Updates and Overview of Enterprise Identity Management System, Health Insurance Oversight System (HIOS) Registration Process, and HIOS Modules

April 27, 2020

Qualified Health Plan (QHP) Issuer Conference

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Enterprise Identity Management System (EIDM) and HIOS Registration Process

Introduction

The purpose of this presentation is to provide an overview of the **CMS EIDM Account Registration and HIOS Registration process.** It is intended as a refresher for issuers already familiar with HIOS and introduces changes to the HIOS Portal for 2020.

Agenda

Today we will cover the following topics:

- Create an Enterprise Identity Management System (EIDM) account
- Create a HIOS account
- Register a Multi-Factor Authentication (MFA) Device
- Access HIOS from the CMS Enterprise Portal
- Register an Organization if not currently existing in HIOS
- Request HIOS user roles
- Access Plan Management Modules

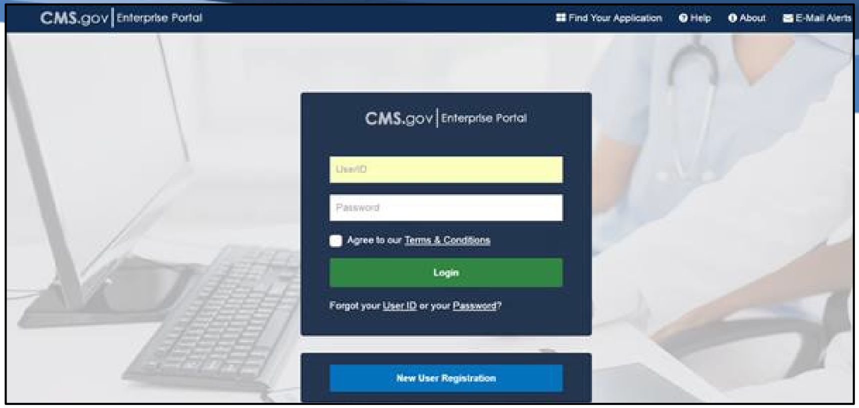
Register for a CMS EIDM Account (For New Users)

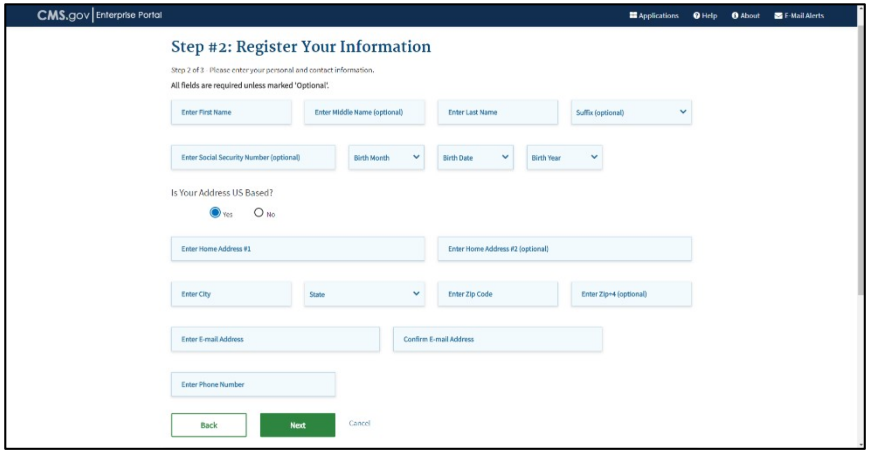
EIDM Account Registration

New users will navigate to the CMS Enterprise Portal, https://portal.cms.gov

- Select the ‘New User Registration’ button
- Choose Your Application page, select your application from the drop-down list
- Agree to the Terms and Conditions and select Next
- Enter the required information on the New User Registration page
- Create User ID and Password
- Select security Question(s) and Answer(s)
- Submit account Request
- Receive email with EIDM User ID and Password

For CMS Enterprise Portal Support, contact the Marketplace Service Desk at 1-855-267-1515 or email CMS_FEPS@cms.hhs.gov.



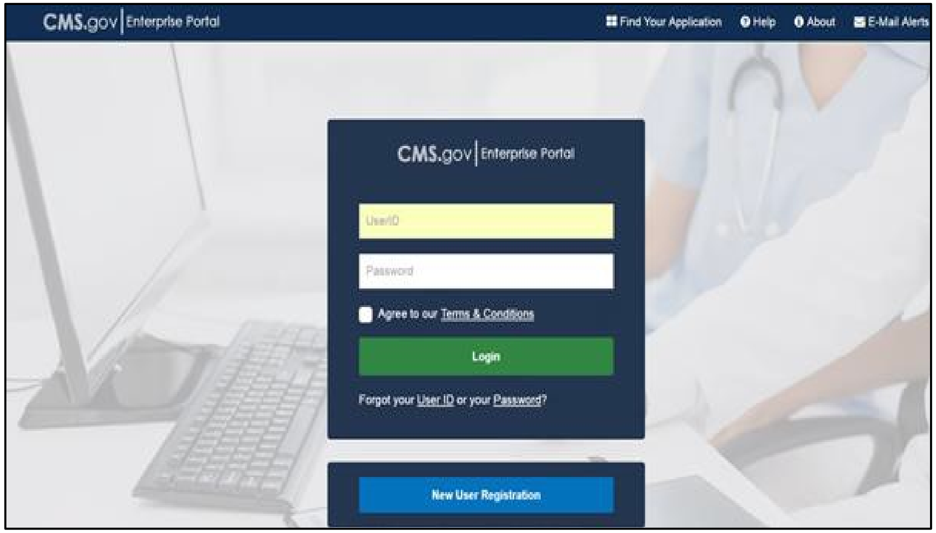


CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Request New System Access & Remote Identity Proofing (RIDP)

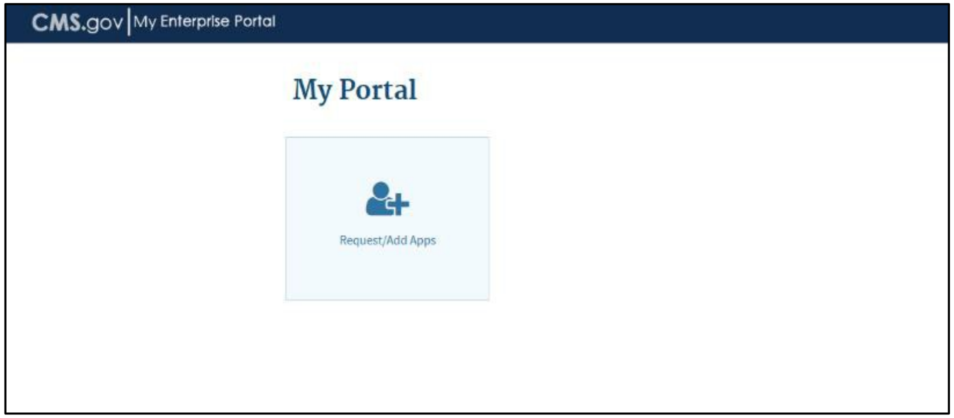
New users will navigate to the CMS Enterprise Portal, https://portal.cms.gov

- Enter the EIDM User ID and Password
- Agree to the Term and Conditions
- Select Login



