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



DATE: May 16, 2011

TO: Issuers of Health Insurance

FROM: Doug Pennington

Division Director, Healthcare.gov Plan Finder

SUBJECT: Minimizing data entry

## **Minimizing Data Entry in CMP**

As most issuers are aware, certain data elements which can be reported in the CMP are not required in each data collection. These elements include data which is retained from prior collections, elements which are not being used on the web site, and those with duplicate elements collected and populated from the HIOS tool. The CMP portal has been designed to help guide you through the process and allow you to skip over these elements.

For those who have previously entered data into the CMP, you do not even need to open the Corporate Information template, the contact information template, or Rate Factor/Eligibility templates, unless there has been a change to in the way you wish to have your base rates estimated or in the contact information. New issuers will need to fill out the Rating/Eligibility Questions and Contact Information templates, but only need to fill out "issuer name" and "state" elements on the corporate information template. There is no need to complete the "Give Me your Logo" section in CMP.

If only updating Enrollment Membership and/or SERFF# then no templates need to be completed, you simply need to update the appropriate fields on the *Enter Portal Plans* page in the tool, and describe the update in the comment field when submitting.

Only new plans or those undergoing a benefit or rate update need to update information in the benefit and rate templates. Plans with rate updates will be highlighted in the benefit template and rate template. No action is necessary for plans not highlighted.

There is no need to complete the Service Area tab in the rate template if there are no changes since the last request. Please add a note in the comments section upon submitting the request.

If updating existing plans or rates then there is no need to complete the Rating/Eligibility Questions template if there are no updates since the last request. To add different rate periods for existing plans, please follow the directions on how to clone plans provided in the Technical Assistance Document. Plan benefit details can be copied and pasted by section.

Please refer to the CMP technical documentation for any questions, or contact your CMP representative by phone or email.

## **HIOS Reminder**

Please refer to the May 4, 2011 memo for any questions regarding the new data elements under HIOS. If no new products are being registered then you need only update enrollment, application, uprated offers and denials, and the new fields for grandfather status, closed status, and association plan.

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

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

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