual market, you say yes, you would have to fill out the Web site information and so on.

Let me see. Go on to the next.

Here is where we request – or we have the product information. The cross reference code, which is in the first column, will be used mainly for when you – if you were to select whether or not you cover in the entire State. If you select no, which as you can see is like the second to the last column there. If you select no, then you'd have to go to the next tab in the form and enter in the individual zip codes in which you have indicated no, that product does not cover the entire State.

The product name – or we ask for the product name. And there you would put down whatever you refer to your product name as. The second column – or the next column over is the enrollment code, or group number. This is basically your internal number. As Brian (ph) indicated, that if a consumer indicates that they would like to learn more about this product, they would be able to call up and say you know product number, or group number, is such and such and you guys would be able to identify what it is they're looking for more information on.

Under product type, you would select you know HMO, PPO, fee for service, you know what ever the product type is. If the product type is for only certain associations, if you only offer it to you know certain groups, or whatever, you would select whatever product type that is and then in the following column, under other product type description, you would actually type in the word, association. And that we will know that that is not offered to the general public. That is also a field used if you select other under product type. You would also write in the description of what that other type is.

Product enrollment is the number of consumers you have enrolled in that product name. The – whether it is individual, or small group. The Web site address for the benefits at a glance is the brochure information – or the brochure – a link to the brochure. Website for formulary, that is an optional field so if you do not have a Web site for the formulary, you do not need to enter it. Website provider network. That is basically exactly what it states. Covered under whole State, you would select yes if it is covered under every zip code within that State. If you select no, that is when you will have to go to the next tab and actually write down that cross reference number – and I will go through this through the next couple of slides. And you would under each cell would have to put in a zip code for that state in which it is offered. Under opt out of phase two. You would select yes if you are not accepting any new enrollments. Basically it's just a closed block you know anything of that nature.

Let me see if there's anything here. You would enter one row for product offers. Also the (INAUDIBLE) formula Web site are required. Let me see. I've already gone through I think everything that's on there.

So in the next cell actually show the geographic coverage. In the first column, that is where you would indicate that reference number that you had selected no under whether or not it covers the entire State. You would then, under the second column in each cell, have to fill out the individual zip codes. So if it was you know say, Maryland, and you only covered it in 21044 and 21045, you would put under you know for the product that you had listed in cross reference, one. Under the first column you'll put one. And then under the second column you'll put 21044. And in the very next cell – or cell down from there you'd put, again cross reference number one, and then 21045.

If you have partial zip codes that you cover, the way we request you enter this information is that you'd put down

the full zip code, and then we will later – we hope to be able to bring that into a more – I don't know if these are the right terms, but we'd be able to …

JAMES (ph): We'll be addressing – when we're dealing with particular plans, we'll be address this more directly. We haven't completely determined how best to handle partial zip codes. Yes, so we will be addressing that. But if you can let us know that is offered in at least say, part of the zip code, that'll allow us to direct people appropriately, forward we hope.

HOLCHAY (ph): (INAUDIBLE). I've already gone over how you need to enter one row for each zip code. The – you need to verify that the cross reference for the product matches the cross reference from the product info in the worksheet. It will require – if you did put a no under the whether or not covered in the whole State for a cross reference number, it will indicate that you have not filled out the geographic section, so you will have to go back and do that.

We also know that with Excel 2003, there is a slight glitch in the system. We will be sending a new form that hopefully will have this fixed. Or we will have a fix to it shortly. When we do come up with that, we will send out information through the list serve. So we will push that information out to you, one way or another. You can also call the help desk and they will be able to help you through that.

If you're wondering, the problem with Excel 2003 is basically – actually, Sharon (ph), would you mind going through that really quick as to what the problem that they are seeing with it. I think it's basically they can't tab through the zip code (INAUDIBLE)?

SHARON (ph): That's correct.

So if you're using Excel 2003, on worksheet three, once you enter your first cross reference and your first zip code, if you're using tabbing or entering on your keyboard, essentially Excel freezes.

So for those of you who have already called the help desk in regards to this issue, the work around is just to use your mouse and click through the cells, as opposed to tabbing, or pressing enter, and you'll be able to work appropriately. And we have not seen this issue in Excel 2007.

HOLCHAY: OK, thank you.

But we are – the contractors are, very quickly, trying to come up with additional solutions to this problem because we should not be having it.

So in the next slide, we're going over validation. Basically what we – what this is – what the point of this is, is to make sure that you are giving us information that will allow us to process what you've given us, quickly.

So these validations will go through and determine whether or not it meets certain criteria that we have set up. If you hit that validation button on the top of the worksheet continuously, you shouldn't really see any issues. But we have tried to work in as many of our doubts – of validations into the workbook as possible to assist you in making sure that you give the proper information, what we're looking for, and to reduce the number that we would have to send back and request further clarification on.

You will see red circles when you appear when you select the validation button in either cells where data has not been entered, or where data has been entered improperly. You would just need to go back to those cells and reenter the information. When you hit enter, sometimes the validation – or the data will be corrected. Other times it will not. You can seek up in this slide, there's an arrow pointing to where the validate button is. Then this is what the red circles look like when cells are not filled out properly, or they have not been filled out at all. As this indicates, like I said, if you hit enter it should usually fix it. If not, once you hit the validate button again, it would you know check it again and if it meets all the criteria, it will go through.

Next one, finalizing your file.

So once all the data has been entered and validated, you would click the validate and finalize button. Basically, it'll go through and make sure that – it's like the validate button, but actually has a few other additional features in it where it's checking for anything else that might cause it to not be transferred properly.

This is what the error looks like. If you do receive an error, it tells you what cell you need to go back into in order to correct your data.

One you – or when you finalize your data and all of the critical errors have been checked and fixed, basically what will happen is it will create a read only file and save it to your system. So if you've been working with a working file, the file that you opened up, starting keying information in. You saved it to your desktop, when you select that validate and finalize button, if it passes all your validations, it would then save the finalized file straight to your desktop, right where your working file is. It has a very specific naming on convention that we've – that has been come up for the purposes of being processed. You cannot change this name. If you do it will not be final – or it will not be processed. And we cannot put in your information into the system. So it is very important that when you finalize it and it creates that file, that you do not change the name of that file. You can change the name of your working file at any time. You know we don't really care what you name that, but you cannot change the name of that finalized file.

Under the next steps, once your file is processed you will either need to correct the data and resend it, or verify your data on line. Basically what this is talking about is once you submit it to us, we will then send you an e-mail saying, your data has been submitted. Thank you very much. There are no additional errors. If you send it to us, we find any additional errors, we'll send it back to you and identify the additional errors that are there. You fix that and then you send the file back to us.

The online verification of the data, it says here that all should be on the 21st, and that is incorrect. It'll be after the 26th because we do need to have time to process the data. At the time that it is made available, the contact that you have under the validation section on that first worksheet, those'll (ph) be the people that will receive the e-mail and the link to the Web site where they will need to go in and validate. The people who originally submitted the data, they will also receive an e-mail stating that they can view it, but they will not be able to validate unless they were the contact under the validation portion.

Let me see. In the near future, we haven't finalized a date yet. But you will be able to upload your files directly to the Web site, not through that e-mail that we've currently set up, as well as edit anything on line. So if there's actually only one product that needs to be edited, you would be allowed to go in there, select that one product and update any of the information for that one alone. You do not have to resubmit any files.

Let me see, access to the Web site. You should have received an e-mail requesting for you to send a list of names, nics (ph) codes, addresses, or the name – what – what level or what the position that that person holds, their e-mail address, and their phone number, to our help desk. We are currently going through and creating the log in information for those people. We have not finished processing this. So the May 10th deadline was for you all to send it to us. We are still accepting, so if there are people – or additional people that you have not submitted yet, you can submit them at this time. We have not finished though processing all those.

When we do finish processing them you will receive an e-mail with your contact information. It will have your user name and a temporary password, along with the Web site in which you can log in. And if – when the Web site is ready, and update your contact information and also put in a password that you will remember.

Let me – but, again, if you have any questions that we do not cover in today's conference call, you will be able – or today's training. You can contact the help desk. I know in Brian's (ph) previous slide, we did also have the phone number. So either by phone, or through e-mail. And now I am going to turn it back over to Brian (ph).

JAMES (ph): Thank you very much, Christie (ph).

And I know we're going through this rapidly, and I appreciate that some of you had questions as we're going through. We – and I apologize. We wanted to make sure we got through the presentation before we address those. We will have an opportunity for you to submit questions directly here in just a moment. But what I'd like to start

off with is to deal with the questions that we got first, through chat. And either Chrissy (ph) and I will answer those. And then we'll open up the lines for direct questions. And get through as many of those as we can today.

So let's start – I think the first question with the 526 submission, this is from Dan Satler (ph). Should there be a separate e-mail for each spreadsheet?

HOLCHAY: The answer is no. You just – basically you will fill you each one of the tabs within that spreadsheet, and then submit that spreadsheet as whole.