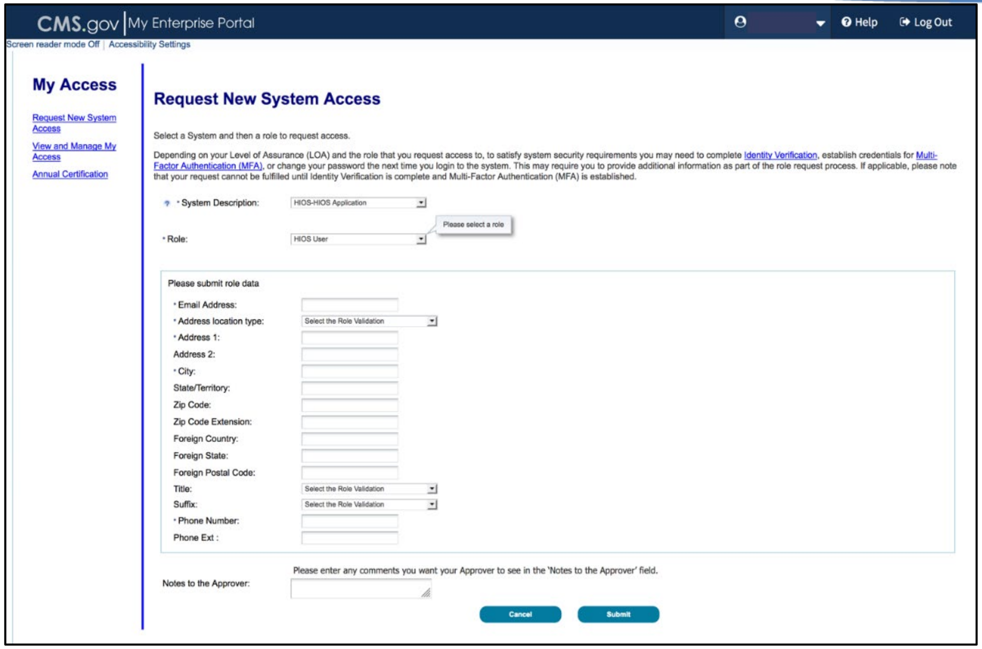
Request New System Access & RIDP (Continued)

- Select Request / Add Apps
- From the Access Catalog page, activate the “Request Access” button for HIOS
- Select the “Request New System Access” link
- Select “HIOS- HIOS Application” from the System Description drop-down menu
- Select “HIOS User” for the Role. **Do Not Select HIOS Help Desk User.**
- Complete the role data form and select Submit.



Request New System Access & RIDP (Continued)

- The system will take you through the identity verification process
- Accept the Terms and Conditions and proceed with the on-screen instructions to verify your identity.
- Once you complete the questions and answers on the Verify Identity screen, select the Next button.



Create an EIDM Account → Create a HIOS Account → Register an MFA Device → Register an Organization in HIOS → Request User Roles

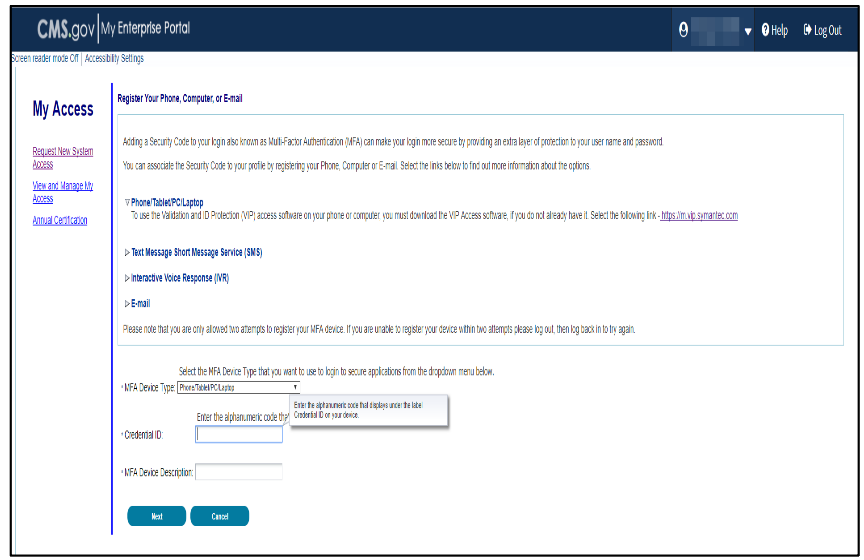
Request New System Access & RIDP (Continued)

- You will see an on-screen message confirming successful remote identity proofing.
- Select the Next button and proceed to Multi-Factor Authentication (MFA)

New Users - Register a Device for Multi-Factor Authentication (MFA)

After successful completion of the identity verification process, new users will be prompted to complete the registration of a device for MFA.

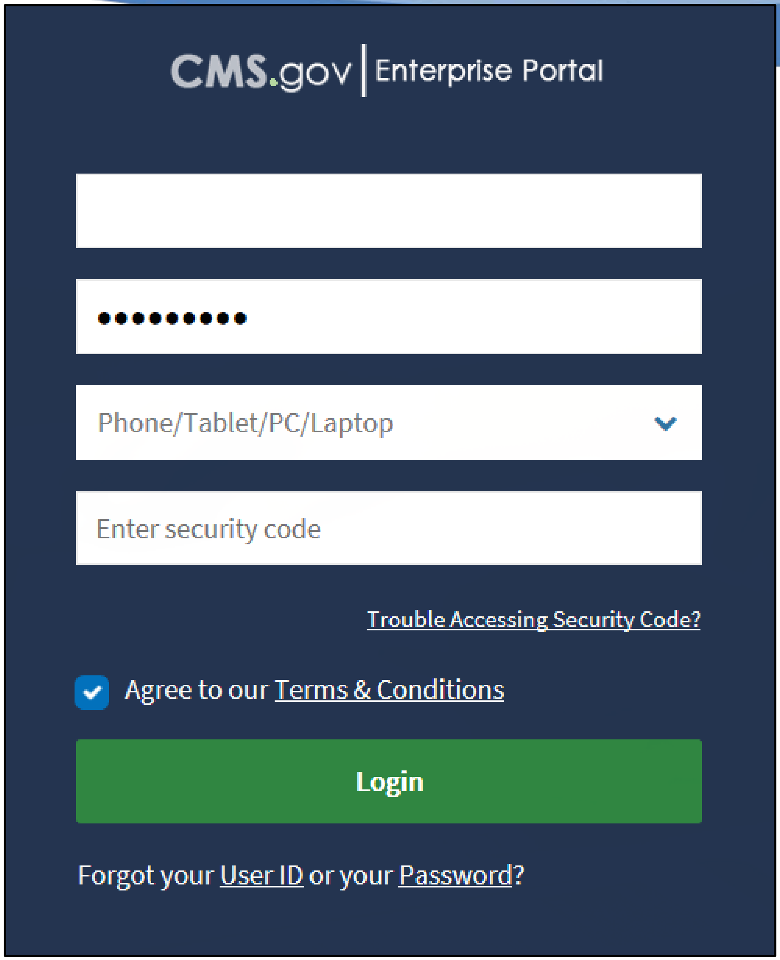
- Select a device from the "**MFA Device Type**" drop-down menu
- Follow the on-screen instructions for your selected device type
- Users will see an on-screen message confirming successful registration of the device to their user profile
- Select the **OK** button. This completes the MFA device registration process
- **Log out** of the CMS Enterprise Portal



