

# Health Insurance Oversight System (HIOS) Excel Data Submission Tool - Issuers

## Technical Instructions



### PRA Disclosure Issuement

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 average ( **30.32 hours**) or ( **1,819.2 minutes**) 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 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, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**Last updated May 5, 2010**

# Health Insurance Oversight System – Excel Data Submission Tool Technical Instructions

---

## Table of Contents

|     |  |    |
|-----|--|----|
| 1   | Introduction .....   | 2  |
| 2   | Issuer Data Entry Form Functions .....                       | 3  |
| 2.1 | Submission Requirements .....                                | 3  |
| 2.2 | How to Open the Issuer Form Workbook .....                   | 3  |
| 2.3 | Circle Invalid .....   | 6  |
| 2.4 | Finalizing the Issuer Data Entry Form for Submission .....   | 8  |
| 2.5 | Closing the file .....                                       | 9  |
| 2.6 | Password Protection .....                                    | 9  |
| 3   | Tips for Entering Data .....                                 | 10 |
| 3.1 | Issuer General Info Tab .....                                | 10 |
| 3.2 | Product Info Tab .....                                       | 20 |
| 3.3 | Geographic Coverage .....                                    | 21 |
| 4   | Troubleshooting and FAQ .....                                | 23 |
| 4.1 | FAQ's .....  | 23 |
| 4.2 | Submission Information .....                                 | 23 |
| 4.3 | Support .....  | 23 |
| 5   | Appendix A— Critical Errors .....                            | 24 |
| 5.1 | Issuer Data Critical Errors and Related Error Messages ..... | 24 |
| 6   | Appendix B—Required Fields .....                             | 29 |

# Health Insurance Oversight System – Excel Data Submission Tool

## Technical Instructions

---

### 1 Introduction

The Health Insurance Oversight System (HIOS) will allow the government to collect data from states and individual and small group market issuers, which will be aggregated with other data sources and made public on a consumer facing website. One initial mechanism for the Issuers to submit their data is through the use of the HIOS Excel template.

These technical instructions explain the special features and other technical aspects related to the use of the HIOS Issuer Data Submission Excel Tool. The Issuer Data Submission Excel Tool consists of three worksheets that must be completed prior to submission:

- **Issuer General Info:** Supports the data entry for the Issuer’s corporate information, corporate address, contact information, and ratings.
- **Product Info:** Supports the data entry for all product offerings on behalf of the issuers. The data to be entered includes Product Name, Enrollment Number, Product Type, Product Enrollment, Individual or Small Group, Website Addresses, Geographic Coverage and whether the product has been opted out of Phase 2.
- **Geographic Coverage:** Supports the data entry for specific zip codes when a product is not offered throughout the state.

**The Office of Consumer Information & Insurance Oversight (OCIO), a division of HHS, recommends that users read this document thoroughly before using the tool.**

The Issuer Data Submission Tool employs two versions of the workbook that serve different purposes throughout the process:

- **Working files** – are read-write enabled files that allow users to enter data in specified input fields. Users may edit, save, name, and re-name working versions of these files.
- **Finalized files** – are read-only files created by a process called finalization, which modifies the format of working files to prepare them for submission to HHS. Finalization converts formula results in calculated fields into hard-coded values, removes formulas and other extraneous elements, and saves the file using a standard naming convention. All macro file functionalities are disabled. The finalized save process will delete or standardize some of the data in the finalized file according to specified business rules. The finalized save process will not change the data in the working file. (See Section 2.4.1.)

# Health Insurance Oversight System – Excel Data Submission Tool

## Technical Instructions

---

## 2 Issuer Data Entry Form Functions

### 2.1 Submission Requirements

#### 2.1.1 Initial Configuration Requirement

---

For the Issuer Data Entry Form to work properly, you must configure your PC to satisfy the following requirements:

- Have Microsoft Excel 2003 or greater installed.
- Enable your Excel Standard Toolbar.
- For Excel 2003, set your Excel Macro Security Settings to Medium (recommended). You can do this by selecting Tools, Macro, and the Security command from your Excel menu bar.\*
- For Excel 2007, set your Excel Macro Security Settings to “Disable all macros with notifications.” You can do this by selecting the Office Button, Excel Options, Trust Center, Trust Center Settings, Macro Settings.\*

\* Macros from un-trusted sources could potentially contain malicious code. If your macro settings are configured as stated above, you will be able to select which macros are safe and therefore should be enabled. **The following section details how to enable these macros so that you can successfully use the Issuer Form.**

### 2.2 How to Open the Issuer Form Workbook

#### 2.2.1 Macro Security Level Setting

---

The Issuer Data Entry form uses macros to perform the built-in functions including the validation and finalization processes.

#### **For Excel 2003**

If your Macro Security setting is set to Medium (as recommended above), you will be prompted to enable or disable macros when you open the workbook. You must choose “Enable macros” to correctly open the form. If you choose “Disable macros,” the workbook will display a screen stating that the macros must be enabled in order to use the form. You will have to close and then reopen the workbook to enable macros.

If your macro settings are set to High or Very High, the workbook will not be functional. A static screen will display indicating that you must update your macro settings.

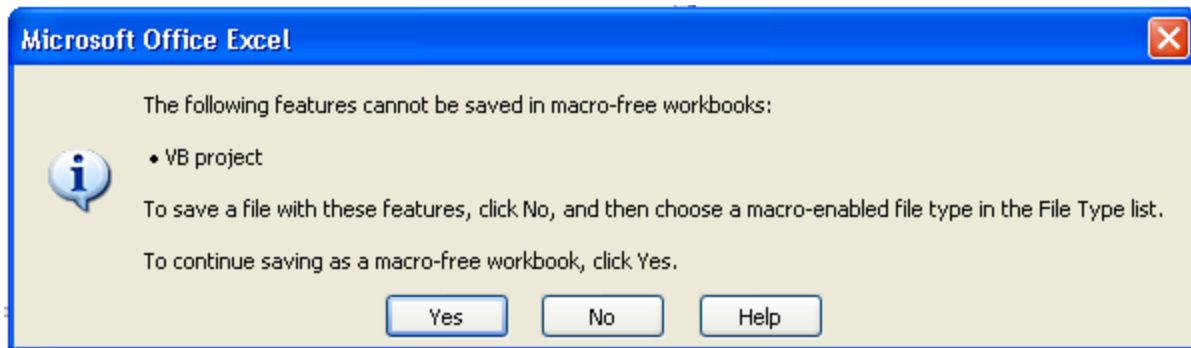
#### **For Excel 2007**

The Issuer Data Entry form is supported in Excel 2007. You will be able to open and work with the HIOS files using Excel 2007’s compatibility mode. **However, you MUST save and/or**

