CMS Form Number: CMS-10320 OMB Control Number: 0938-1086

Expiration Date: XX/20XX

Appendix E - State Requirements

State Requests

To gain information on what issuers were authorized to sell health insurance within a given state, an initial request was forwarded to the states for lists of registered insurance providers and certain basic information about the state which was believed to be of interest to consumers. This data was requested from the states by May 21, 2010 in order to provide a source against which vendor and issuer provided data may be compared. This request may be reiterated annually to present states with the opportunity to update their information.

- A. Underwriting status: A statement of a state's legal requirement for community rating, or allowance for medical underwriting of insurance premiums.
- B. Website address state small group insurance: Those states which maintain a website providing information and links for those seeking small group insurance, the Secretary will require this information to provide to consumers. Additionally, States will provide a short description of the conditions under which they want their site to be the primary point of entry for consumers and why. This information is sought, both under the requirement for State consultation, but also forthe simple reason that some few states have regulatory conditions setting rates under different conditions. In those cases, States may be able to provide more specific information than is available from any other source.
- C. Website address individual insurance: Similar to small group markets, some states have already created portal sites to direct consumers within their borders. We require that states which have created such sites identify their location and inform the Secretary under what conditions they would want to prioritize directing consumers to that site over directing them to issuers.
- D. State registered small group Issuers: Obtaining a list of those registered by the state to offer small insurance within their boundaries including contacts and an estimate of products offered is essential for validating the claims of these issuers.
- E. State registered individual Issuers: Obtaining a list of those registered by the state to offer individual level insurance within their boundaries including contacts and an estimate of products offered is essential for validating the claims of these issuers.
- F. Contact Information: States will be asked to provide names, phone numbers and email addresses for primary and secondary contacts for initial data collection and for verification of information.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1086. The time required to complete this information collection is estimated to be XX hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

DO NOT MAIL APPLICATIONS TO THIS ADDRESS. Mailing your application to this address will significantly delay application processing.

CMS Form Number: CMS-10320 OMB Control Number: 0938-1086

Expiration Date: XX/20XX