New and Existing Users Log into HIOS to Create Organization and Request Roles

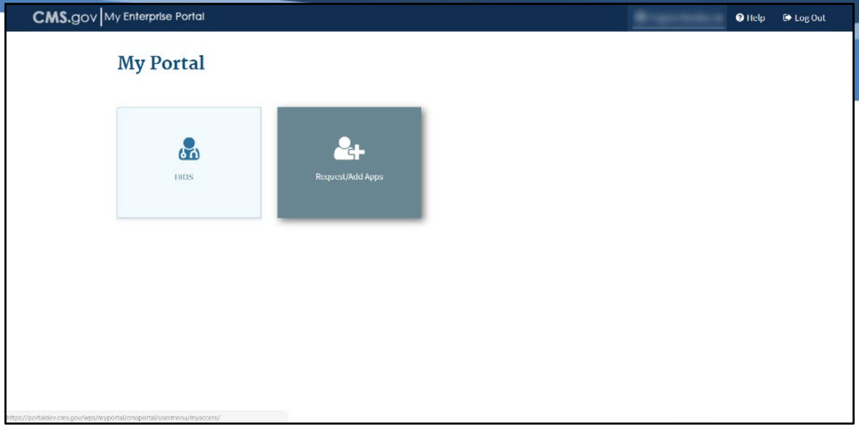
Log-In Using MFA

- Navigate to the CMS Enterprise Portal (https://portal.cms.gov)
- Enter the CMS User ID and Password
- Select your MFA Device from the drop-down
- Enter your security code
- Select Login



Access HIOS

- Users that have registered in EIDM and HIOS will now see a “HIOS” card displayed on the My Portal page.
- Selecting the “HIOS” card and then then the “Overview” link will open the HIOS landing page
- On the HIOS | Plan Management | Market Wide Functions landing page, select the “Access HIOS” hyperlink



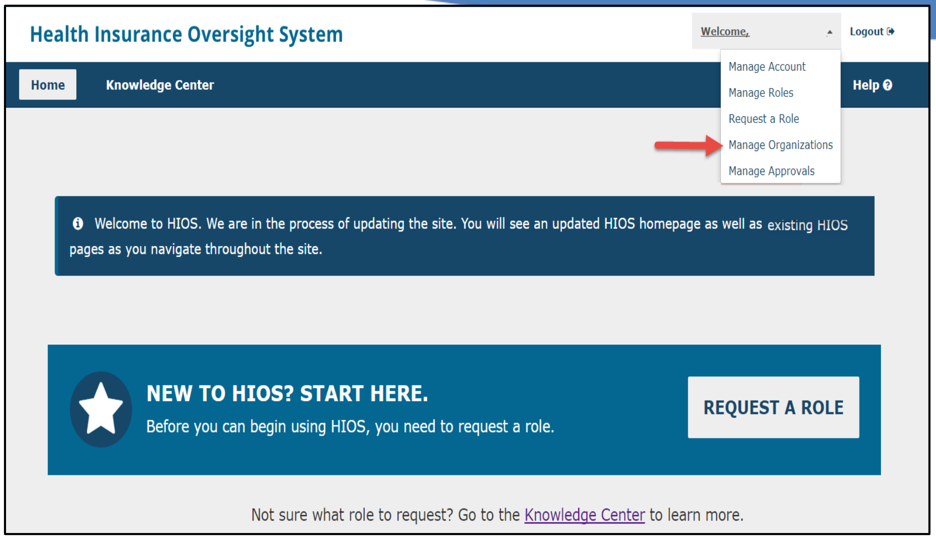
CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Create HIOS Organizations

Register an Organization in HIOS (New Users)

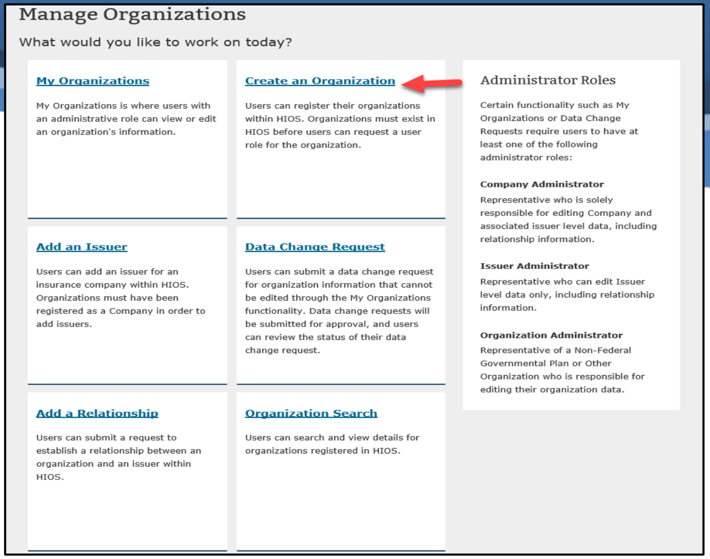
New users will not have any organizational associations or role permissions. The **Manage Organizations** functionality allows new users to create an organization before requesting a user role(s).

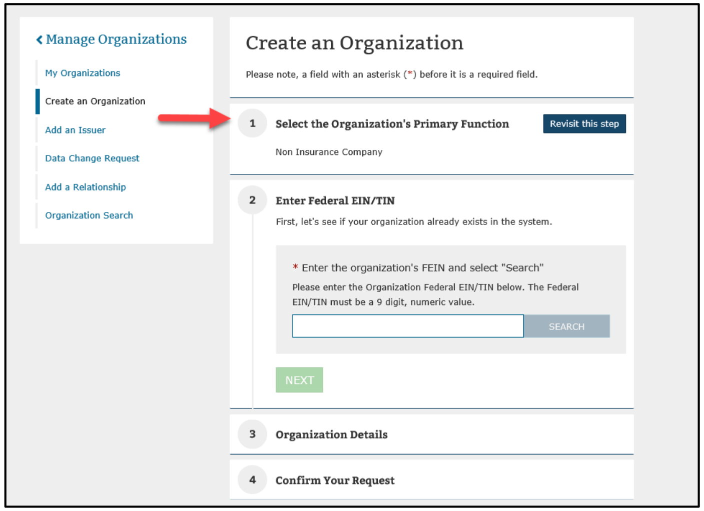
- Select the Manage Organizations link on the HIOS Home Page



Register an Organization in HIOS (New Users) (Continued)

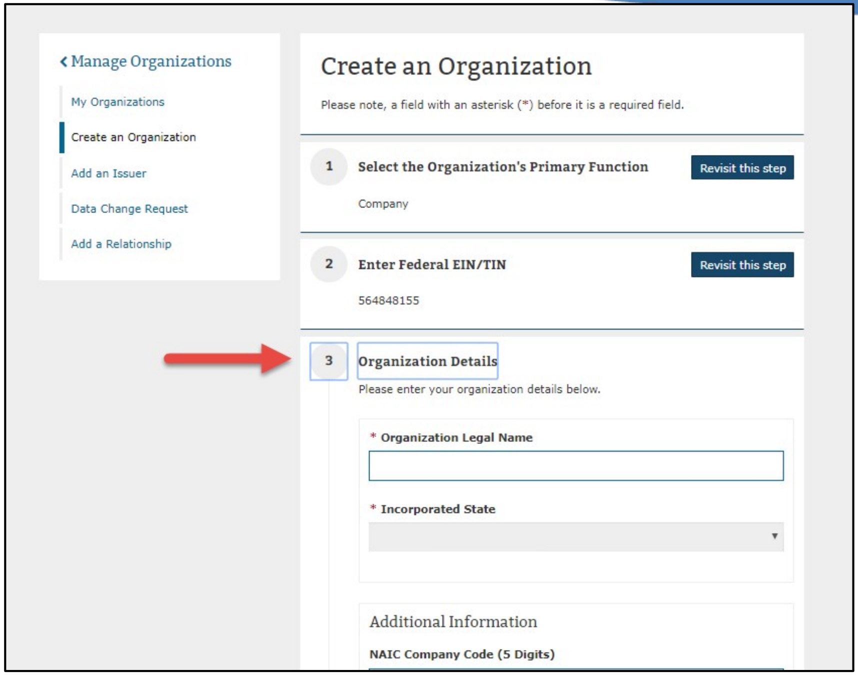
- On the Manage Organizations page, select "Create an Organization"
- Select "Company" as the organization type. Users will need to register as a "Company" in order to create Issuer IDs and use the Manage Relationship Functionality.
- Enter the Federal Employer Identification Number (FEIN) / Tax Identification Number and activate the "FEIN/TIN Search" button





Register an Organization in HIOS (New Users) (Continued)

- If an organization does not exist, proceed forward to Step 3 where you will enter your organization's details. Once you have completed this section click **Next**.
- In Step 4, you will review the organization. You may revisit any previous steps to update the information. Once the information has been reviewed, select the **Submit** button.