JAMES (ph): Right. The critical issue is that we have the naming convention on those files. If we get the three files in one e-mail, we can still go ahead and enter those. If you send them and – on separate e-mails, we'll be able to enter them. The way we'll be tracking that information, making sure we get it entered into the system is going to be based on the file name that's created when you finalize and submit.

Second question, if a product has been removed in accordance with HIPAA 180 notice, from the market, and has no members.

If it has no members, you do not need to submit it. We are asking for closed products that have enrolled persons. And again, we are not intending to submit that information to the portal for consumer viewing. It's really for us to validate what's going on in the market and to make sure that we under – you know that we understand what's actually happening. So that we've got adequate representation and we don't need to bother you working through the details.

If you had a product, it has been removed from the market, and has no enrollees, we don't need to know about it.

Next question, please clarify if log in info has been sent out to users?

I'm not sure I understand the question. The …

HOLCHAY: I think it goes to back to when you're originally talking about the five, 10. You said it should have been sent to them by five, 10. And that's actually their deadline to submit requests to us.

But no, we have not – as far as I know, have not sent out any user information yet. That is something we are still working on or processing. We've received quite a few e-mails and we have to go through and validate e-mail addresses, and things such as that, before we can actually create those accounts for people.

JAMES (ph): If we don't have a unique product number now, can we update and provide a number for the October submission?

In point of fact, the October submission – the way things at this point are going to work is that we are actually trying to contract with the company – well, we're submitting for open bids for a company that would provide the October portal. We are expecting to get bids from companies that are currently operating as vendors in this space. And we anticipate that they will actually have their own means of data submittals. You know and really what we're trying to do is make sure that we're using something that's already existing, that people are familiar with. So the October process will be different from this.

If you – but in terms of the July submittal, we are asking for a unique ID for that product. If that unique identifier is different from the unique identifier in October, it will not break the system. OK? So if you are developing a set of – a numerical tracking system, you don't have numbers that you clearly have associated at the current time, we would ask that you, if nothing else, just iterate through, OK? To give us unique numbers on the products you are listing currently. And then for October, if those numbers are not the same, that'll be OK and we'll go ahead and work with that, moving forward

So that?

HOLCHAY: It does. But also I'd like to say that we – even after submission deadline, you know we request you

send any and all information you can possibly provide to us by that time. But you will – the validation key is also an opportunity for the person who goes in there to validate the information to say, no this is not you know all of your information is not accurately represented here, we would like submit a new. And if that's the case, you just take that original file that you sent to us, you can update that original file and then resend it to us. We will then update your information and allow you, again, to go in there and validate it.

JAMES (ph): Our next question starts out the comment, I don't think product number is as good way for a consumer to reference what plans of interest. I'm sure if asked, all the plans refer to products by name.

We – and let me clarify. We need a number so that we can track and keep things consistent. I do believe that the majority of issuers do have unique names by which they refer to products. Unfortunately, I'm almost certain that that is not – that that is not everyone and every circumstance.

We are not intending to simply list things on the portal by number. Our direction to consumers would not be that they should only – when calling you for information or to receive a quote, we're not going to tell them that that is the way they should refer to it. But we would like to have numbers so that if there is confusion over product name, often product names can be very similar, you know this would be a way for you to make sure that you were contacting them appropriately. Additionally, for our internal purposes, it will be useful if we have a number that we can associate with this so that we know we're distinguishing products appropriately.

We understand most of you are referring to – are tracking things by product names, or at least communicating with consumers through product names. We respect that. We understand that. We don't intend to interfere with it. OK?

There was another comment about a run time error. I'm not sure if they we're having – if that was for the message that they were getting from the product. If that was your question, please go ahead and when we open up the lines here in just a second, bring it up and we'll address it as you explain it to us. OK?

And Lee (ph), are you still on the line?

OPERATOR: Yes, I'm here.

JAMES (ph): Terrific. I think we're ready to open it up for questions.

OPERATOR: Thank you. At this time if you'd like to ask a question, please press star one and clearly record your first and last name. Your name is required in order to introduce your question. To withdraw your question, press star two.

Once again, if you have a question, please press star one and record your first and last name.

Our first question comes from Virginia Detouro (ph).

VIRGINIA DETOURO (ph): Brian (ph)?

JAMES (ph): Yes.

DETOURO (ph): You had stated in the beginning of your presentation that one of the product types would be an indemnity. However, you also stated – and I think maybe you're definition of major medical or, comprehensive, is different than ours.

We do have HIPAA eligible plans that are not – that we typically do not classify as comprehensive. They're basic hospital, surgical plans with optional riders such as doctor visits, outpatient testing, things of that nature. But if the insured, or the applicant, doesn't purchase it then that plan may not have it. They may just have a basic hospital, surgical plan.

JAMES (ph): Right.

DETOURO (ph): But you also stated as a product type, indemnities. Those theoretically aren't considered comprehensive. So I guess we're confused.

And please know I did submit a question two – twice, to insurance oversight at hhs.gov …

JAMES (ph): Yes …

DETOURO (ph): … and I have not received a reply.

JAMES (ph): Yes. And again Virginia (ph), I'm sorry if you haven't received answers. In certain cases we're working through the details. In other cases the e-mails are written and we just have to go through an oversight process before we can send them out, so we should be getting back to you.

I'm going to take a stab at this. For policies that are essentially surgery policies that may include additional riders, those really are not what we're looking for. We really are looking for major medical.

Indemnities you know, as you state, essentially may or may not be major medical. You can have you know non-major medical that are indemnities, but you also do have you know the old fashioned fee for service kinds where you just pay as you go, but you have a policy set up for that as major medical.

Mock (ph), I don't have the technical definitions in front of me. But I think in terms of specifically how do you address this problem in terms of what needs to be included, we are not saying that simply because something is HIPAA – is covered by HIPAA, that it has to come into this system. What we're trying to gather is major medical insurance.

So a surgery insurance that includes a variety of riders, probably would not be included in what we're trying to identify here. In certain cases, what we have to refer back to is kind of the State definitions of the market. We're trying to avoid that. We're trying to use clear definitions. And I believe that in response to your e-mail, we should be able to provide a clear definition that's actually what we're really looking for.

DETOURO (ph): And …

JAMES (ph): That help, Virginia (ph)?

DETOURO (ph): I'm sorry?

JAMES (ph): Does that answer the question?

DETOURO (ph): Actually, no. No, we have – we – our compliance team has reviewed the health care reform, and we believe we're applicable – we're going to be subject to the requirements of the health care reform.

Additionally, various states have already sent to us – once we got the notification for the Web portal, several states have already required us to fill out – you know to clarify the information you're requesting from them.

So my concern is that you're going to get from let's say the State of Hawaii, my company, Company ABC, has stated that they have one individual plan, and one small group plan. But you're – by what you're telling me now, I'm not going to submit anything to you because – I've gotten the same answer twice, that I'm not supposed to. And I have a team here ready to get this information to you, and we're willing to drop it, but we don't know how it's going to reconcile back. If your States are telling you that Company ABC has this information, but you're telling me that I'm not required to submit it, there's going to be a reconciliation there that may not add up.

JAMES (ph): Right. I mean in terms of – and part of this may be – well, I'm going to defer a final answer because I you know there are legal issues that I – I'm – I don't want to trip myself over.

But, if you would consider this as something that would be an appropriate product offered in the individual, or small group, market such that the State would consider it a – an issuance in those markets, then my recommendation

would be to go ahead and include it. If you send us information that perhaps should not be there …

DETOURO (ph): Yes.

JAMES (ph): I – in general we'll be able to reconcile that. If you don't send it, then clearly we're not going to be informing consumers that it's available. And you know so as a default, my position would be you know you're better off sending it than not.

DETOURO (ph): Yes.

JAMES (ph): In terms of whether you have to submit it, that's something I'm going to need to refer over to a different person.

DETOURO (ph): And I understand that, and I don't mean to bombard you with it.

JAMES (ph): Of course.

DETOURO (ph): I'm a compliance person. I just want to make sure I'm doing what I'm supposed to.

JAMES (ph): Absolutely. No, I really appreciate it. It's a very important question. It's one that I personally had not actually considered. And so I really appreciate you bringing it up, and I'll try and make sure we reach back out to you.

You've got the e-mail – you've sent an e-mail in, so I'll make sure that I'm touching base with the help desk to make sure that that particular question is being answered.

DETOURO (ph): OK. And I …

JAMES (ph): For you and for other people who may have the same issue.

DETOURO (ph): Excellent.

And I have a two pronged question. I'm sorry.

And so back on that one issue, we do have several States that list us as a carrier for issuance on their own Web site. So that does tell you that. When you go to a particular State, they say who's offering coverage in this State, we are listed as there.

So I – we'll go ahead and submit it, which our team's already done that.

My second part of my question, there was a gentlemen who had asked about the network. For example, we may have a PPO product, but we may have three networks in the State of Texas. And in based on where you live in the State of Texas, what network you get. How do we address that on the status?

JAMES (ph): I'm going to turn this one over to Christie (ph), I think.