# Health Insurance Oversight System – Excel Data Submission Tool Technical Instructions

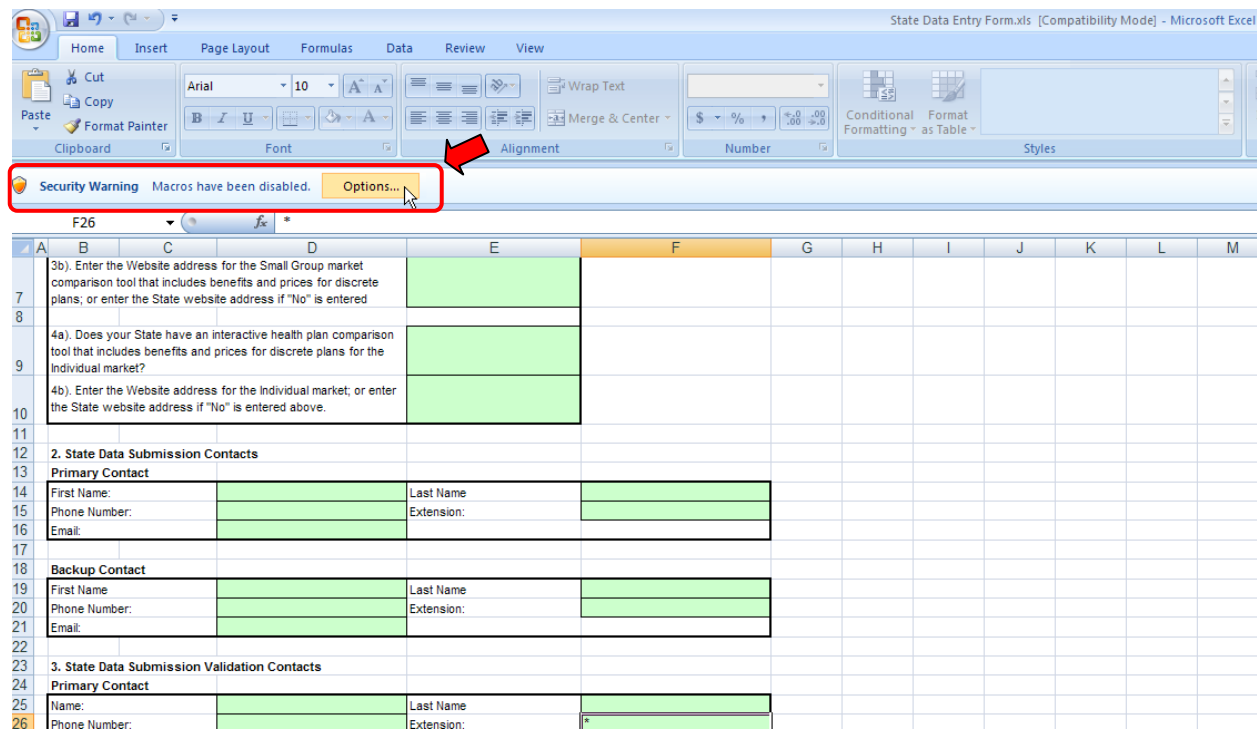
finalize the HIOS files in the Excel 2003 (.xls) format once you are finished. You will only be able to submit an “.xls” HIOS file.

If you try to save in Excel 2007 (.xlsx) you will get the following error. If you select yes it will make the workbook inoperable.

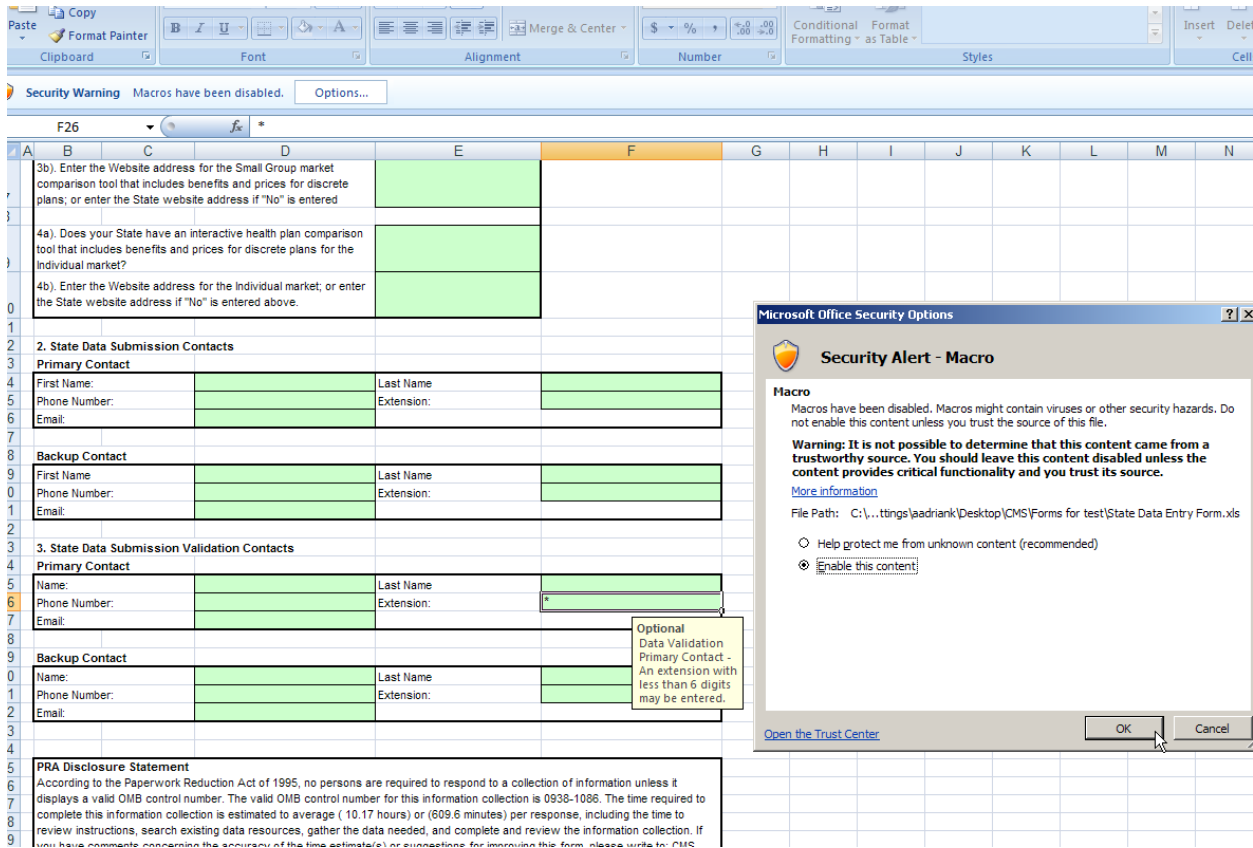


Note: If a HIOS file is saved in the Excel 2007 (.xlsm) format, an error will occur when you attempt to reopen the file. **Please do not save the HIOS file in .xlsm format.** This applies to working files as well.

If your Macro Security setting is set to “Disable all macros with notification” (as recommended above), the workbook will open and you will see the following message above the worksheet: “Security Warnings. Macros have been disabled.” – followed by an ‘Options...’ button (as seen in the screen shot below). You must click the ‘Options...’ button and select “Enable this content” to continue working with the file.



# Health Insurance Oversight System – Excel Data Submission Tool Technical Instructions



If the current security setting is set to “Disable all macros except digitally signed macros” or “Disable all macros without notifications”, the workbook will not be functional (i.e. you will not be able to validate and finalize).

You will be able to open and work with multiple Issuer Data Entry Forms in the same Excel 2007 instance. But if you want to close a file and open another one, **you should also close Excel and open the next file in a new instance of Excel**. There are known issues related to Excel 2007 when you open a file in an existing Excel instance. If you encounter any issues when opening a Issuer Data Entry form, then close Excel, go to Task Manager, delete any other Excel processes, then open a new Issuer Data Entry file in a new Excel window.

Note: After completion of the workbook it is suggested that if you had to change your default macro settings for this workbook that you change them back to your original macro settings.

## 2.2.2 Commands

Upon successfully opening a working Issuer Data Entry Form with the macros enabled, specific buttons will appear in each worksheet.