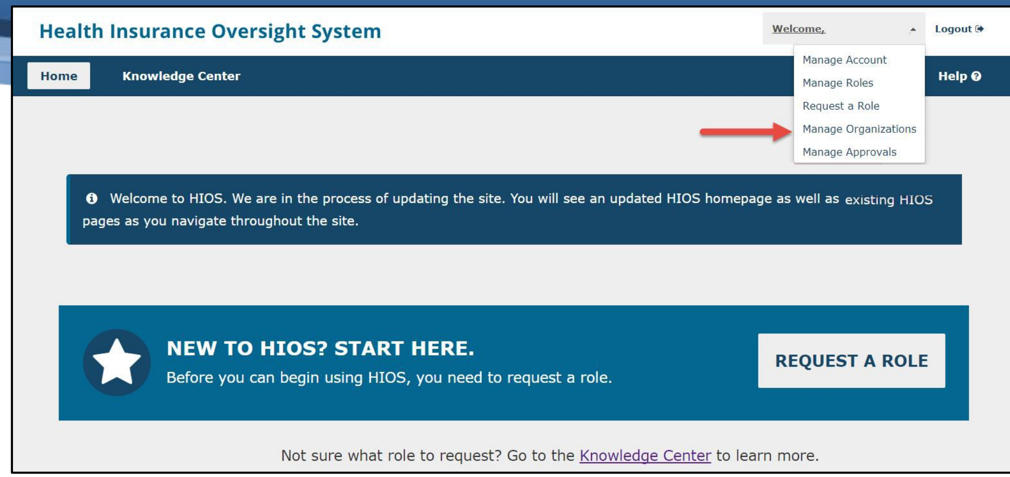
CENTERS FOR MEDICARE & MEDICAID SERVICES

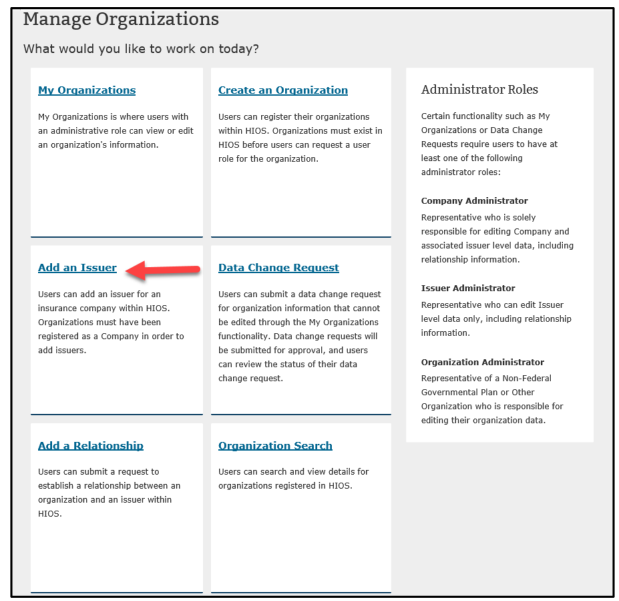
Add an Issuer to an Organization

Add an Issuer

Users can add Issuers to the organizations

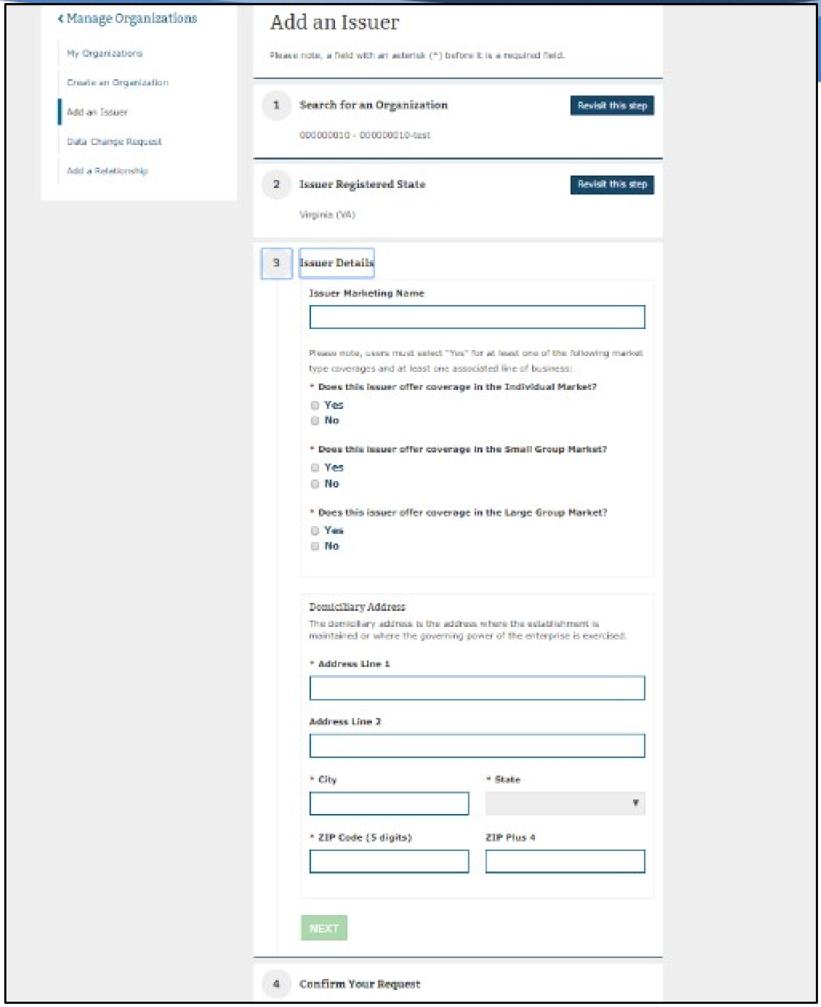
- Select the Manage Organizations link from the HIOS Home Page
- Select Add an Issuer, on the Manage Organizations page.