HOLCHAY: Well I believe it would be covered under – if you select you know, no for that product, under State. You know it doesn't cover the entire State, that's where you'll be able to select the different zip codes that it does fall within for that.

DETOURO (ph): But the product is – I'm sorry, I don't mean to (INAUDIBLE). The product …

JAMES (ph): Right. I understand the question. And the issue …

HOLCHAY: (INAUDIBLE) understand it.

JAMES (ph): No, I think you – you would have say three network providers for a given product within the State of Texas.

DETOURO (ph): Correct.

JAMES (ph): You'd have three different Web sites. And so depending on what the zip code is, you would use one of those three provider networks.

I don't believe that the tool allows for an entry of multiple provider network Web addresses.

HOLCHAY: No. Sharon (ph), would you be able to answer that question?

SHARON: OK. I will actually have to find out and then I can probably add that to our FAQs that we have out. Or if you send a question to the help desk …

DETOURO (ph): We did. We sent that with the …

SHARON (ph): Oh, it is to the help desk? OK.

DETOURO (ph): Yes, we sent that with the first question.

SHARON (ph): OK.

JAMES (ph): OK. And I mean where these are in States that have particular forms that you have filed, we would want that entered as one product. If it is for a State where they're not filed as it – through a form?

DETOURO (ph): Yes.

JAMES (ph): Then you could actually enter that as three different products. But you know we really want to follow the definitions and – set up by the States. So if it's in a State where it is clearly one product for the State's purposes?

DETOURO (ph): Yes.

JAMES (ph): My recommendation at this point would be to go ahead and enter in the network provider who covers the largest percent of the population. You know? So if you've got a network provider for Houston, a network provider for Bryan, Texas, and a network provider for Conway …

(INAUDIBLE)

JAMES (ph): Put in the network provider for Houston.

(INAUDIBLE)

JAMES (ph): It – and honestly, we hadn't really thought that through …

HOLCHAY: (INAUDIBLE).

JAMES (ph): … completely. So it's something that in future iterations, we're just going to have to deal with. And we'll have to figure out how we want to handle that when we're presenting information to consumers.

DETOURO (ph): OK. So if I understand correctly, when we file the product at the State, the network's not required. Just as a note. The network's not required.

We filed in Texas, Product ABC. And ABC is an – since it's in Texas, we have three networks. You would like us, for the purpose of this exercise to just give the network that covers the majority of the State?

JAMES (ph): Correct.

UNIDENTIFIED PARTICIPANT: OK.

DETOURO (ph): OK. We can do that.

JAMES (ph): Terrific. Thank you, Virginia (ph).

And we will reply more directly to e-mails, as well. But I think that's our best answer to that question at the moment.

DETOURO (ph): OK. We'll do that. Thank you.

TERESEE CARROW (ph): Christie (ph) this is …

UNIDENTIFIED PARTICIPANT: Operator …

CARROW (ph): … Teresee Carrow (ph), can I jump in here by chance?

JAMES (ph): Of course.

CARROW (ph): OK. Hey, Brian (ph).

First of all I agree with you that we'll get back on, really, both of these questions as soon as we have a more precise answer. But I really wanted to take a minute to go back to a comment that somebody made earlier about multiple tabs in the same spreadsheet. And just clarify that there should be one spreadsheet for each legal entity. And also if you are operating across States, one spreadsheet per
State.

So I just wanted to be sure that if it was in the mind of somebody that they could represent more than one legal entity, or products across two States, that that would not be accurate.

JAMES (ph): That's a really good point, Terese (ph). I think the question was regarding the submittal of multiple spreadsheets. But it is correct that we do – that we do want a given legal entity in a State to submit a spreadsheet for that cross section.

CARROW (ph): Right.

JAMES (ph): So. Right.

CARROW (ph): Thank you.

SHARON (ph): This is Sharon (ph). I'm sorry Christie, I was having problems with my line.

I did want to confirm that it is only one provider network per product. And to add on to Teresa's (ph) comment right now, I think that the flip side is also important. We are anticipating just one spreadsheet per issuer/State. So it's important that you also not break out – within a State or issuer and not break your submission into multiple workbooks.

JAMES (ph): Yes, that is correct. And for those – and do keep in mind that there is a validation process. So if something did get left off you'll be able to enter them in. We would prefer that you not submit multiple spreadsheets – or workbooks rather, for a given State, for your company.

OPERATOR: Thank you. Our next question comes from Jim Belowla (ph).

JIM BELOWLA (ph): Hi, this is Jim (ph) from UPMC Health Plan. We were one's that – I was typing in the run time error, 1004 and we – some of it got cut off. I just wanted to let you know we have encountered that error on the validation. We've submitted a question, we haven't had response and I'm just concerned that we're not – hopefully we're – I don't know if we're the only ones getting that error when we validate, but we're not getting an answer yet from anybody on what may be causing that.

JAMES (ph): OK. Thanks, Jim (ph).

We you know – hopefully the help desk will be figuring that out. I'm not sure why they have not replied.

Sharon (ph), would you understand what's going on that would generate a run time error 1004?

SHARON (ph): Many things. If – do you have a ticket number that you can provide me so I can follow up appropriately with the help desk?

BELOWLA (ph): I don't have it. My person that was – actually submitted it had to leave for the day.

SHARON (ph): OK. Was that today? Was that submitted today?

BELOWLA (ph): I think it was actually yesterday.

SHARON (ph): OK. I will follow up. Can you just reconfirm your organization name, please?

BELOWLA (ph): UPMC Health Plan.

SHARON (ph): OK. I will follow up on that Brian (ph).

BELOWLA (ph): And they said they had to escalate it. In fact, we've called and talked on the phone and they said in order to get it escalated it had to be submitted by e-mail. So it should be in the e-mail.

SHARON (ph): OK. I will follow up after the call.

BELOWLA (ph): Thank you.

SHARON (ph): Yes.

JAMES (ph): Thank you, Jim (ph).

BELOWLA (ph): Yes.

JAMES (ph): Thank you, S.

Operator: Karen Early (ph).

KAREN EARLY (ph): Yes, I have a couple questions. How do you get on the list serve? We don't get – we're not – we never received the initial e-mail you know about the sign up. But we have signed up. We, of course, haven't gotten our log on information. But how does one get on the list serve so we could get direct updates?

UNIDENTIFIED PARTICIPANT: If you can e-mail the help desk and specifically request to be added to the issuers list serve. And at that time you will be added to the list and will start receiving all the e-mails that we're sending out that way.

EARLY (ph): OK. My second question isn't so much about this particular submission right now, but rather the October submission. Having to do with this definition which you've clarified somewhat in the Q and A document about products, and then plans within products. I'm trying to make sure that we – we are trying to understand exactly what that's going to entail for us.

So my understand is that you have a product, let's say it's a PPO and – for a small group. And you have a number of options available. Whether it's co-deductible, co-insurance, we also have various drug plans and other things such as whether not you wish to cover chiropractors and things of that nature, supplemental accident riders.

JAMES (ph): Sure.

EARLY (ph): … Exactly – in terms of determining what all those plans are, we actually have done a computation on our small group side and if we were to look at all of the variations of those options, drug options and co-deductibles and all that kind of stuff, we're actually at about a half a million options.

JAMES (ph): Right.

No, there's – we're going to have to – moving forward for October, what will happen is that the number of dimensions will in part be driven by the tool as we're defining those dimensions for presentation to the consumer. OK?

And I know – I apologize, because it's not going to a particularly adequate answer at this time. Our – again, because in some States it's very clear, here's what a product is and then we just have different pricing options available with that. In other cases it is not so clear. And we're aware of that, and we're trying to work out all the details.

In particular, if you are able to identify the product, OK? Then what will happen for October is there are a couple of additional dimensions that will define, here's what we're talking about, for the consumers. Because it really is driven towards providing the consumer the information that they need so that they can identify here's what I'm talking about, here's what I'm applying for. OK?

So it is not an issue where we want to consider every possible rider. OK? In fact, our intent is to ask, OK, are there riders that might apply? But we are not going to ask you to provide an independent entry for every theoretical possibility of what would constitute a policy, going forth to the consumer. OK?

And I apologize for not being able to give you a more specific answer at this point. In fact, it would be difficult to identify exactly what that is at this point, without going into a lot more detail. But it shouldn't interfere with your ability to answer for July. And clarification will be moving forward before that date – that October is requested.

EARLY (ph): So that's helpful. Because it's our perspective on this that when you present it, if you're really trying to help the consumer choose a product, if you overwhelm a consumer with choices, it really isn't very helpful.

JAMES (ph): No. We agree.

T: You know Brian (ph)

JAMES (ph): We agree. We …

T: So Brian (ph), this is Terese (ph). And the one thing you know that maybe is worth just a very short explanation, and the regulation talks about it you know is this 1 percent rule. I mean theoretically I mean unless an organization wanted to submit more, we shouldn't be getting, ever, more than a hundred combinations, because of the 1 percent rule. So.

JAMES (ph): That's a really good point, Terese (ph).

T: Yes. So I'll just say a little bit more about that.