Button names (from left to right):

# Health Insurance Oversight System – Excel Data Submission Tool

## Technical Instructions

---

- Validate (Shortcut: CTRL + shift + V) – this will perform the red circle and critical validations.
- Validate and Finalize (Shortcut: CTRL + shift + S) - this function will perform the critical validations and create the read-only finalized file.
- Format and Print Preview (Shortcut: CTRL + shift + P) – this function will format the workbook for printing and bring to focus the print preview screen for the user.

### 2.2.3 Validations

---

All data entry fields are highlighted in green. All cells are formatted in Text format.

It is recommended that you not use Excel’s “Cut” function in the Issuer Data Entry Form workbook as it will remove the cell’s predefined formatting.

Note: You should use the Delete key instead of the Space bar to delete cell values from a cell.

### 2.2.4 Critical Validations

---

The green-highlighted data entry fields fall into three categories with respect to cell validation: validation fields, critical validation fields, and non-validation fields. Validation fields have cell-specific rules regarding the types and format of data that can be entered into them. These rules appear in message boxes called cell labels which are shown when the cell is highlighted.

### 2.3 Circle Invalid

---

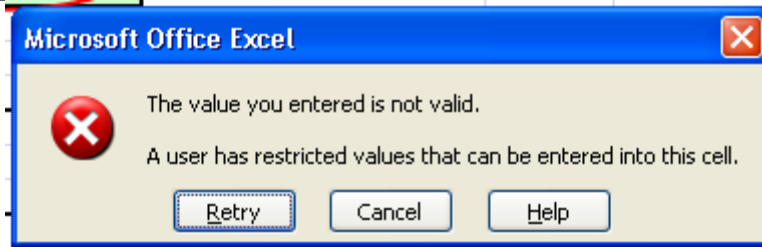
Upon opening the worksheet, red circles will surround cells that do not pass specific validation rules. Once the data has been entered and has passed the validation rules, the red circles will disappear.

It is strongly recommended that you correct all red circle validations prior to finalizing your workbook. Not all red circle validations are checked in the finalization process thus it is possible that you finalize your file with data errors. These data errors will be caught when the file is being processed and will be returned to you for correction.

**It is highly recommended that you use the “Validate” function prior to the “Validate and Finalize” function. You should only trigger the “Validate and Finalize” if no red circle validations have failed.**

Note: If you enter invalid information into a cell with validation rules and attempt to exit the cell, you will receive the error below. Please click the ‘Cancel’ button to continue working and enter/select a valid value for the cell.

# Health Insurance Oversight System – Excel Data Submission Tool Technical Instructions



## 2.3.1 Printing the file

You have two options for printing the Issuer Data Entry form. You may use the standard excel Print function to print or you may click on the Format & Print Preview button within each worksheet.

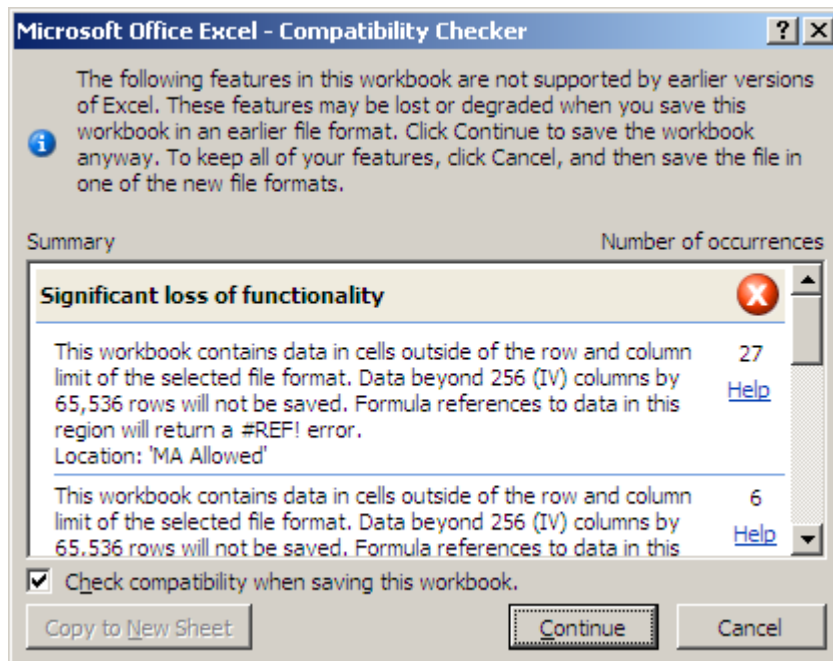
## 2.3.2 Save Functions

There are two save processes available within the Issuer data Entry form: a non-finalized and a finalized save.

A non-finalized save can be invoked by clicking on the Excel Save icon on the Excel Standard Toolbar or by selecting File and then Save from the Excel menu. This save process will save any changes you have made to the workbook.

A finalized save occurs when the “Finalize and Validate” function is invoked. (See Section 2.4, “Finalizing the Issuer Data Entry Form for Submission.”) This step is taken when the workbook is complete and ready for submission.

Note: after clicking “Save” or “Finalize & Validate Form,” the following message may appear:





# Health Insurance Oversight System – Excel Data Submission Tool

## Technical Instructions

---

Uncheck the box “Check compatibility when saving this workbook” and click “Continue.” The popup will not appear next time you save a form.

### 2.4 Finalizing the Issuer Data Entry Form for Submission

---

To trigger the finalization process, click on the Validate & Finalize File button. The system will perform all of the critical validations. The system will perform the finalization process and create the read only file if all critical validations are passed.

**As stated in Section 2.3, it is highly recommended that you correct all red circle validations prior to triggering the finalization process.**

#### 2.4.1 Finalization Process

---

When the finalization function is triggered, the system will perform the following actions:

- Check the required fields— Pre-determined fields (e.g., “Issuer”) must be entered for the finalization to be successful; these fields are listed in Appendix B (“Required Fields”).
- Check the critical validations—Critical validation fields must comply with their validation rules for the finalization process to be successful; the fields and business rules are listed in Appendix A (“Critical Validation Fields”). All critical errors must be corrected for a file to be successfully finalized.
- Create a finalized file with the following features:
  - All worksheets will display as read only in the finalized file.
  - Red circles will display for cells that do not pass validation rules. Note: You will be able to finalize the file if the red circled cell is not one of the critical errors. A list of critical validations for is included in Appendix A, “Critical Errors.”

#### 2.4.2 File Naming Convention

---

Finalized Issuer Data Entry Submission workbooks are saved using the following standardized naming convention:

Final\_<first10charactersofname>\_<stateabbreviation>\_<year><month><day><Hour><Min><Sec>\_<original name>.xls

**Use of this naming convention is a requirement for a successful submission. If you modify the name of the finalized file, it will not be processed.**

Example: Final\_BlueCross\_VA\_20100427130426\_Issuer Data Entry Form.xls

Note: Finalized files will be saved in the same directory where the working file is located.

Note: Original name refers to the name of the working file. There is not a requirement for how the working file must be named and it will not impact the processing of the finalized file.

# **Health Insurance Oversight System – Excel Data Submission Tool**

## **Technical Instructions**

---

The working file name can be changed at any time. The finalized forms are read-only files. If you need to make additional changes prior to submission, modify the working file and finalize the file again. Remember that the naming convention mentioned above, which is used for the finalized file, is required for submission.

### **2.5 Closing the file**

---

When closing the file it is highly recommended that you save all current changes.

### **2.6 Password Protection**

---

The Issuer Data Entry form is password protected. You may not modify the structure of the workbook or worksheets. Each data item must be located in its pre-defined cell location for successful processing.