Add an Issuer (Continued)

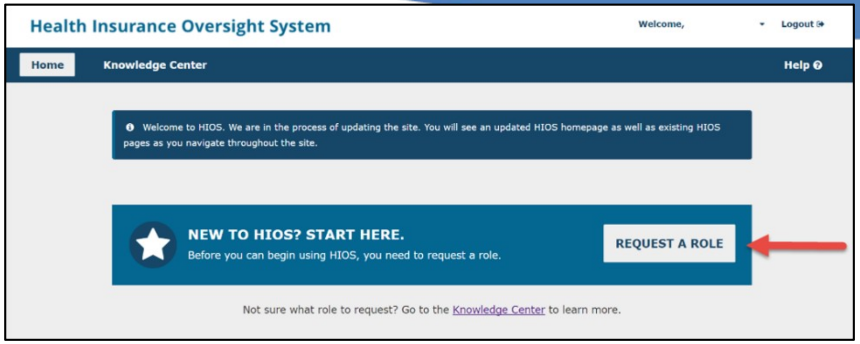
- Complete the New Issuer registration form
- Search for your organization using the “FEIN/TIN Search”. If your organization does not exist, HIOS will prompt you to create an organization
- Complete the Issuer Registered State and Issuer Details

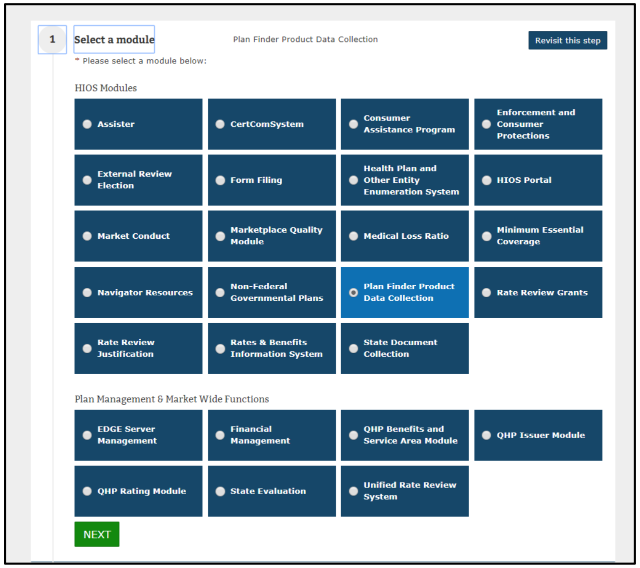


Request HIOS Module Roles

Request HIOS Module Roles (New Users)

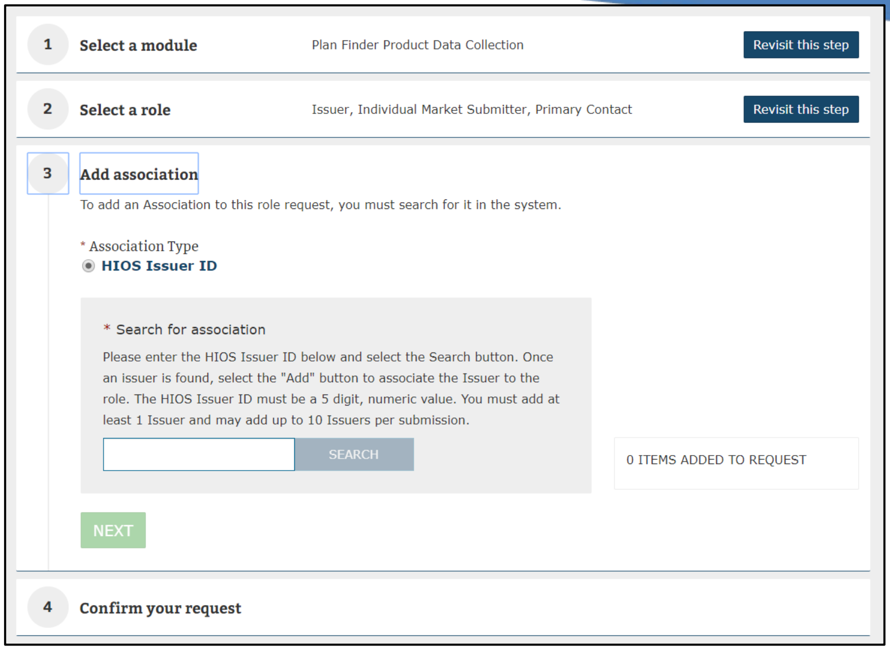
- New users can request a role by selecting the "Request a Role" link on the HIOS Home Page.
- Activate the radio button next to the desired "Module"





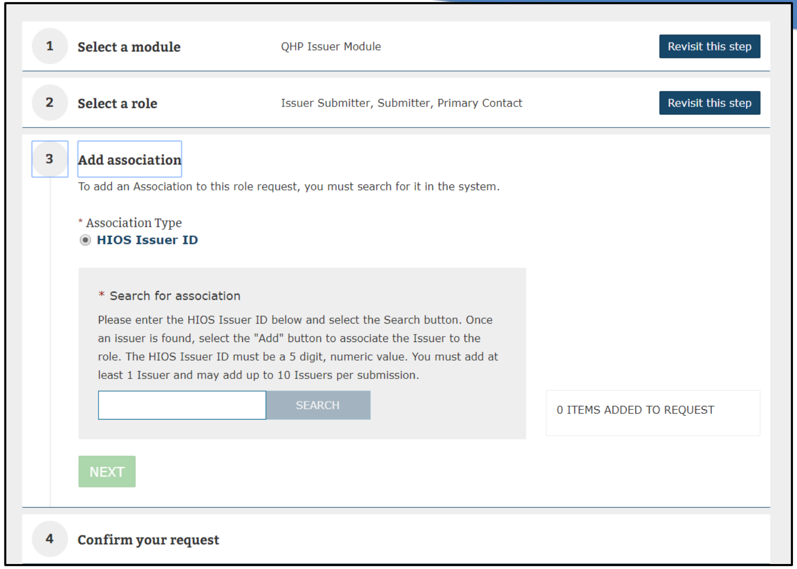
Request HIOS Module Roles (New Users) (Continued)

- In Step 2 you will need to select a role
- Displayed is an example of a role request for the Plan Finder Product Data Collection Module
- User will need to enter an Issuer ID to proceed with a role request submission



Request HIOS Module Roles (New Users) (Continued)

- Displayed is an example of a role request for the QHP Issuer Module
- Users will need to enter an Issuer ID to proceed with a role request submissions



User Roles in HIOS

Listed are frequently requested roles for HIOS:

HIOS Module	User Role
HIOS Portal	• Company Administrator - A representative who is responsible for editing Company and associated user level data. • Issuer Administrator - A representative who can edit Issuer level data only.
Plan Finder Product Data Collection	• Issuer Submitter - A primary representative of issuer organization and the primary contact for the submission. • Issuer validator - A primary representative of issuer organization who can validate the data submitted by the issuer. • Attestation User - An official within an organization, usually CEO or CFO, who attests the data submitted.

User Roles in HIOS (Continued)

Listed are frequently requested roles for HIOS:

HIOS Module	User Role
QHP Issuer Module	• Issuer Submitter - Users with this role can submit data necessary to complete the QHP Issuer application. Submitters can also cross validate applications to ensure consistency. • Issuer Validator – Users with this role can validate all sections of the QHP Issuer application for accuracy, cross validate the final submission and submit the application after successful cross validation.

User Roles in HIOS (Continued)

Listed are frequently requested roles for HIOS:

HIOS Module	User Role
QHP Benefits and Service Area Module	• Issuer Submitter - Users with this role can submit data necessary to complete the QHP Benefits and Service Area application. Submitters can also cross validate applications to ensure consistency. • Issuer Validator – Users with this role can validate all sections of the QHP Benefits and Service Area application for accuracy, cross validate the final submission and submit the application after successful cross validation.