So for whatever zip code you know you operating in, in that individual market whatever the total enrollment is that you have, our rule for submitting all products the way we define it is all products that represent 1 percent or more of that enrollment in the individual market. And then the same rule applies in the small group market.

So what you're looking for is the combination of you know typical you know benefits that are part of a major medical policy. What are the 100 hundred combinations if everything, say, would be at 1 percent? I'm assuming that you'll probably have a handful or more product in that zip code that represent way more than one percent of enrollment and so chances are you would be submitting far fewer than a hundred combinations of those products.

JAMES (ph): And the – which is – and I apologize, because I really should have brought that up as well.

The only thing I'll add to that is that you can actually – if there are particular products that you do want to offer, you're not bound by the one percent rule. So if you want to submit a plan to consumers that constitutes less than 1 percent of current enrollment, you are allowed to do that as well.

EARLY (ph): So just a clarification if I could on that. And that's – the 1 percent rule is that – means 1 percent of the total individual market, or 1 percent of the individuals covered in that zip code?

JAMES (ph): In that zip code.

EARLY (ph): Well, see here's the problem. I mean I understand that that's 100 products per zip code, then. And not 100 products total for the company.

JAMES (ph): Theoretically, I think I'll have to say yes. I suspect that in actuality that wouldn't be the case.

EARLY (ph): Well, that might be not the – I agree with you, it probably won't be the case. However, the difficulty lies in …

 (AUDIO GAP)

JAMES (ph): In terms of that if there is a you know some discrepancy, it may result in a call to you to ask if you understand why the discrepancy is, and if you've provided us all the information that you should be. But that's essentially what we're looking at, at this point.

UNIDENTIFIED PARTICIPANT: OK. So it'll just be more of an informal process at this point?

JAMES (ph): At this point, it is more informal. We will be going through it identifying things. But frankly, we don't have a definition of the universe. We don't know who all is out there. And so we're trying to gather that information from the States.

And quite frankly, in many cases I suspect that States may not be able to provide us a list of all the insurers who may be operating. That actually is, at least theoretically, possible. And so we will be going through a process of you know kind of cross validating against each other, moving forward.

UNIDENTIFIED PARTICIPANT: OK. Will you likely notify the individual who's submitting the data of those kinds of discrepancies?

JAMES (ph): As we identify problems, we will be reaching out to people, yes.

UNIDENTIFIED PARTICIPANT: OK. And then our second question I'll defer to Jeff (ph), here.

JEFF (ph): Just a quick one. On product enrollment, is that subscribers or members?

JAMES (ph): Not sure I full – oh, I see. Its members. It's not the number of policies, it's the number of people covered.

JEFF: Right.

UNIDENTIFIED PARTICIPANT: OK.

Thank you, that's it.

JAMES (ph): Thank you very much.

OPERATOR: Alejandra (ph), you may ask your question.

ALLAHANDRA (ph): Hi.

My question's actually related to the data entry form. We realize that there is, in the drop down many for State, Puerto Rico's not included in that drop down? Is that an error, or does Puerto Rico not participate in this?

JAMES (ph): Puerto Rico is not required to participate. And so it was actually not included.

That said, we should probably have a discussion. If you would like to be able list, we don't want to exclude people. But at the current time the portal is really being built to cover the States.

ALLAHANDRA (ph): OK. And if we would like to participate, where – I mean, who should I contact?

JAMES (ph): I – the first line would be to submit to the help desk. Because we really are monitoring this. You know it …

ALLAHANDRA (ph): OK.

JAMES (ph): You know and things that are clearly more policy oriented, they're pretty good about identifying those and forwarding them to the appropriate people.

This is an issue that has been addressed, but it is not one where I've heard a final answer on. So I appreciate the clarity and it is something that think we should get back to you on.

ALLAHANDRA (ph): OK. OK, great. Then I'll just go ahead and submit the question.

JAMES (ph): (INAUDIBLE), thank you.

ALLAHANDRA (ph): All right, thank you.

OPERATOR: Mark Calmer (ph).

MARK CALMER (ph): Yes, this Mark Calmer (ph) from Regent (ph) and I had a – one of my questions was actually already answered about the closed benefits summaries. But on the – first, for Regents (ph), we operate in four States in the Northwest, plus we have an independent subsidiary. And we have multiple contact numbers for our small groups. And in that form there's only room on the first tab for actually one customer service contact. It says, individual or small group.

And so just wondering what information can we put there? How can we delineate it so that someone coming to the Web site will understand that the phone number we gave you is only good for individual, versus small group?

JAMES (ph): Yes. The intent there is that you will – if you have one product line that you offer to both markets, we would like you to make two entries. So go through, enter it as – and I'm not sure if I'm entering – answering this appropriately, Christie (ph)?

Christie (ph), has a strange look on her face, so I'm going to let her handle this.

HOLCHAY: Well, it's more of a – I actually didn't know we had an or there. It was individual or, small group. I thought that we – we would have something separate for both. Sharon (ph)?

SHARON (ph): Yes.

HOLCHAY: (INAUDIBLE).

SHARON (ph): It's one. It's one customer service phone number …

HOLCHAY: OK.

SHARON (ph): … per issuer slash (INAUDIBLE).

HOLCHAY: OK.

CALNER (ph): So we'd – so for instance, Regents (ph) has separate numbers for both of those markets – those lines of business.?

HOLCHAY: I guess that's just something we're going to have to take into consideration for when you know like future iterations of this, is to expand that to have two separate contact information for individual and small group.

CALNER (ph): So what should I add by default, then? Because we don't have a separate numbers that we have in – a unique number to fill here (INAUDIBLE).

JAMES (ph): That's a good question, Mark (ph). I tell you what, we should reach back out to you after we've considered it.

CALNER (ph): OK.

JAMES (ph): In some cases for particular pieces of information, where we're expecting you know more – well, I tell you what. What I'm really thinking of is let us know how you'd like handle that. OK?

CALNER (ph): (INAUDIBLE).

JAMES (ph): Because I understand it has implications. And so we really should think them through and see what the best way is to handle it. But if you have a recommendation on how to handle that, submit it to the help desk or, at the very least – yes, submitting it to the help desk is probably the best bet at this point.

CALNER (ph): OK. I've – actually, we have already submitted it to the help ask, but I'll double check. And I actually …

JAMES (ph): (INAUDIBLE) a particular way you'd like to handle this, let us know that as well.

CALNER (ph): Sure. Sure. I'll (INAUDIBLE) …

JAMES (ph): (INAUDIBLE) work something out.

CALNER (ph): I have just one other question. The definition of small group, wanted to legal to confirm in the States for the Northwest for the most part, is small group is defined as one to 50. When I was reading the interim final rule, it appears that there's two definitions. There's the definition from the Act itself, which is one to 100. And then there's a reference to State regulations that may define a small group as one to 50. We were planning on reporting as small group, enrollment for the one to 50 market in those States where that the legal definition per the State. Is that …

JAMES (ph): That is right. That is the appropriate way of handling. Yes.

CALNER (ph): OK.

JAMES (ph): Really what we're confronting is just that over time Federal regulations will be imposing new things and States are going to adapt to these. But that's going to happen over a period of time and so the way we are handling it for purposes of the data request is to use the definition of small group as it is applied by the State.

CALNER (ph): OK, great. Those are my questions. Thank you.

JAMES (ph): Sure. Thanks, Mark (ph).

OPERATOR: Kathleen Fish (ph).

KATHLEEN FISH (ph): Yes, this is Kathleen Fish (ph) (INAUDIBLE) help here. I need help in understanding – the question and answer document didn't fully clarify this for me. I need help in understanding what constitutes a row on worksheet two in the spreadsheet?

For example, we file certificates of coverage with New York State like an HMO certificate of coverage, an EPO certificate of coverage, a PPO, we've got several versions of those you know different generations of products. Am I to assume that that's what you're looking for on this and not the specific benefit plans within each certificate of coverage that are available?

JAMES (ph): That actually is correct.

The filing forms – or the set of benefits for which you have received the certificate within a given State …

FISH (ph): Yes.

JAMES (ph): Is what we are using to determine what is a product.

We recognize – and in certain States there are going to be issues where you know what a – what the certificate is – at what level of detail the reporting has to happen, is going to differ by State. And so we are referring back to the State's file form – form filing, sorry, as much as possible to identify those groupings of benefits. So if you have distinctions within this groups of benefits, we're not trying to capture that at this point.

FISH (ph): So in terms of what we actually type in that cell under product name, in that column, would it be the form number of the certificate, or the certificate name, or just the general description that it's an HMO certificate?

JAMES (ph): I think the answer to – well, I believe if – the best way to answer this, I think, these fields are things that we are going to want to present to consumers. So it should be something that you are going to be able to utilize in consumer communications.

That said, you are going to be want – want to be able to identify it in a concrete fashion, working through the State, working through us, and working with the consumers. So if there's a name that can be associated with that filing as well as a product number, or a certificate number within the State. If you want to combine those, that is fully appropriate, OK? Unfortunately, there is no strict way for us to identify what is a name, that we're going to be able to apply consistently for people, at this point in time.