## Health Insurance Oversight System – Excel Data Submission Tool Technical Instructions

### 3 Tips for Entering Data

Note: Please verify that all of the Submission Requirements specified in section 2.1 have been met before continuing with this section.

This section will provide information on how to enter data into each required cell within the workbook.

#### 3.1 Issuer General Info Tab

The following table includes the cell location for each data entry field on the Issuer General Info tab along with appropriate values.

| Cell Location | Data              | Valid Values   |
|---------------|-------------------|--|
| C3            | Issuer Name       | Enter Issuers name. The system allows up to 40 characters.   |
| C4            | Federal EIN       | A 9 – digit number must be entered. Do not enter a hyphen.   |
| C5            | NAIC Company Code | Enter the issuers NAIC company code which should be a number that is less than 6 digits. THIS FIELD IS OPTIONAL. |
| E3            | State             | <b>Select a State from the drop down.</b> Do not type in a value.  |
| E4            | Market Coverage   | <b>Select Individual, Small Group, or both from the drop down.</b> Do not type in a value.                       |
| E5            | NAIC Group Code   | Enter the issuer’s 6 digit NAIC Group Number. THIS FIELD IS OPTIONAL.  |
| G3            | Issuer ID         | <b>THIS IS A READ ONLY FIELD AND SHOULD NOT BE USED.</b>   |
| C8            | Address Line 1    | Enter the address for the Issuer   |
| C9            | Address line 2    | Enter the rest of the address for the issuer THIS FIELD IS OPTIONAL.   |
| C10           | City              | Enter the city name for the Issuer   |
| C11           | State             | <b>Select a State from the drop down.</b> Do not type in a value.  |
| C12           | Zipcode           | Enter a 5 digit Zipcode  |
| E12           | 4 digit           | Enter a 4 digit Zipcode. THIS FIELD IS OPTIONAL.   |

## Health Insurance Oversight System – Excel Data Submission Tool Technical Instructions

| Cell Location | Data  | Valid Values   |
|---------------|---|--|
| C15           | Individual Market                                   | <b>Select Yes or No from the drop down menu.</b> Do not type in a value  |
| C16           | Website address for Individual Market website       | Enter the website address for the Individual Market. This field is only required if you select ‘Yes’ to the Individual Market question in cell C15.  |
| C17           | Small Group Market                                  | <b>Select Yes or No from the drop down menu.</b> Do not type in a value  |
| C18           | Website address for Small Group Market website      | Enter the website address for the Small Group Market. This field is only required if you select ‘Yes’ to the ‘Small Group Market’ question in cell C17.  |
| C21           | Customer Service Local Number                       | Please enter the local phone number. The system allows up to 15 characters.  |
| C22           | Customer Service Toll Free number                   | Please enter the toll free number. <b>THIS FIELD IS OPTIONAL.</b> The system allows up to 15 characters.   |
| C23           | Customer TTY  | Enter the phone number for the TTY. The system allows up to 15 characters.   |
| C24           | Customer Website Address                            | Enter a valid website address for the customer service.  |
| E21           | Customer Service Phone Number Extension             | Enter the phone number extension for customer service. The system allows up to 6 characters. <b>THIS FIELD IS OPTIONAL.</b>  |
| C28           | Primary Data Submission Contact – Individual Market | Enter the first name of the individual who is the primary contact for the Individual Market data submission. The system allows up to 40 characters. This field is only required if you selected Individual or Both in the Market Coverage cell (E4). |

## Health Insurance Oversight System – Excel Data Submission Tool Technical Instructions

| Cell Location | Data   | Valid Values   |
|---------------|--|--|
| C29           | Primary Data Submission<br>Contact Phone Number –<br>Individual Market           | Enter the phone number of the individual who is the primary contact for the Individual Market data submission. This field is only required if you selected Individual or Both in the Market Coverage cell (E4).The system allows up to 15 characters.  |
| C30           | Primary Data Submission<br>Contact Email Address –<br>Individual Market          | Enter the email address of the individual who is the primary contact for the Individual Market data submission. This field is only required if you selected Individual or Both in the Market Coverage cell (E4).Please make sure to include the full email address (e.g. <a href="mailto:test@test.com">test@test.com</a> ). The system will validate that the @ is part of the address. |
| E28           | Primary Data Submission<br>Contact Last Name –<br>Individual Market              | Enter the last name of the individual who is the primary contact for the Individual Market data submission.The system allows up to 40 characters. This field is only required if you selected Individual or Both in the Market Coverage cell (E4).   |
| E29           | Primary Data Submission<br>Contact Phone Number<br>Extension – Individual Market | Enter the phone numebr extension of the individual who is the primary contact for the Individual Market data submission. The system allows up to 15 characters. THIS FIELD IS OPTIONAL.  |
| C33           | Back Up Data Submission<br>Contact First Name –<br>Individual Market             | Enter the first name of the individual who is the backup contact for the Individual Market data submission.The system allows up to 40 characters. This field is optional.  |

## Health Insurance Oversight System – Excel Data Submission Tool Technical Instructions

| Cell Location | Data   | Valid Values  |
|---------------|--|---|
| C34           | Back Up Data Submission<br>Contact Phone Number –<br>Individual Market           | Enter the phone number of the individual who is the backup contact for the Individual Market data submission. The system allows up to 15 characters. This field is optional.  |
| C35           | Back Up Data Submission<br>Contact Email Address –<br>Individual Market          | Enter the email address of the individual who is the backup contact for the Individual Market data submission. This field is optional. Please make sure to include the full email address (e.g. <a href="mailto:test@test.com">test@test.com</a> ). The system will validate that the @ is part of the address. |
| E33           | Back Up Data Submission<br>Contact Last Name –<br>Individual Market              | Enter the last name of the individual who is the backup contact for the Individual Market data submission. The system allows up to 40 characters. This field is optional.   |
| E34           | Back Up Data Submission<br>Contact Phone Number<br>Extension – Individual Market | Enter the phone number extension of the individual who is the backup contact for the Individual Market data submission. The system allows up to 15 characters. <b>THIS FIELD IS OPTIONAL.</b>   |
| C39           | Primary Issuer Data<br>Validation Contact –<br>Individual Market                 | Enter the first name of the individual who is the primary contact for the validation of Individual Market data. The system allows up to 40 characters. This field is only required if you selected Individual or Both in the Market Coverage cell (E4).   |

## Health Insurance Oversight System – Excel Data Submission Tool Technical Instructions

| Cell Location | Data   | Valid Values   |
|---------------|--|--|
| C40           | Primary Issuer Data<br>Validation Contact Phone<br>Number – Individual Market              | Enter the phone number of the individual who is the primary contact for the validation of Individual Market data. The system allows up to 15 characters. This field is only required if you selected Individual or Both in the Market Coverage cell (E4).  |
| C41           | Primary Issuer Data<br>Validation Contact Email<br>Address – Individual Market             | Enter the email address of the individual who is the primary contact for the validation of Individual Market data. Please make sure to include the full email address (e.g. <a href="mailto:test@test.com">test@test.com</a> ). The system will validate that the @ is part of the address. This field is only required if you selected Individual or Both in the Market Coverage cell (E4). |
| E39           | Primary Issuer Data<br>Validation Contact Last Name<br>– Individual Market                 | Enter the last name of the individual who is the primary contact for the validation of Individual Market data. The system allows up to 40 characters. This field is only required if you selected Individual or Both in the Market Coverage cell (E4).   |
| E40           | Primary Issuer Data<br>Validation Contact Phone<br>Number Extension –<br>Individual Market | Enter the phone number extension of the individual who is the primary contact for the validation of Individual Market data. The system allows up to 15 characters. THIS FIELD IS OPTIONAL.   |
| C44           | Back Up Issuer Data<br>Validation Contact First Name<br>– Individual Market                | Enter the first name of the individual who is the back up contact for the validation of Individual Market data. The system allows up to 40 characters.   |