User Roles in HIOS (Continued)

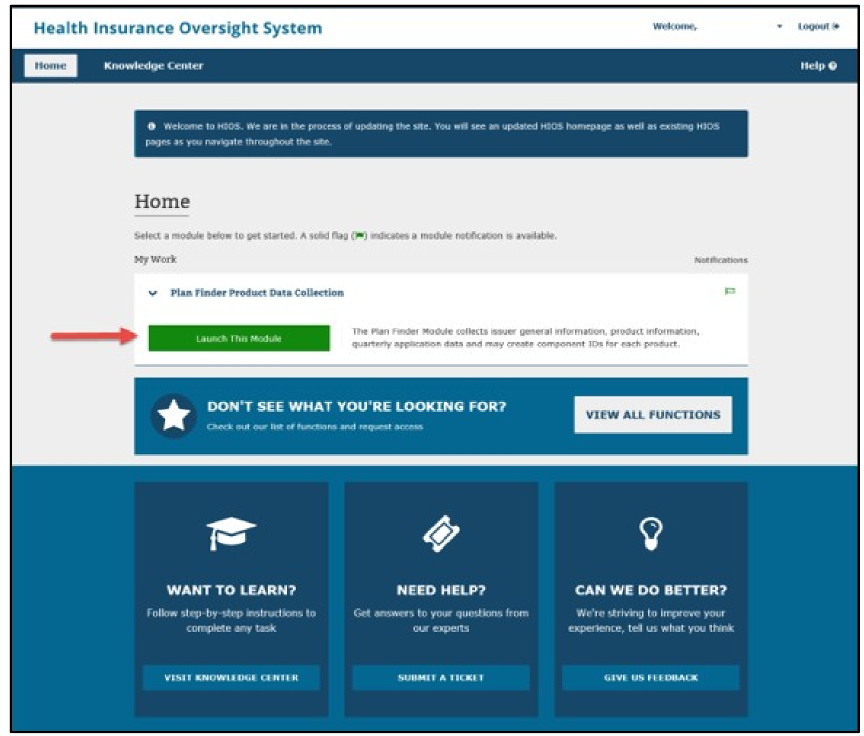
Listed are frequently requested roles for HIOS:

HIOS Module	User Role
QHP Rating Module	• Issuer Submitter - Users with this role can submit data necessary to complete the QHP Rating application. Submitters can also cross validate applications to ensure consistency. • Issuer Validator – Users with this role can validate all sections of the QHP Rating application for accuracy, cross validate the final submission and submit the application after successful cross validation.

Accessing Plan Finder and Qualified Health Plan (QHP) Modules

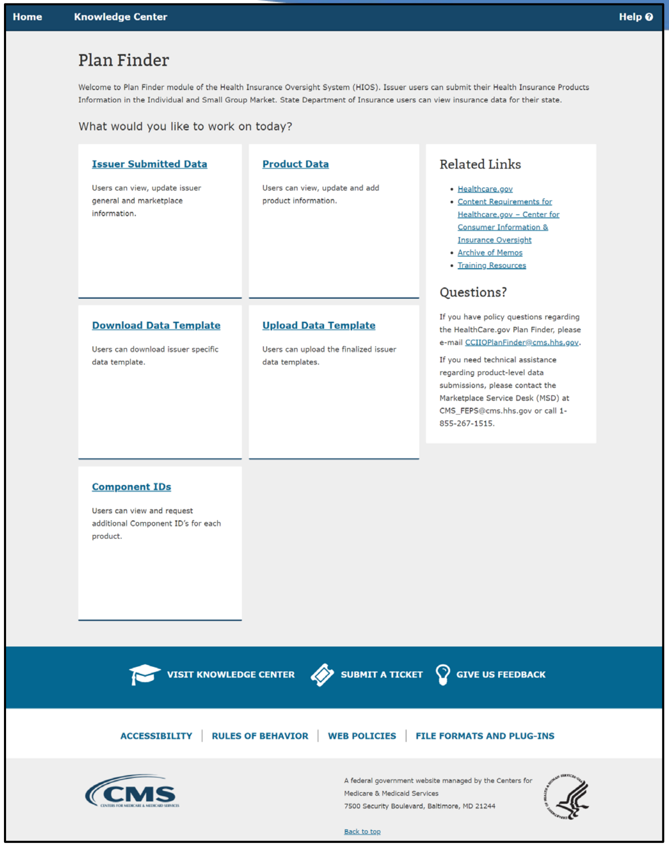
Plan Finder Product Data Collection

- From the HIOS Home Page, select the “Plan Finder Product Data Collection” drop-down and then select the “Launch this Module” button.



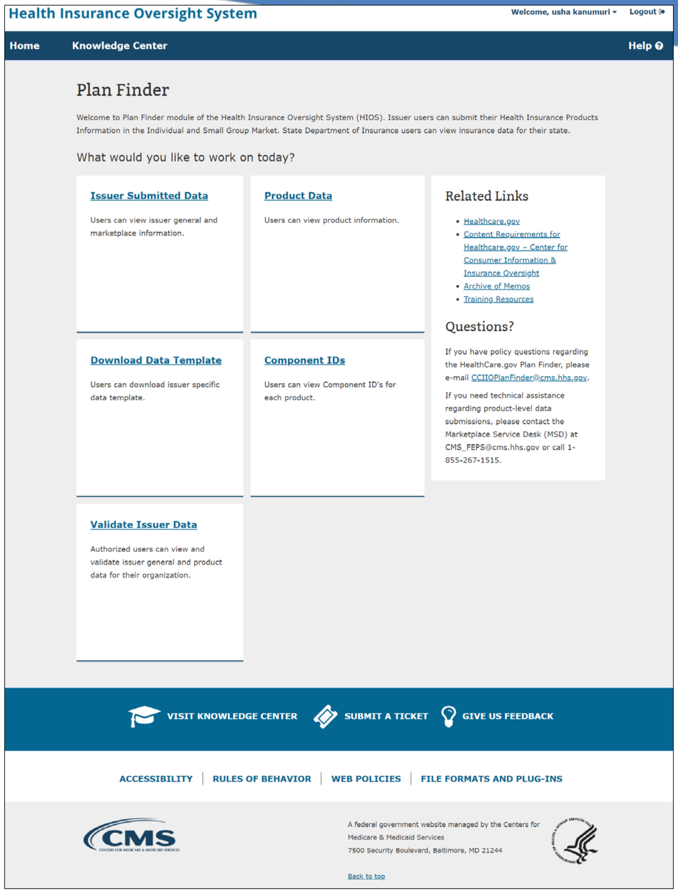
Plan Finder Product Data Collection (Continued)

- Users will be redirected to the Plan Finder Home page based on their role
  - Submitter users can access the following:
    - Issuer Submitted Data
    - Product Data
    - Download Data Template
    - Upload Data Template
    - Component IDs



Plan Finder Product Data Collection (Continued)