FISH (ph): OK. I didn't know if you were going to be looking at the name that's in that row and trying to tie it to something you're getting from the State.

JAMES (ph): No, we're really not. You know we want it to be a meaningful name. We would like you to be able to use that name to identify what it is you're talking about with consumers. And that they'll be able to identify and communicating with you. We're not going to be tracking things by name, with States.

If something emerges where we have a conflict. Again, where you know something clearly is wrong, we will be trying to communicate with the States, and that will be the field that we have to do it by. But we can work through things with that, at that point.

FISH (ph): OK.

One other quick question. We are not licensed to sell in every single county in New York State. But to the extent our product is offered in all of the counties for which we are licensed, can we answer the question yes, to covers whole State?

JAMES (ph): I would like to say yes, but I can't. Unfortunately, if you enter, covers the entire State, then someone who may live in a zip code in one of those counties that isn't covered is going to see your product as available to them and we really don't want that.

FISH (ph): OK.

JAMES (ph): Thanks, Kathleen (ph).

FISH (ph): You're welcome. Thank you.

OPERATOR: Anna Cole (ph).

ANNA COLE (ph): Yes, I have a question. I notice on the spreadsheet there was a slide that indicated that we needed to e-mail these prior to the 26th to HIOS underscore submissions. So is the process that we'll need to e-mail them and we will be uploading them into the HIOS Web site.

HOLCHAY: No. You just have to e-mail them. And then after – sometime after May 26th you will receive an e-mail saying – or the validation person will receive an e-mail saying that they can go in and now validate the information.

Eventually, once we are able to develop a more – a grander Web site, you will be – or a portal, you will be able to go in and either upload it that way or – like upload a new spreadsheet, or just go into an individual product or well, I guess I'll just call it a product for now. Go in – update an individual product.

JAMES (ph): Right.

COLE (ph): OK. So the process at this time is e-mailing …

HOLCHAY: Right.

JAMES (ph): … and in the future we'd be able to use our ID's to upload them, hopefully …

HOLCHAY: Correct (INAUDIBLE).

COLE (ph): … (INAUDIBLE) October maybe.

OK.

JAMES (ph): Exactly right.

COLE (ph): And the customer service number, it says there for a local number. If all you have is 800 numbers, should you put the 800 in both spots?

JAMES (ph): You've got – I think honestly that you can.

UNIDENTIFIED PARTICIPANT: Yes.

JAMES (ph): That shouldn't present a problem.

UNIDENTIFIED PARTICIPANT: No.

COLE (ph): OK.

And the last question. I know with a lot of questions on this, I just want to clarify that for the 71 submission we're submitting them at just the product level for the name, and then for the October submission is when we may be able to spike them down into the plan level because we'll be providing more details like premiums and that type of stuff?

HOLCHAY: That is correct.

JAMES (ph): That is exactly right.

COLE (ph): OK. Thank you, very much.

JAMES (ph): Thank you.

OPERATOR: Nicole Williams (ph).

NICOLE WILLIAMS (ph): Yes. Actually I have a couple of questions.

I wanted to know do we need to have a separate spreadsheet per State, the products we sell in?

HOLCHAY: Yes.

WILLIAMS (ph): OK. Also …

HOLCHAY: Per issuer, per State.

WILLIAMS (ph): … Also, is conversion plan information something you're looking for?

JAMES (ph): No. Yes, and I apologize – at one point that was in the Q and A, but it might have followed out – fallen out.

If you have conversion plans associated with group products, you would not include that. At that – at this point those exist as aspects of the group plan. And so until they're transferred over and that actually takes effect you know it is not covered by this data request.

WILLIAMS (ph): OK. And my last question, I know we briefly – we were talking about the closed products, but I wanted to know currently we do not have brochures for our closed products, are they necessary?

JAMES (ph): Right. If the – and in particular I'll apologize to Kathleen (ph) if we didn't fully cover this when she was asking the question as well – or, Sharon (ph), I'm sorry.

The issue with closed products really is something where we're trying to get the information so that we can explore ways that it might be important for consumers. If there is a product summary available, we would appreciate a link to that information. But we are not asking, or requiring, that you produce some sort of marketing material for products that are not going to be marketed.

What we'd like to ask though, in a situation where it is a closed product, if you don't have marketing materials, if you don't have a brochure, we'd like to ask that you include in that field just a Web site that gives general contact information so if someone were to request information about that product, where would they go to request that information. That's all we want there.

WILLIAMS (ph): OK. Thank you.

JAMES (ph): Thank you.

OPERATOR: Tim Woodner (ph).

TIM WOODNER (ph): Hi. We're an individual health, closed block of business and we do not have a Web site for a provider network. Where you have – it looks like it's a required field. So what do we do.

JAMES (ph): All right. If for a – if for a required field like that, if it not appropriate what we would like to ask is you just enter in, I believe, we've worked out the XXX (INAUDIBLE).

HOLCHAY: Well, for the provider network, they could just enter in their company Web site address, correct?

WOODNER (ph): But my next question is that we do not have Web site address, would it benefit at a glance either? So what do we do with that?

JAMES (ph): OK. Well for the no benefits at a glance, the prior answer would apply. However, if this is a product that you are actively marketing …

WOODNER (ph): Well, we're a closed block and we don't have …

JAMES (ph): Oh.

WOODNER (ph): … to do marketing.

JAMES (ph): Then yes. No. Then yes, no, no, no, no. Yes, just provide us a general Web site. Again, this is not going to go out to consumers, it's just where if we needed to find out information about this, where would we contact you?

WOODNER (ph): So just like a general company Web site?

JAMES (ph): Absolutely.

That's all we need there.

OPERATOR: Racina Guerro (ph).

RACINA GUERRO (ph): Hi. My question's around the provider network address.

Our company has a network ad – Web site network address for the provider for the doctor, and one for the facilities.

JAMES (ph): Yes. We actually – this – I think the answer to this is going to have to be similar to the answer for multiple networks across the State. Which is we should have adequately thought that through, and we did not as we were working things out.

I think what we would ask you to do is provide the network address for the physicians.

GUERRO (ph): OK.

JAMES (ph): My experience with consumers is that generally when they're using that as a factor in deciding you know what plan to consider, most consumers are looking towards what physicians are covered. I know that's not always the case. But I think we're going to have to go with our best solution here, and I think that's it.

GUERRO (ph): OK.

We also had the same issue in terms of we have two separate customer service numbers, one for individual and one for small groups. So our preference would also be to be able to list both.

JAMES (ph): Right.

No, and ultimately I don't think that – ultimately, for the October release, I don't think that this will be a problem. I'm not sure how best to address it here in the July release.

But again, if we receive comments on here's the best way to handle it, we will definitely take those into consideration as we're moving forward.

GUERRO (ph): OK. Great. I just have one more question.

JAMES (ph): Yes.

GUERRO (ph): In terms of the front page, the issuer general information, it's asking for the company ratings for individual or for small group. The rating we have received are for overall the company, and not specific to the product plan, is it OK just to list the overall company rating under both individual, and …

UNIDENTIFIED PARTICIPANT: Actually, what we're looking for is the company rating.

GUERRO (ph): OK. Perfect. Thank you.

JAMES (ph): Thank you.

OPERATOR: Clement Naviland (ph).

CLEMENT NAVILAND (ph): My question has to do – my first question has to do with the first worksheet. And under the corporate information it's splits out by State, so as I understand it there needs to be a worksheet for each State. If within a State, there are two legal entities filed that would have two separate EIN numbers. Does that require then that there be a worksheet for each of those legal entities?

UNIDENTIFIED PARTICIPANT: Yes, it does.

UNIDENTIFIED PARTICIPANT: OK, that's what I thought. OK. How then does that tie back to the file naming convention? Because it doesn't look like in the file naming convention it splits out. It looks like both EINs might save the same way.

UNIDENTIFIED PARTICIPANT: You're saying that they have the same issue and name but different EINs within one state?

UNIDENTIFIED PARTICIPANT: OK, I see so then we wouldn't – we would do – OK so we would do (INAUDIBLE). Alright I think I get that. OK, the second question is we skipped over on worksheet two the product ID. Is that necessary? Are we putting anything in that product ID sealed?

UNIDENTIFIED PARTICIPANT: No.

UNIDENTIFIED PARTICIPANT: OK.

UNIDENTIFIED PARTICIPANT: We're not?

UNIDENTIFIED PARTICIPANT: And then the enrollment also on worksheet two for the product enrollment only because I know it sounds like you've just tried tick (ph) and tie a little bit with state numbers. Is there a date by which we should be looking at enrollment?

UNIDENTIFIED PARTICIPANT: Yes. The take that we have specified is March 1st. However, you know, if you do not have the numbers as of March 1st whatever the closest reporting period is to that will be fine …

UNIDENTIFIED PARTICIPANT: OK.

UNIDENTIFIED PARTICIPANT: But if you have March 1st that's what we'd prefer.

UNIDENTIFIED PARTICIPANT: OK, and then does this apply – does any of this reporting apply to Medicare advantage plans?