## Health Insurance Oversight System – Excel Data Submission Tool Technical Instructions

| Cell Location | Data   | Valid Values  |
|---------------|--|---|
| C45           | Back Up Issuer Data<br>Validation Contact Phone<br>Number – Individual Market              | Enter the phone number of the individual who is the back up contact for the validation of Individual Market data. The system allows up to 15 characters.  |
| C46           | Back Up Issuer Data<br>Validation Contact Email<br>Address – Individual Market             | Enter the email address of the individual who is the back up contact for the validation of Individual Market data. Please make sure to include the full email address (e.g. <a href="mailto:test@test.com">test@test.com</a> ). The system will validate that the @ is part of the address. |
| E44           | Back Up Issuer Data<br>Validation Contact Last Name<br>– Individual Market                 | Enter the last name of the individual who is the back up contact for the validation of Individual Market data. The system allows up to 40 characters.   |
| E45           | Back Up Issuer Data<br>Validation Contact Phone<br>Number Extension –<br>Individual Market | Enter the phone number extension of the individual who is the back up contact for the validation of Individual Market data. The system allows up to 15 characters. THIS FIELD IS OPTIONAL.  |
| C50           | Primary Data Submission<br>Contact First Name – Small<br>Group Market                      | Enter the first name of the individual who is the primary contact for the Small Group Market data submission. The system allows up to 40 characters. This field is only required if you selected Small Group or Both in the Market Coverage cell (E4).                                      |



## Health Insurance Oversight System – Excel Data Submission Tool Technical Instructions

| Cell Location | Data   | Valid Values   |
|---------------|--|--|
| C51           | Primary Data Submission<br>Contact Phone Number –<br>Small Group Market              | Enter the phone number of the individual who is the primary contact for the Small Group Market data submission. This field is only required if you selected Small Group or Both in the Market Coverage cell (E4).The system allows up to 15 characters.  |
| C52           | Primary Data Submission<br>Contact Email Address –<br>Small Group Market             | Enter the email address of the individual who is the primary contact for the Small Group Market data submission. This field is only required if you selected Small Group or Both in the Market Coverage cell (E4).Please make sure to include the full email address (e.g. <a href="mailto:test@test.com">test@test.com</a> ). The system will validate that the @ is part of the address. |
| E50           | Primary Data Submission<br>Contact Last Name – Small<br>Group Market                 | Enter the last name of the individual who is the primary contact for the Small Group Market data submission.The system allows up to 40 characters. This field is only required if you selected Small Group or Both in the Market Coverage cell (E4).   |
| E51           | Primary Data Submission<br>Contact Phone Number<br>Extension – Small Group<br>Market | Enter the phone numebr extension of the individual who is the primary contact for the Small Group Market data submission. The system allows up to 15 characters. <b>THIS FIELD IS OPTIONAL.</b>  |
| C55           | Back Up Data Submission<br>Contact First Name – Small<br>Group Market                | Enter the first name of the individual who is the backup contact for the Small Group Market data submission.The system allows up to 40 characters. This field is optional.   |

## Health Insurance Oversight System – Excel Data Submission Tool Technical Instructions

| Cell Location | Data   | Valid Values   |
|---------------|--|--|
| C56           | Back Up Data Submission<br>Contact Phone Number –<br>Small Group Market              | Enter the phone number of the individual who is the backup contact for the Small Group Market data submission. The system allows up to 15 characters. This field is optional.  |
| C57           | Back Up Data Submission<br>Contact Email Address –<br>Small Group Market             | Enter the email address of the individual who is the backup contact for the Small Group Market data submission. This field is optional. Please make sure to include the full email address (e.g. <a href="mailto:test@test.com">test@test.com</a> ). The system will validate that the @ is part of the address. |
| E55           | Back Up Data Submission<br>Contact Last Name – Small<br>Group Market                 | Enter the last name of the individual who is the backup contact for the Small Group Market data submission. The system allows up to 40 characters. This field is optional.   |
| E56           | Back Up Data Submission<br>Contact Phone Number<br>Extension – Small Group<br>Market | Enter the phone number extension of the individual who is the backup contact for the Small Group Market data submission. The system allows up to 15 characters. <b>THIS FIELD IS OPTIONAL.</b>   |
| C61           | Primary Issuer Data<br>Submission Contact – Small<br>Group Market                    | Enter the first name of the individual who is the primary contact for the validation of Small Group Market data. The system allows up to 40 characters. This field is only required if you selected Small Group or Both in the Market Coverage cell (E4).  |

## Health Insurance Oversight System – Excel Data Submission Tool Technical Instructions

| Cell Location | Data  | Valid Values   |
|---------------|---|--|
| C62           | Primary Issuer Data<br>Submission Contact Phone<br>Number – Small Group<br>Market           | Enter the phone number of the individual who is the primary contact for the validation of Small Group Market data. The system allows up to 15 characters. This field is only required if you selected Small Group or Both in the Market Coverage cell (E4).  |
| C63           | Primary Issuer Data<br>Submission Contact Email<br>Address – Small Group<br>Market          | Enter the email address of the individual who is the primary contact for the validation of Small Group Market data. Please make sure to include the full email address (e.g. <a href="mailto:test@test.com">test@test.com</a> ). The system will validate that the @ is part of the address. This field is only required if you selected Small Group or Both in the Market Coverage cell (E4). |
| E61           | Primary Issuer Data<br>Submission Contact Last<br>Name – Small Group Market                 | Enter the last name of the individual who is the primary contact for the validation of Small Group Market data. The system allows up to 40 characters. This field is only required if you selected Small Group or Both in the Market Coverage cell (E4).   |
| E62           | Primary Issuer Data<br>Submission Contact Phone<br>Number Extension – Small<br>Group Market | Enter the phone number extension of the individual who is the primary contact for the validation of Small Group Market data. The system allows up to 15 characters. <b>THIS FIELD IS OPTIONAL.</b>   |
| C66           | Back Up Issuer Data<br>Submission Contact First<br>Name – Small Group Market                | Enter the first name of the individual who is the back up contact for the validation of Small Group Market data. The system allows up to 40 characters. This field is optional.  |

## Health Insurance Oversight System – Excel Data Submission Tool Technical Instructions

| Cell Location   | Data  | Valid Values   |
|---|---|--|
| C67   | Back Up Issuer Data<br>Submission Contact Phone<br>Number – Small Group<br>Market           | Enter the phone number of the individual who is the back up contact for the validation of Small Group Market data. The system allows up to 15 characters. This field is optional.  |
| C68   | Back Up Issuer Data<br>Submission Contact Email<br>Address – Small Group<br>Market          | Enter the email address of the individual who is the back up contact for the validation of Small Group Market data. Please make sure to include the full email address (e.g. <a href="mailto:test@test.com">test@test.com</a> ). The system will validate that the @ is part of the address. This field is optional. |
| E66   | Back Up Issuer Data<br>Submission Contact Last<br>Name – Small Group Market                 | Enter the last name of the individual who is the back up contact for the validation of Small Group Market data. The system allows up to 40 characters. This field is optional.   |
| E67   | Back Up Issuer Data<br>Submission Contact Phone<br>Number Extension – Small<br>Group Market | Enter the phone number extension of the individual who is the back up contact for the validation of Small Group Market data. The system allows up to 15 characters. This field is optional.  |
| C71   | Individual Market Issuer rated<br>by any rating company                                     | <b>Select Yes or No from the drop down menu.</b> Do not type in a value.   |
| <b>You may enter up to 5 rows of rating information. The system will verify that at least one set of rating data is entered if you Select ‘Yes’ to having been rated by a rating company.</b> |   |  |
| B73   | Individual Market Rating<br>Company   | <b>Select rating company from the drop down menu.</b> Do not type in a value. This field is only required if you selected Yes in cell C71 (rated by a rating company).   |
| C73 -   | Individual Market Rating type   | <b>Select rating from the drop down menu.</b> Do not type in a value. This field is only required if you selected Yes in cell C71 (rated by a rating company).   |