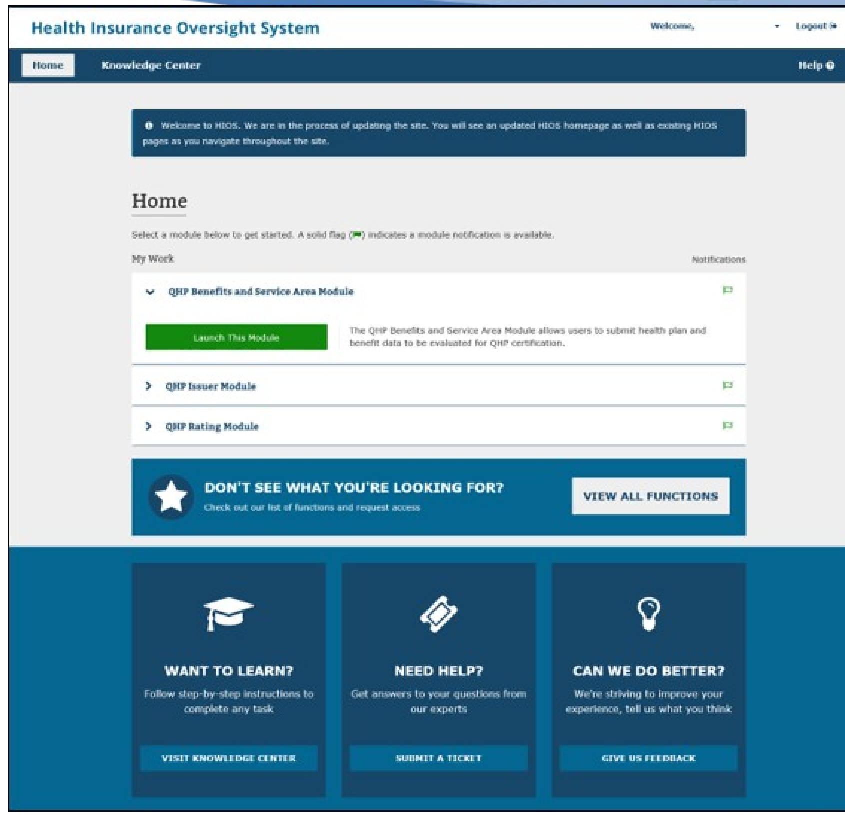
- Validator users can access the following:
  - Issuer Submitted Data
  - Product Data
  - Download Data Template
  - Component IDs
  - Validate Issuer Data



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Access QHP Modules

- From the HIOS Home page, select the QHP Benefits and Service Area Module drop- down and then select the “Launch This Module” button.



Navigate to the Plan Management System

During the submission window, the link to access the Plan Year QHP Module will be enabled to allow users to navigate to the Plan Management system.

Modules

QHP Benefits and Service Area Module

Access the QHP Benefits and Service Area Module in order to submit Plans and Benefits, Service Area, Prescription Drug, Network, and Supporting Documentation as part of a QHP Application.

- Access the Plan Year 2020 Benefits and Service Area Module
- 2021-Submission Window is Currently Closed.

QHP Supplemental Submission Module

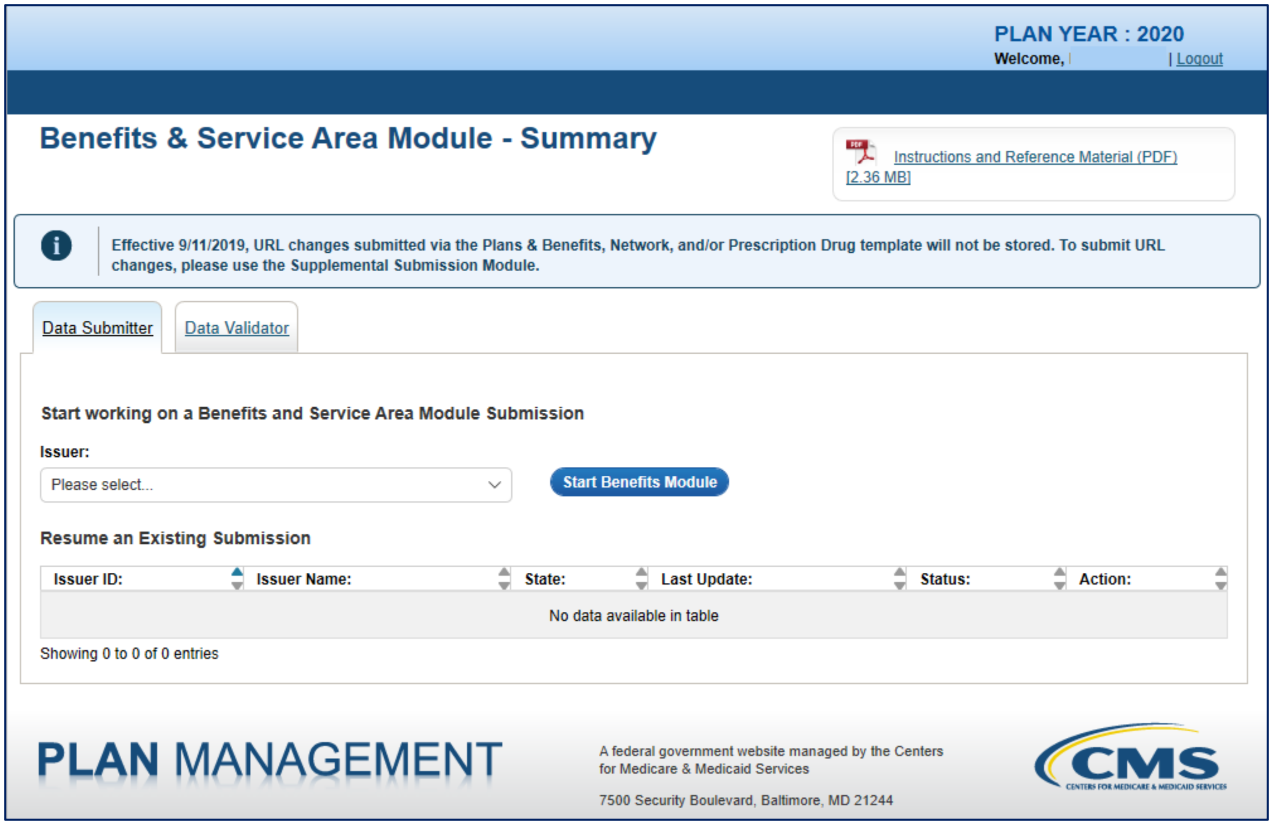
Access the QHP Supplemental Submission Module in order to submit and update supplemental QHP data, including the Enrollment Payment, Formulary, Network, Plan Brochure, and Summary of Benefits & Coverage URLs.

- Access the Plan Year 2020 Supplemental Submission Module
- 2021-Submission Window is Currently Closed.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Navigate to the Plan Management System

Displayed is the Plan Management user interface.



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Summary

During today's session, we reviewed:

- The CMS EIDM Account Process
- HIOS Registration in the CMS Enterprise Portal
- Creating HIOS Organizations
- Creating HIOS User Roles
- Accessing the Plan Management and QHP Modules

Thank you for your attention!

Part II: HIOS Module Updates & Refresher

Introduction

The purpose of this section of the presentation is to provide an overview of updates to the **Issuer, Benefits and Service Area, Supplemental Submission, and Rating Modules** and discuss general best practices for working with templates. It is intended as a refresher for issuers already familiar with the Modules and Templates and introduces changes to each module for Plan Year (PY) 2021.

Plan Management Overview

There are five (5) Federally-Facilitated Exchanges (FFE) Plan Management and Market-wide data collection modules.