UNIDENTIFIED PARTICIPANT: No.

UNIDENTIFIED PARTICIPANT: Not. OK. OK, I think that's it thank you.

OPERATOR: (Inaudible) (Ferrari).

FERRARI (ph): Oh yes, my question was cleared up earlier.

UNIDENTIFIED PARTICIPANT: Thank you.

UNIDENTIFIED PARTICIPANT: Yes.

OPERATOR: Becky Lamb (ph).

BECKY LAMB (ph): Yes, I'm listening to the zip code information in the product type; I'm a little confused on it. As far as product type, you're just looking for basic information of we sell HMO, PPO or POS) products and what zip codes we sell them in. Are you really looking for – because I understand that you weren't looking for plan detail?

UNIDENTIFIED PARTICIPANT: For July, that is correct. And you know we do want a product that can be identifiable by benefits so that we can provide a summary of benefits. So, you know, that consumers can at least get a view of what it is you're offering, but in terms of any of the pricing associated with that quite honestly we just didn't have the capability to design a system that was going to work with everything in the time frame. So what we wanted to do was provide the basic level of information, allow consumers to reach out to you for additional information and then produce a full portal that has plan information in October.

LAMB (ph): OK. So for under our HMO product type I could have hundreds of different plans.

UNIDENTIFIED PARTICIPANT: Right, I suspect you do.

LAMB (ph): Possibly even thousands. So for product name you're looking for more high level, I'm just confused as to what high level.

UNIDENTIFIED PARTICIPANT: Well …

LAMB (ph): – Because as it leads on, as it gets, you know, if I were to give you every plan we have identifiable by a unique number we have in our system, that gets really big and then as we only sell just certain zip codes it happens to be a little over 700 zip codes. Your – that other tab is going to max out. I can't, for product ID or cross reference number one list all 700 zip codes and then cross reference number 2 list all 700 zip codes because you're only allowed 40 thousand (fields) as I understand it.

UNIDENTIFIED PARTICIPANT: One thing to consider – two things to consider. One is that this is not the tool that will be used to gather the information for October. OK. We recognize that this really would have problems if it were applied to plan level information. We're not trying to do that. The second point that I would ask you to consider: I'm not sure if you were online for (Theresa's) interjection earlier, where she was pointing out, we are only asking for plans that account for one percent or more of a given enrollment within a zip code. So even if you, you know, got a thousand policies in a given zip code and each policy were different on some dimension that is captured, you would still not have to represent all of those 1 thousand policies as an individual client.

LAMB (ph): But if they're available for sale whether they have 1% or more we would want consumer to be able to see them.

UNIDENTIFIED PARTICIPANT: If you want to present theoretical (per mutates) then you are allowed to do so. And the tools that will be used for October will be more flexible in terms of how you can enter the information to get more information then to me (tooled). Did I answer you?

LAMB (ph): Yes, I think it's best if we can right now, so….

UNIDENTIFIED PARTICIPANT: Right. And keep in mind, one of the things that's going to happen is, you know, you submit here are our 20 thousand plans and everybody else submits here are our 20 thousand plans. There are a variety of rules that are going to be applied as we go through this in terms of how the information is provided to consumers. You know, in large part what we are going to, it's going to be (INAUDIBLE) on us to come up with an appropriate method for providing this information to consumers in a way that they're actually able to process. OK. But to the extent that you want to provide more information for October we are not going to limit you.

LAMB (ph): OK. Thank you.

UNIDENTIFIED PARTICIPANT: Thank you.

OPERATOR: Cindy Hatcher (ph).

CINDY HATCHER (ph): Hi, this is Cindy Hatcher (ph), just one quick question on the spread-sheet by (INAUDIBLE) and I know we've kind of beat this horse to death but we've had kind of a strange (caveat) here, and that we've got products that have – one product that has two different issuers.

UNIDENTIFIED PARTICIPANT: (Inaudible) OK. So there are two different companies on the same form filing with the state?

HATCHER (ph): Yes.

UNIDENTIFIED PARTICIPANT: That is an animal I have not considered. I think that what – I think the only appropriate way I can think of to address that would be two separate spreadsheets. If we have two different legal entities, even if they are both able to offer the same product for our purposes that they would be treated as product offerings from those two different companies.

HATCHER (ph): I think that, to not think of it in that way though. It's really just that when you would go to validate through the state it would show the two different insures. From a consumers standpoint I'd have to go in and see what the consumer information and the certificate would read. Because I think it's only showing just one issuer to the consumer.

UNIDENTIFIED PARTICIPANT: I think that's what we're looking for though.

HATCHER (ph): Would that be the better choice?

UNIDENTIFIED PARTICIPANT: Yes. I think that's what we're looking for if that's the issuer who is generating the policies, then that's what we want to show.

UNIDENTIFIED PARTICIPANT: OK, and that can be worked out, you know, later if we catch it in a validation, you know we would just contact you and you'd explain it to us and be like "OK".

HATCHER (ph): OK.

UNIDENTIFIED PARTICIPANT: We would work that out.

HATCHER (ph): OK, that's great, that's perfect. We'll figure it out internally and then if it comes up like you said you guys can contact us.

UNIDENTIFIED PARTICIPANT: OK.

HATCHER (ph): All right, thank you.

UNIDENTIFIED PARTICIPANT: Thank you. Operator?

OPERATOR: Western Health Advantage.

UNIDENTIFIED PARTICIPANT: Operator?

OPERATOR: Yes.

UNIDENTIFIED PARTICIPANT: How many do we have in the queue?

OPERATOR: About 15.

UNIDENTIFIED PARTICIPANT: OK. Thanks.

UNIDENTIFIED PARTICIPANT: (INAUDIBLE).

UNIDENTIFIED PARTICIPANT: I'm not sure. Do we – I apologize everyone we're trying to figure out – you know we're beginning to extend long and I want to make sure we can get as many questions in as we can.

UNIDENTIFIED PARTICIPANT: I would do (INAUDIBLE), 15 and have no additional questions.

UNIDENTIFIED PARTICIPANT: OK. We could do that.

UNIDENTIFIED PARTICIPANT: Any additional questions after these 15 can be submitted to the Help Desk and we can work out them out that way.

OPERATOR: OK I can connect them to the Help Desk.

UNIDENTIFIED PARTICIPANT: OK.

OPERATOR: Western Health Advantage your line is open.

UNIDENTIFIED PARTICIPANT: That's OK, we'll just submit to the Help Desk, thank you.

UNIDENTIFIED PARTICIPANT: Thank you.

OPERATOR: (INAUDIBLE) Kaiser Permanente.

UNIDENTIFIED PARTICIPANT: Hi, following up on the last question. We also offer joint plans in this case we have two different entities joining to offer a plan (one a point of service)the other one is an HMO, but you're not able to buy the point of service by itself. We have limits to how many people can be in the point of service so how would we handle that?

UNIDENTIFIED PARTICIPANT: It's a good question. I think the answer is that you would really enter it for the HMO. In that case given that the point of service is only associated with the HMO, once the HMO is purchased, I think the HMO particularly for July is really what we're going for at this point.

UNIDENTIFIED PARTICIPANT: I think we can do that. The following question to the other one on Medicare, you said no Medicare Advantage. What about the Medicare sold as part of a small group plan?

UNIDENTIFIED PARTICIPANT: If Medicare, if there is Madigan or additional coverage that is associated with the major medical product, then we do want you to list that major medical product, but we do not want separate entry for whatever associated plan may be coming through that would cover Medicare Advantage.

UNIDENTIFIED PARTICIPANT: OK.

UNIDENTIFIED PARTICIPANT: It should just be one entry.

UNIDENTIFIED PARTICIPANT: Perfect. And the last question: you talk about plan level being something like HMO. We've been doing so far is plan family like HMO deductible, HMO co-pay. Would either of those work or would you really prefer of it at HMO level?

UNIDENTIFIED PARTICIPANT: I think right now we really have built it to take HMO levels. I recognize the importance; I think it's an important distinction for consumers. It is something that we will, I believe, be able to capture for the October release when we're trying to get into more detail. But I think at this point if you can provide us with basic HMO level information and allow for consumers to contact you for further details that's probably what makes most sense for the July release.

UNIDENTIFIED PARTICIPANT: OK, and if we're offering something that only for exchanges, would we show that or not?

UNIDENTIFIED PARTICIPANT: Only through a state exchange?

UNIDENTIFIED PARTICIPANT: That's correct.

UNIDENTIFIED PARTICIPANT: I think you should enter that.

UNIDENTIFIED PARTICIPANT: OK.

UNIDENTIFIED PARTICIPANT: We are going to be working through with states exactly how to handle this situations were and exchange exists in terms of what point we send consumers directly to the states site, but for our purposes we're going to need to know that information and so that we would ask that you report that to us as well.

UNIDENTIFIED PARTICIPANT: Will do. Thank you.

UNIDENTIFIED PARTICIPANT: Thank you.

OPERATOR: Thank you. Our next question comes from Jim (ph).