## Health Insurance Oversight System – Excel Data Submission Tool Technical Instructions

| Cell Location | Data   | Valid Values  |
|---------------|--|---|
| D73           | Individual Market Rating                       | Enter Rating. This field is only required if you selected Yes in cell C71 (rated by a rating company).  |
| E73           | Individual Market Rating Company Other         | Enter the rating company if you selected ‘Other/Describe’ in cell B73.  |
| E74           | Individual Market Rating Type Other            | Enter the rating type if you selected ‘Other/Describe’ in cell C73.   |
| C80           | Small Group Market rated by and rating company | <b>Select rating company from the drop down menu.</b> Do not type in a value.   |
| B82           | Small Group Market Rating Company              | <b>Select rating from the drop down menu.</b> Do not type in a value. This field is only required if you selected Yes in cell C80. (rated by a rating company). |
| C82           | Small Group Market Rating type                 | Enter Rating. This field is only required if you selected Yes in cell C80 (rated by a rating company).  |
| D82           | Small Group Market Rating Company Other        | Enter the rating company if you selected ‘Other/Describe’ in cell B82.  |
| E82           | Small Group Market Rating Type Other           | Enter the rating type if you selected ‘Other/Describe’ in cell C82.   |

### 3.2 Product Info Tab

---

The following table includes the cell location for each data entry field on the Product Info tab, along with appropriate values.

| Cell Location | Data                         | Valid Values  |
|---------------|------------------------------|---|
| C3            | Product Name                 | Enter a product name  |
| D3            | Enrollment code/Group Number | Enter the Enrollment code/Group Number given internally to this product . THIS FIELD IS OPTIONAL. |
| E3            | Product Type                 | <b>Select product type from the drop down menu.</b> Do not type in a value.                       |

## Health Insurance Oversight System – Excel Data Submission Tool Technical Instructions

| Cell Location | Data                                  | Valid Values   |
|---------------|---------------------------------------|--|
| F3            | Other Product Type Description        | Enter a product description. This field is only required if you selected ‘Other/Describe’ for the product type.                              |
| G3            | Product Enrollment                    | Enter the number of enrollment   |
| H3            | Individual or Small Group             | <b>Select Individual or Small Group from the drop down list.</b><br>Do not type in a value   |
| I3            | Website address (Benefit at a Glance) | Enter a website address for the benefit description.   |
| J3            | Website address (Formulary)           | Enter a website address. <b>THIS FIELD IS OPTIONAL.</b>  |
| K3            | Website address (Provider Network)    | Enter a website address.   |
| L3            | Covers whole state                    | <b>Select Yes or No from the drop down menu.</b> Do not type in a value  |
| M3            | Opt-out of phase 2                    | <b>Select Yes or No from the drop down menu.</b> Enter yes if you are no longer excepting enrollment in this product. Do not type in a value |

### 3.3 Geographic Coverage

---

The following table includes the cell location for each data entry field on the Geographic Coverage tab, along with appropriate values. You are only required to enter data in this tab if at least one of your products is not offered in the whole state.

| Cell Location | Data            | Valid Values   |
|---------------|-----------------|--|
| B3            | Cross reference | Enter the cross reference from Worksheet 2 Column A that indicates the plan you are entering geographic information for. |
| C3            | Zip Code        | Enter a Zip Code.  |

**Please follow the following guidelines when entering data into this worksheet:**

- 1) Do not skip any rows when entering data. The system will interpret an empty row as the end of the data set (i.e. any data after a blank row will not be processed)**

## Health Insurance Oversight System – Excel Data Submission Tool Technical Instructions

---

- 2) If you enter a product in a row on the Product Info worksheet, you must enter all the required data for that product. Do not leave any of the required cells blank. All cells on that row are required with the exception of Column D (Enrollment Code/Group Number), Column F (Other Product Type Description – this field is only required if you select Other as the product type), and Column J (Formulary Website Address).
- 3) Any data entered within a row that does not have a corresponding Product Name will not be processed.
- 4) If you specify that a product is not offered throughout the state, you MUST specify which zip codes the product is offered in. In the Geographic Coverage tab, enter one row for every zip code each product is offered in. Use the Cross Reference to make sure you are referencing the correct product. You must enter at least one zip code if the product is only offered in a subset of the state.

Note – You DO NOT need to enter zip codes if you indicate that the product is offered in the whole state.

# Health Insurance Oversight System – Excel Data Submission Tool

## Technical Instructions


---

### 4 Troubleshooting and FAQ

#### 4.1 FAQ's

---

**Question 1:** I am trying to open Issuer Data Entry files in Excel 2007, but I do not see the Option button. How do I enable contents?

1. Click the Microsoft Office Button  , and then click Excel Options.
2. Click Trust Center, click Trust Center Settings, and then click Message Bar.
3. Click the first radio button below:
  - Show the Message Bar in all applications when document content has been blocked. This option is selected by default so that you get Message Bar alerts whenever potentially unsafe content has been disabled. The option is not selected if you clicked the Disable all macros without notification option on the Macros pane of the Trust Center. If you click Disable all macros without notification, you won't get Message Bar alerts when macros are disabled.
  - Never show information about blocked content. this option disables the Message Bar.

#### 4.2 Submission Information

---

Please submit your completed FINALIZED files via email to [hios\\_submissions@hhs.gov](mailto:hios_submissions@hhs.gov) .  
Please remember not to change the name of the system-generated finalized file.

#### 4.3 Support

---

##### **HIOS Help**

If you need additional assistance, please call the HIOS Help Desk at 1-877-343-6507 or email them at [insuranceoversight@hhs.gov](mailto:insuranceoversight@hhs.gov).



# Health Insurance Oversight System – Excel Data Submission Tool

## Technical Instructions

---

### 5 Appendix A— Critical Errors

#### 5.1 Issuer Data Critical Errors and Related Error Messages

---

These errors will prevent successful finalization.

1. Issuer General Info, C3, Issuer Name
  - a. Display error message if cell is blank.
  - b. Error message: An issuer name must be entered in Worksheet 1 C3
2. Issuer General Info, C4, Federal EIN
  - a. Display error message if cell is blank.
  - b. Error message: A federal EIN number must be entered in Worksheet 1 C4
3. Issuer General Info, C8, Address Line 1
  - a. Display error message if cell is blank.
  - b. Error message: An address must be entered in Worksheet 1 C8
4. Issuer General Info, C10, Issuer City
  - a. Display error message if cell is blank.
  - b. Error message: A city name less than 50 characters must be entered in worksheet 1 C10
5. Issuer General Info, C11, Issuer Issuer
  - a. Display error message if the value entered is not one of the Issuers in the list.
  - b. Error message: A Issuer must be selected from the drop down menu in Worksheet 1 C11
6. Issuer General Info, C12, Issuer Zipcode
  - a. Display error message if cell is blank.
  - b. Error message: A Zip Code must be entered in Worksheet 1 C12
7. Issuer General Info, C15, Individual Market
  - a. Display error message if the value entered is not one of the options in the drop down.
  - b. Error Message: A value must be selected from the drop down menu in Worksheet 1 C15.
8. Issuer General Info, C16, Website for Individual Market
  - a. Display error message if this cell is blank and Yes is entered in C15.
  - b. Error Message: A valid Website must be entered in Worksheet 1 C16 if individual market is offered.
9. Issuer General Info, C17, Small Group Market
  - a. Display error message if the value entered is not one of the options in the drop down
  - b. Error Message: A value must be selected from the drop down menu in Worksheet 1 C17.
10. Issuer General Info, C18, Website for Small group market
  - a. Display error message if this cell is blank and Yes is entered in C17.
  - b. Error Message:A valid Website must be entered in Worksheet 1 C18 if Small Group is offered.
11. Issuer General Info, C21, Customer Service Local number
  - a. Display error message if cell is blank.

## **Health Insurance Oversight System – Excel Data Submission Tool Technical Instructions**

---

- b. Error message: A Customer Service Local Number must be entered in Worksheet 1 C21
- 12. Issuer General Info, C24, Customer Service Website Address
  - a. Display error message if cell is blank.
  - b. Error Message: A valid Website must be entered in Worksheet 1 C24
- 13. Issuer General Info, C28, Data Submission/Individual Market Primary Contact Name
  - a. Display error message if cell is blank.
  - b. Error message: A contact name must be entered in Worksheet 1 C28
- 14. Issuer General Info, C29, Data Submission/Individual Market Primary Contact Phone Number
  - a. Display error message if cell is blank.
  - b. Error message: A Phone Number must be entered in Worksheet 1 C29
- 15. Issuer General Info, C30, Data Submission/Individual Market Primary Contact email
  - a. Display error message if cell is blank.
  - b. Error message: A valid email address must be entered in Worksheet 1 C30
- 16. Issuer General Info, C39, Issuer Data Submission Validation/Individual Market Primary Contact Name
  - a. Display error message if cell is blank.
  - b. Error message: A Issuer Data Submission Validation contact name must be entered in Worksheet 1 C39
- 17. Issuer General Info, C40, Issuer Data Submission Validation/Individual Market Primary Phone Number
  - a. Display error message if cell is blank.
  - b. Error message: A Phone Number must be entered in Worksheet 1 C41
- 18. Issuer General Info, C41, Issuer Data Submission Validation/Individual Market Primary email
  - a. Display error message if cell is blank.
  - b. Error message: A valid email address must be entered in Worksheet 1 C42
- 19. Issuer General Info, C50, Data Submission/Small Group Market Primary Contact Name
  - a. Display error message if cell is blank.
  - b. Error message: A contact name must be entered in Worksheet 1 C50
- 20. Issuer General Info, C51, Data Submission/Small Group Market Primary Phone Number
  - a. Display error message if cell is blank
  - b. Error message: A Phone Number must be entered in Worksheet 1 C51
- 21. Issuer General Info, C52, Data Submission/Small Group Market Primary Email
  - a. Display error message if cell is blank.
  - b. Error message: A valid email address must be entered in Worksheet 1 C52
- 22. Issuer General Info, C61, Issuer Data Submission Validation Contact/Small Group Market Primary Contact Name
  - a. Display error message if cell is blank.
  - b. Error message: A contact name must be entered in Worksheet 1 C61
- 23. Issuer General Info, C62, Issuer Data Submission Validation Contact/Small Group Market Primary Phone Number
  - a. Display error message if cell is blank.
  - b. Error message: A Phone Number must be entered in Worksheet 1 C62

## **Health Insurance Oversight System – Excel Data Submission Tool Technical Instructions**

---

24. Issuer General Info, C63, Issuer Data Submission Validation Contact/Small Group Market Primary Email
  - a. Display error message if cell is blank.
  - b. Error message: A valid email address must be entered in Worksheet 1 C63
25. Issuer General Info, C71, Issuer Rating for Individual Market
  - a. Display error message if the value entered is not one of the options in the drop down.
  - b. Error Message: Yes or No must be selected from the drop down menu in Worksheet 1 C71.
26. Issuer General Info, B73, Rating Company
  - a. Display error message if this field is blank, and Yes is entered in W3 C71.
  - b. Error message: A rating company must be entered in Worksheet 1 B73 if the company has been rated in the past 2 years.
27. Issuer General Info, C73, Rating type
  - a. Display error message if this field is blank and Rating company is entered in Worksheet 1 B73.
  - b. Error message: A rating type must be entered in Worksheet 1 C73 if Rating company is entered.
28. Issuer General Info, D73, Rating
  - a. Display error message if this field is blank and Rating company is entered in Worksheet 1 B73.
  - b. Error message: A rating must be entered in Worksheet 1 D73 if Rating company is entered in W3 B73.
29. Issuer General Info, C80, Issuer Rating for Small Group Market
  - a. Display error message if the value entered is not one of the options in the drop down.
  - b. Error Message: Yes or No must be selected from the drop down menu in Worksheet 1 C80.
30. Issuer General Info, B82, Rating Company
  - a. Display error message if this field is blank, and Yes is entered in Worksheet 1 C80.
  - b. Error message: A rating company must be entered in Worksheet 1 B82 if the company has been rated in the past 2 years.
31. Issuer General Info, C82, Rating type
  - a. Display error message if this field is blank and Rating company is entered in Worksheet 1 B82.
  - b. Error message: A rating type must be entered in Worksheet 1 C82 if Rating company is entered.
32. Issuer General Info, D82, Rating
  - a. Display error message if this field is blank and Rating company is entered in Worksheet 1 B80.
  - b. Error message: A rating must be entered in Worksheet 1 D73 if Rating company is entered in W3 D82.
33. Issuer General Info, E3, Issuer
  - a. Display error message if this field is blank.
  - b. Error message: A Issuer must be seleted on Worksheet 1 E3.

## Health Insurance Oversight System – Excel Data Submission Tool Technical Instructions

---

34. Issuer General Info, E4, Market Coverage
  - a. Display error message if this field is blank.
  - b. Error message: A Market coverage value must be selected on Worksheet 1 E4.
35. Product Info,C3,Product Name
  - a. Display error message if cell is blank
  - b. Error message: A Product Name must be entered in Worksheet 2 C3.
36. Product Info,E3, Product Type
  - a. Display error message if the this field is blank.
  - a. Error Message: A value must be entered in Worksheet 2 E3.
37. Product Info, F3, Other Product Type description
  - a. Display error message if this field is blank and Other is selected in cell E3 Product Type.
  - b. Error Message: Other Product Type description is required if Other product type is selected.
38. Product Info,G3, Product Enrollment
  - a. Display error message if cell is blank
  - b. Error message: Product Enrollment must be entered in Worksheet 2 F3.
39. Product Info,H3, Individual/small Group
  - a. Display error message if blank.
  - b. Error Message: A value must be selected from the drop down menu in Worksheet 2 G3.
40. Product Info,J3, Website Address Benefit
  - a. Display error message if cell is blank.
  - b. Error message: Product information worksheet Website Address Benefit in Worksheet 2 H3 is required.
41. Product Info,K3, Website Address Provider Network
  - a. Display error message if cell is blank
  - b. Error message: Product Information worksheet Website Address for Provider Network in Worksheet 2 J3 is required.
42. Product Info,L3, Covers Whole Issuer
  - a. Display error message if this field is blank.
  - b. Error Message: A value must be selected from the drop down menu in Worksheet 2 K3.
43. Product Info,M3, Short Term Limited
  - a. Display error message if this field is blank.
  - b. Error Message: A value must be selected from the drop down menu in Worksheet 2 L3.
44. Geographic Coverage,B Column , Cross Reference
  - a. Display error message if a Product does not cover a whole Issuer, there must be a matching Cross Reference number found in this column for that Product.
  - b. Error message: A matching cross reference must be entered in Worksheet 3 B3 a product does not cover whole Issuer.
45. Geographic Coverage,C column, Zip Code
  - a. Display error message if a Cross Reference number is entered, this field is required.