JIM (ph): Hi, this is (Jim) from (INAUDIBLE). Just to clarify a while back you kind of summarily dismissed short termed plans as not being major medical and I'm not so sure I understand why they're mutually exclusive because we have a short termed plan as well, we were planning on submit it as our – it's our first individual product and it covers all major medical categories it just has a period of time that it limits the purchase or two at their own choosing so, how is that something that wouldn't qualify for being on the portal?

UNIDENTIFIED PARTICIPANT: It is not necessarily that is something that shouldn't be on the portal. In point of fact we have been holding discussions about how to handle short term insurance. We know they're people for whom short term insurance is going to be probably their best option at the current time. However we're in a situation where we have to define the parameters within which we can operate given the current portal. And the determination was that we wanted to work with major medical as its currently being defined within of, and I apologize, it's getting late in the day, but the particular legislation which we referenced for our definitions.

JIM (ph): I'd be interested in seeing that because I really don't, really don't understand where you´re going there.

UNIDENTIFIED PARTICIPANT: Well I can see where we're going. Where we're going is that the insurance should not be – is not conditioned by a summary time limit, which ends up defining it as being short termed as

opposed to major medical for our purposes. Now that is not to say it's an inferior product, it's not to say it's something shouldn't be offered, not to say it's not something that we should be able to represent. But, it's a definitional issue that I believe is captured in what we are trying to do. Now that's said, again we are deferring to state definitions for some of these things, so depending on where you are offering this product by all means if you have not submitted this as an issue to the Help Desk please do so because at that point it'll get passed me, get to the team to receive adequate attention. And if it's something that you really wanted listed on there, make us aware of that. And if it's something that does make sense within that state market and within the regulations of that state offer it's by, we will try to deal with that. But we are not intending to gather information on policies that would only be issued for a specified limited set of time. (Jim): OK. Thanks.

UNIDENTIFIED PARTICIPANT: Sure.

OPERATOR: (Inaudible) HealthNow.

UNIDENTIFIED PARTICIPANT: Hello, my question is kind of the flipside of one that was asked earlier. We are a parent company for three different plans, two (blue) plans and a non (blue) plan in New York State and we (INAUDIBLE) our service areas by county rather and not zip code, so how do we approach the third tab, the geographic coverage tab when we clearly don't have zip codes to provide in that spot?

UNIDENTIFIED PARTICIPANT: We are currently not set up to capture things by county, so we would have to ask for you to find out the zip codes in that county and for anything where it's like a partial zip code because only part of that zip code is included in one county the other part is included in another county. You would include the entire zip code for the July 1st purposes and then hopefully when we come to the October we will be able to define it a little bit better and I'm not sure if we're going to be able to get down to the county level there but …

UNIDENTIFIED PARTICIPANT: Honestly, our understanding for some of the things that we have looked at, that we're expecting to get as submittals for October. You would be able to enter things by a county level. It is something that we have considered for this and had to actually at one point try to implement. I know it is bothersome, but there are cross reference tables available from the Census Bureau and unfortunately I think that's going to be the best we can do for you right now.

UNIDENTIFIED PARTICIPANT: OK, I understand, and I've got a follow up question. We don't have an umbrella Web site or a single point of contact. The product sets are different across the three entities. What kind of contact information do you want? Because it's really different for Western New York, Central New York and Eastern New York.

UNIDENTIFIED PARTICIPANT: If there's three separate entities, then you should have three separate work books.

UNIDENTIFIED PARTICIPANT: Well when I say entities, they're not legal entities, they're divisions.

UNIDENTIFIED PARTICIPANT: OK.

UNIDENTIFIED PARTICIPANT: OK, so there is one federal EIN, one legal entity, but three divisions.

UNIDENTIFIED PARTICIPANT: Right.

UNIDENTIFIED PARTICIPANT: So we don't have a, you know an umbrella Web site that´s HealthNow in sort of corporate the three divisions underneath it. They're operated very independently.

UNIDENTIFIED PARTICIPANT: Right. Well and I believe, you know, one thing that will help is in terms of I believe the products we can list separate Web sites (INAUDIBLE).

UNIDENTIFIED PARTICIPANT: Yes, the products each have separate Web sites that you can list but do each of those divisions have different names?

UNIDENTIFIED PARTICIPANT: Yes.

UNIDENTIFIED PARTICIPANT: Then I would think that they could still do different workbooks because each one would be identified by their name rather than the EIN.

UNIDENTIFIED PARTICIPANT: What I thought I heard, you didn't want separate workbooks.

UNIDENTIFIED PARTICIPANT: We don't want separate tabs (ph) thought right? It's not …

UNIDENTIFIED PARTICIPANT: Well, it's one legal entity operating within a single State. I'll tell you what, we have not adequately considered this.

UNIDENTIFIED PARTICIPANT: This would be a Help Desk. .

UNIDENTIFIED PARTICIPANT: OK.

UNIDENTIFIED PARTICIPANT: Sort of the Help Desk and there may be ways – yes, yes, we haven't adequately considered the possibility to be perfectly honest.

UNIDENTIFIED PARTICIPANT: OK.

UNIDENTIFIED PARTICIPANT: Because we do want to make sure that we're getting consumers to the appropriate place and so we'll work with you try to figure out what the best way is to accomplish that.

UNIDENTIFIED PARTICIPANT: OK.

UNIDENTIFIED PARTICIPANT: I'm going to ask you to go ahead and put it through the Help Desk and let's deal with it there.

UNIDENTIFIED PARTICIPANT: But none of what we're providing for the July submission is going to be seen by consumer's right?

UNIDENTIFIED PARTICIPANT: In terms of the…

UNIDENTIFIED PARTICIPANT: The content we provide in terms of contact information that'll get sorted out in the October submission or the October release.

UNIDENTIFIED PARTICIPANT: We would like to have a place to send consumers for the October, I'm sorry, for the July 1st release. For the October release the information will be a lot more specific in terms – and will be directing people. But for the July release we will posting pure products that are available in your area and trying to provide contact information to consumers that they can pursue that with the given company should they decide to.

UNIDENTIFIED PARTICIPANT: OK, thank you.

UNIDENTIFIED PARTICIPANT: No, thank you.

OPERATOR: The next question is from Michelle Baracki (ph)

MICHELLE BARACKI (ph): Hello, this is Michelle Baracki (ph) from (Insurance Health). Can you provide clarification on the enrollment? Yes. The FAQ and the Webinar information from last time said that the enrollment information had to be provided as of 3/31 and you mentioned 3/1 at this meeting. Can you clarify?

UNIDENTIFIED PARTICIPANT: Well, I'm sorry then, I apologize to you. It is what's in the Q&A. If it says 3/31 then that is actually what we me an Michelle Baracki (ph) Thank you.

UNIDENTIFIED PARTICIPANT: I apologize it's just gotten, getting late. Thank you for bringing that up.

OPERATOR: Next question is from Virginia (ph) is it Deturro (ph)?

VIRGINIA DETURRO (ph): It is. Actually you've answered most of my questions. On the currently marketed products, on the brochures for that, as the years evolved and the product brochure has probably evolved as well we're just going to provide the most current product brochure for that product.

UNIDENTIFIED PARTICIPANT: That is fully appropriate.

UNIDENTIFIED PARTICIPANT: That's great.

DETURRO (ph): OK, and as far as the contact for the closed locked business, I totally understand where you're coming from (Brian). We're not going to – we don't have a Web site for you to contact, we're just going to list (INAUDIBLE) as contact because it's really just your office that will be contacting us correct?

UNIDENTIFIED PARTICIPANT: No, no, exactly. That's great.

DETURRO (ph): So our vision is going to be, link it to a page that says, "This is not currently marketed for questions contact, blah, blah, blah."

UNIDENTIFIED PARTICIPANT: Exactly, that is, that is wonderful.

DETURRO (ph): OK, I'm good. Thanks.

OPERATOR: Questions is from Susan Ward (ph).

SUSAN WARD (ph): Hello, this is Susan (ph), I have two questions specifically around the enrollment codes. Would you please clarify the enrollment codes on the tabs? Are they required? Or are they optional?

UNIDENTIFIED PARTICIPANT: The enrollment codes are optional.

WARD (ph): Great, thank you. And secondly, a question in regards to geographic tab. If we have basically, specifically in certain many products that actually will access those specific zip code lists. Are you looking for, as you explained earlier on the call, you're looking for a reference code for example for products one to go all the way down and each line to actually represent each of the zips within, you know, for that product, for that first product. If you were to have multiple products that access that same zip code list, how would you like them represented?

UNIDENTIFIED PARTICIPANT: (Sharon), am I correct by saying that that would have to be, basically you would still have to list each one separately for the different reference codes because you can't put anything other than a one or a two or whatever, correct? Apparently she has a problem with her phone again. I would say just copy the zip codes under, you like, you know, if you have reference code one for 20 of them and the same exact zip code go along with the reference code four then just, you know, copy those zip codes, paste them, you know, below and put, you know, four and, just put four under the – where it refers to because right now I do not believe that you can put multiple reference numbers within one cell.