## **Health Insurance Oversight System – Excel Data Submission Tool Technical Instructions**

---

- b. Error message: A Zip code must be entered in Worksheet 3 C3 if a cross reference number is entered in column B.

# Health Insurance Oversight System – Excel Data Submission Tool

## Technical Instructions

---

### 6 Appendix B—Required Fields

Issuer General Info worksheet:

- Issuer Name
- Federal EIN
- State
- Market Coverage
- Address Line 1
- City
- State
- Zip
- Do you offer Individual Market?
  - Individual website if Individual Market is covered
- Do you offer Small Group Market?
  - Small Group website if Small Group Market is covered
- Local Number
- Website Address
- If Individual Market is covered, the following fields are required:
  - Individual Primary Data Submission Contact First Name
  - Individual Primary Data Submission Contact Last Name
  - Individual Primary Data Submission Contact Phone Number
  - Individual Primary Data Submission Contact Email Address
  - Individual Primary Data Validation Contact First Name
  - Individual Primary Data Validation Contact Last Name
  - Individual Primary Data Validation Contact Phone Number
  - Individual Primary Data Validation Contact Email Address
- If Small Group Market is covered, the following fields are required:
  - Small Group Primary Data Submission Contact First Name
  - Small Group Primary Data Submission Contact Last Name
  - Small Group Primary Data Submission Contact Phone Number
  - Small Group Primary Data Submission Contact Email Address
  - Small Group Primary Data Validation Contact First Name
  - Small Group Primary Data Validation Contact Last Name
  - Small Group Primary Data Validation Contact Phone Number
  - Small Group Primary Data Validation Contact Email Address
- Individual Market – Is the Issuer rated?
- If the Individual Market offerings have been rated, the following fields are required:
  - Rating Company
  - Rating Type
  - Rating
- Small Group Market – Is the Issuer rated?
- If the Small Group Market offerings have been rated, the following fields are required:

## Health Insurance Oversight System – Excel Data Submission Tool Technical Instructions

---

- Rating Company
- Rating Type
- Rating

### Product Info Worksheet:

- Product Name
- Product Type
- Product Enrollment
- Individual or Small Group
- Website address (Benefit at a Glance)
- Website Address (Provider Network)
- Covers whole State?
- Opt out Phase 2?

### Geographic Coverage Worksheet:

- Cross Reference
- Zip code

**Worksheet 1 - Issuer General Information**

**1. Corporate Information**

|                    |  |                  |  |            |  |
|--------------------|--|------------------|--|------------|--|
| Issuer Name:       |  | State:           |  | Issuer ID: |  |
| Federal EIN:       |  | Market Coverage: |  |            |  |
| NAIC Company Code: |  | NAIC Group Code: |  |            |  |

**2. Address**

|                 |  |         |  |
|-----------------|--|---------|--|
| Address Line 1: |  |         |  |
| Address Line 2: |  |         |  |
| City:           |  |         |  |
| State:          |  |         |  |
| Zip:            |  | 4 digit |  |

**3. Individual and Small Group Market**

|  |  |
|--|--|
| 1). Do you offer Individual market?  |  |
| 2). Enter the web address for the Individual Market website if Yes is entered in C15.  |  |
| 3). Do you offer Small Group market?   |  |
| 4). Enter the web address for the Small Group Market website if Yes is entered in C17. |  |

**4. Customer Service (Individual Market) or Employee Group (Small Group Market) Contact**

|                   |  |            |  |
|-------------------|--|------------|--|
| Local Number:     |  | Extension: |  |
| Toll Free Number: |  |            |  |
| TTY:              |  |            |  |
| Website Address:  |  |            |  |

**5. Data Submission Contact - Individual Market**

**Primary Contact**

|               |  |            |  |
|---------------|--|------------|--|
| First Name:   |  | Last Name: |  |
| Phone Number: |  | Extension: |  |
| Email:        |  |            |  |

**Backup Contact**

|               |  |            |  |
|---------------|--|------------|--|
| First Name:   |  | Last Name: |  |
| Phone Number: |  | Extension: |  |
| Email:        |  |            |  |

**6. Issuer Data Submission Validation Contact - Individual Market**

**Primary Contact**

|               |  |            |  |
|---------------|--|------------|--|
| First Name:   |  | Last Name: |  |
| Phone Number: |  | Extension: |  |
| Email:        |  |            |  |

**Backup Contact**

|               |  |            |  |
|---------------|--|------------|--|
| First Name:   |  | Last Name: |  |
| Phone Number: |  | Extension: |  |
| Email:        |  |            |  |

**7. Data Submission Contact - Small Group Market**

**Primary Contact**

|               |  |            |  |
|---------------|--|------------|--|
| First Name:   |  | Last Name: |  |
| Phone Number: |  | Extension: |  |
| Email:        |  |            |  |

**Backup Contact**

|               |  |            |  |
|---------------|--|------------|--|
| First Name:   |  | Last Name: |  |
| Phone Number: |  | Extension: |  |
| Email:        |  |            |  |

**8. Issuer Data Submission Validation Contact - Small Group Market**

**Primary Contact**

|               |  |            |  |
|---------------|--|------------|--|
| First Name:   |  | Last Name: |  |
| Phone Number: |  | Extension: |  |
| Email:        |  |            |  |

**Backup Contact**

|               |  |            |  |
|---------------|--|------------|--|
| First Name:   |  | Last Name: |  |
| Phone Number: |  | Extension: |  |
| Email:        |  |            |  |

**9. Ratings- Individual Market**

| Is Issuer rated by any rating company?     |             |        |                               |                            |
|--|-------------|--------|-------------------------------|----------------------------|
| Rating Company (rated in the past 2 years) | Rating Type | Rating | Rating Company Other/Describe | Rating Type Other/Describe |
|  |             |        |                               |                            |
|  |             |        |                               |                            |
|  |             |        |                               |                            |
|  |             |        |                               |                            |

**10. Ratings- Small Group Market**

| Is Issuer rated by any rating company?     |             |        |                               |                            |
|--|-------------|--------|-------------------------------|----------------------------|
| Rating Company (rated in the past 2 years) | Rating Type | Rating | Rating Company Other/Describe | Rating Type Other/Describe |
|  |             |        |                               |                            |
|  |             |        |                               |                            |
|  |             |        |                               |                            |
|  |             |        |                               |                            |

**PRA Disclosure Statement**

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 for this information collection is 0938-1086. The time required to complete this information collection is estimated to average ( 30.32 hours) (1,819.2 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CM 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1851





**Worksheet 3 - Geographic Coverage (Required if product does not cover whole State)**

| Cross Reference | Zip Code |
|-----------------|----------|
|                 |          |

OMB Contr