WARD (ph): Right. My concern is that a state could have, you know, 150 zip codes and we could have 30 to 100 products that we're representing and we're repeating that that many times.

UNIDENTIFIED PARTICIPANT: Right.

UNIDENTIFIED PARTICIPANT: Yes, and I understand the concern and in particular you can provide us comments both at the Help Desk and in certain (sects) more appropriately, at the regulation. This is – this tool has limitations that we recognize and would have preferred to have made more flexible, but we simply due to time limits, have to go with what we could. I recognize it's a little annoying, but I believe it will hold the information that you need and I think that's really the way we have to obtain it.

WARD (ph): Thank you.

UNIDENTIFIED PARTICIPANT: Yes, thank you. I wish I had a better answer for you.

Operator The next question is (INAUDIBLE).

UNIDENTIFIED PARTICIPANT: Hello, I just wanted to be sure that we should be reporting prescriptions drug and vision product information.

UNIDENTIFIED PARTICIPANT: We do not want separates, for example, prescription drug – if plans that cover prescription drugs. We are not asking for that information in this release.

UNIDENTIFIED PARTICIPANT: OK. So if we have a – so for example in our small group segment, if we market you can purchase the major medical product, so a PPO or an HMO. And you can also purchase drug coverage should we then be reporting that?

UNIDENTIFIED PARTICIPANT: Not as a separate entity.

UNIDENTIFIED PARTICIPANT: OK.

UNIDENTIFIED PARTICIPANT: If you have that associated with that PPO and HMO, we want the PPO and the HMO.

UNIDENTIFIED PARTICIPANT: Oh, OK, OK. The reason I ask was that when I printed these out, it only printed out the first two lines for the product information.

UNIDENTIFIED PARTICIPANT: OK.

UNIDENTIFIED PARTICIPANT: So maybe I thought that was …

UNIDENTIFIED PARTICIPANT: No, and you know in the October release that will be a little bit clearer you'll have a lot more flexibility in terms of how you combine things for consumers in order to report to it. But for this point for the July release we're looking for those major medical policies with which these other things are associated.

UNIDENTIFIED PARTICIPANT: That's great. That's –and I think we have talked about this or this questions' been asked a number of ways but I just, I know I'll be asked this question by the people that I'll be presenting this information to, so we have a product that, that is a point of service product, that we file to contract with the state to form. We file a CNM for the self referred portion of it and an HMO for the referred portion of it, and they're actually under two companies so, but we market it as a point of service product. So we market it to consumers as a point of service product. Just based on some of the conversations I was leaning towards, just reporting it as the point of service product, but now I'm not sure whether I should be, because it's two separate …

UNIDENTIFIED PARTICIPANT: No, I think that is appropriate because, and I apologize because again, the number of combinations of how these things work …

UNIDENTIFIED PARTICIPANT: Right.

UNIDENTIFIED PARTICIPANT: – does get very complicated. And I won't claim to have thought through all the combinations. But again if we refer back to the intent of what it is that we're trying to do, which is to communicate to consumers what their meaningful options are.

UNIDENTIFIED PARTICIPANT: OK.

UNIDENTIFIED PARTICIPANT: Then if the point of service is that meaningful option, then I think that's what you should be reporting.

UNIDENTIFIED PARTICIPANT: OK. That's perfect. Thank you.

UNIDENTIFIED PARTICIPANT: Absolutely.

OPERATOR: The next question is from Chris Evans (ph).

CHRIS EVANS (ph): Hey, and thanks for staying on the line I know …

UNIDENTIFIED PARTICIPANT: Of course Chris (ph).

UNIDENTIFIED PARTICIPANT: I know it's been a long day. Going back to the question, I see that you've helped clarify a little the definition for brochure. We have a link for all of our products that we're going to submit directly to our Web site and I seed the links as part of the page of the blue (INAUDIBLE) benefits summary, that gives the range for example for small employers, what they can cover for (INAUDIBLE) deductibles, family deductibles, co insurance, is that sufficient for your brochure or are you looking for something that is separate?

UNIDENTIFIED PARTICIPANT: That is sufficient.

EVANS (ph): All right.

UNIDENTIFIED PARTICIPANT: You know, I mean the original plan in certain respects was OK, let's get the actual summary document, and link directly to that. But no, if you've got front materials that are going to assist consumers, we by no means want to interfere in that process. Again what we're trying to do is create the connection. So that will be great.

EVANS (ph): Great, thank you.

UNIDENTIFIED PARTICIPANT: Absolutely. OPERATOR: Next question is from (INAUDIBLE).

UNIDENTIFIED PARTICIPANT: Yes on the first tab where you talk about customer service for the individual marketer, the group market, the contact. Our customer service typically handles calls from people who are already enrolled. Are you really looking for a sales contact where someone can actually purchase the product?

UNIDENTIFIED PARTICIPANT: Let me check because honestly there have been so many discussions around those issues that I want to picture where I'm looking at currently. . . Yes that would be correct.

UNIDENTIFIED PARTICIPANT: You're looking for where they can actually purchase the project?

UNIDENTIFIED PARTICIPANT: Yes or where consumers should reach out who are interested in enrolling.

UNIDENTIFIED PARTICIPANT: OK.

UNIDENTIFIED PARTICIPANT: And to clarify and why I was taking the time, I suspect that for the October release we are going to be asking for a number associated with the plan if you are enrolled again it's a matter of making sure that, you know, we are going to be able to handle any sort of traffic that comes through the Web site so, you know, for putting up plan information people who have enrolled maybe coming there. So we may be asking for that information in October, but for this release we really are just looking for information for consumers to explore that option and the possibility of enrollment.

UNIDENTIFIED PARTICIPANT: Thank you.

UNIDENTIFIED PARTICIPANT: Thank You.

UNIDENTIFIED PARTICIPANT: Next question is from (Tammy) with Priority Health.

TAMMY (ph): Yes thank you, I had the same question so thank you for asking that and then I assume that there are several of us that have separate phone numbers for individual and small groups. Do you want us all sending an e-mail to the Help Desk or when you figure out how you want us to submit that will there be some place to go, to see that?

UNIDENTIFIED PARTICIPANT: Yes, we are going to be updating the Q&A on a regular basis, so yes, you don't all have to do it. I'm not sure home many people are still on the call because if we get three or four that's a good thing beyond that honestly we're just going to end up filtering through. I think we've had three people bring it up. So if you have brought it up in this meeting, go ahead and put it forward if you don't mind, to the Help Desk, and that way I think we'll make sure it's getting the adequate attention.

TAMMY (ph): Yes, OK.

UNIDENTIFIED PARTICIPANT: I think there are different way that people would like to handle it we could take a look at the different suggestions and then pick the one that would be benefit everybody.

UNIDENTIFIED PARTICIPANT: True.

Tammy (ph): OK. Great, thanks. And then just a last question is, somebody was asking about including the Medicare small group and you brought up Madigan and I wasn't really clear on, do we need to include those two types of products or no?

UNIDENTIFIED PARTICIPANT: Yes, I'm not sure, I might have misspoken, but either way the answer is no.

TAMMY (ph): OK.

UNIDENTIFIED PARTICIPANT: I'm looking for the (INAUDIBLE) and we're not gathering the Medicare data through this.

TAMMY (ph): OK, great, thank you.

UNIDENTIFIED PARTICIPANT: Thank you.

UNIDENTIFIED PARTICIPANT: (Inaudible) (Cooper) you may ask your question.

Cooper (ph): Yes I have one question with 27 parts.

UNIDENTIFIED PARTICIPANT: I have 27 answers.

Cooper (ph): No,, no, our question was answer but I'd like to reiterate it. Our service area has close to a thousand zip codes in it.

UNIDENTIFIED PARTICIPANT: Yes.

COOPER (ph): If this sheet is 40 thousand rows long. We're going to suck those up in short orders so I just wanted to express a concern on that.

UNIDENTIFIED PARTICIPANT: Yes, absolutely and it's recognized, this – we recognize. And if you're working with Excel 2007, while it will be tedious you should not encounter any technical limits on what you are able to do. With 2003, I'm fairly certain you will still be able to get them all in, but I recognize it's a tedious process and…

UNIDENTIFIED PARTICIPANT: … it's something that we are going to try to address. It's just a matter of when we can actually address it.

UNIDENTIFIED PARTICIPANT: Right.

COOPER (ph): OK, thanks.

UNIDENTIFIED PARTICIPANT: No, thank you.

OPERATOR: No further questions at this time.

UNIDENTIFIED PARTICIPANT: Terrific. All right. Well everyone I really appreciate you taking the time to listen to us, to comment to us, and to ask questions. It's a new process for all of us and it's in certain respects, I think, going to be an exciting time and one that I think where we will be able to help you move forward and reach forward to consumers, that's certainly our intent. So thanks for taking the time with me today. I'd like to thank (Christy) as well. Have a great afternoon and please get the data to us when you can. Thanks very much.

OPERATOR: Thanks for participating in today's conference call, you may now disconnect.

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