Issuer Module	Benefits & Service Area Module	Rating Module	Supplemental Submission Module	Unified Rate Review
Submit and validate data to support qualification of an issuer to offer QHPs on the FFE	Submit and validate plan-related data including Benefits, Service Areas, Provider Networks, and Prescription Drugs for issuers that wish to offer plans within the Exchanges	Submit and validate Issuer business rules and rates table for each QHP to be offered on the FFE	Submit Issuer URLs for each QHP to be offered on the FFE	Unified Rate Review filing information and supporting documents for Exchange and Non-Exchange plans are stored in an integrated location for Single Risk Pool rate evaluation and rate increase review

FFE Plan Management Modules

Market-wide Module

Agenda

- **Best Practices**
- **Issuer Module Updates**
  - Restriction to Access
  - Templates
  - Validations
- **Benefits and Service Area Module Updates**
  - Restriction to Access
  - Upload Restriction
  - Templates
  - Validations
- **Supplemental Submission Module**
  - Restriction to Access
  - Validations
- **Rating Module Updates**
  - Restriction to Access

Best Practices

General Best Practice Tips

- When using templates, we recommend the following best practices to ensure a successful experience:
  - ✓ Download latest 2021 templates
  - ✓ Make sure you have the most recent version of the Add-in file installed
  - ✓ Make sure you have the most up to date version of the AV calculator
  - ✓ Enable Macros
  - ✓ Save work frequently
  - ✓ Delete old versions of blank templates
  - ✓ The supported versions of Microsoft Excel have been updated for PY 2021. We recommend using Excel 2013, Excel 2016, or Excel 2019 for each of the QHP Application templates.
- Additionally -
  - ✓ Issuers that are applying for QHP certification in states performing plan management functions in an FFE should not submit QHP Applications in HIOS. Confirm application details with your state.
  - ✓ Additional information on systems used for QHP Application submission is available on the QHP Certification website:
    - ✓ https://www.qhpcertification.cms.gov/s/Application%20Submission

System Requirements

The supported system requirements for the Modules and Templates are as follows:

Browser Requirements

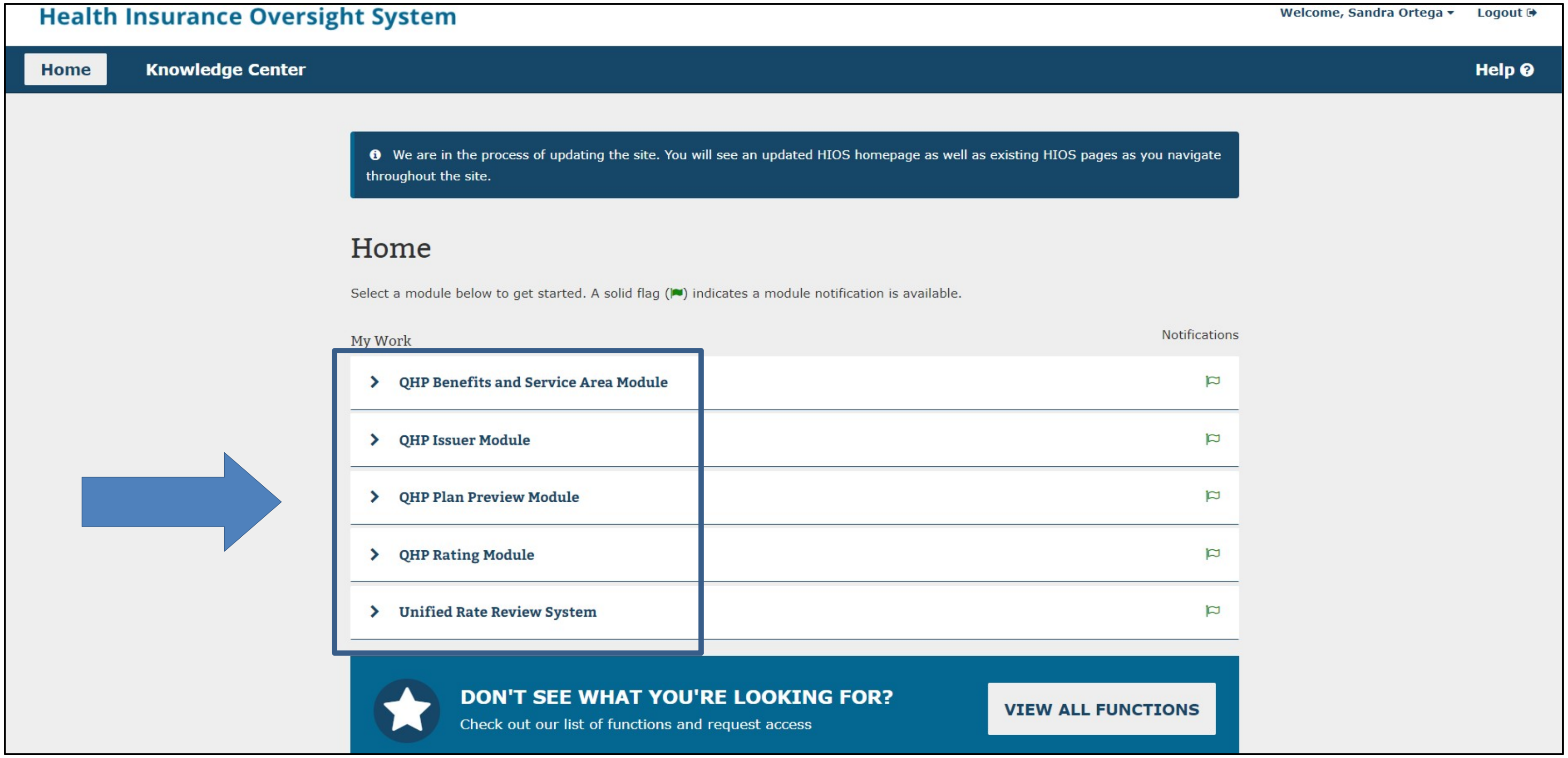
- Internet Explorer 11
- Firefox 68.0

Excel Requirements

- Microsoft Excel 2013
- Microsoft Excel 2016
- Microsoft Excel 2019

Accessing the Modules

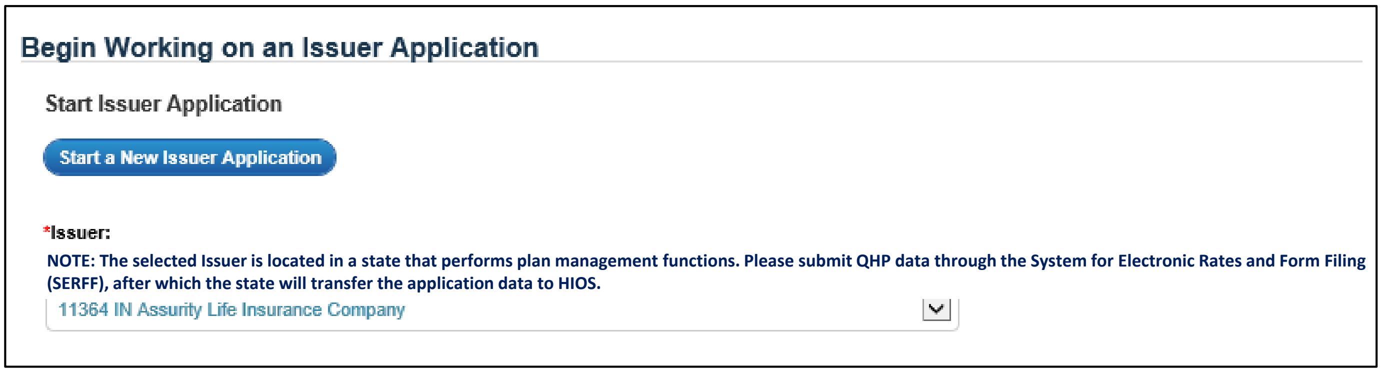
Each of the QHP Application Modules and their respective templates can be accessed within HIOS.



Issuer Module

Issuer Module: Restriction to Access

- Issuers located in a State that performs plan management functions for both the Individual and Small Business Health Options Program (SHOP) market will be restricted from creating an Issuer Module submission.

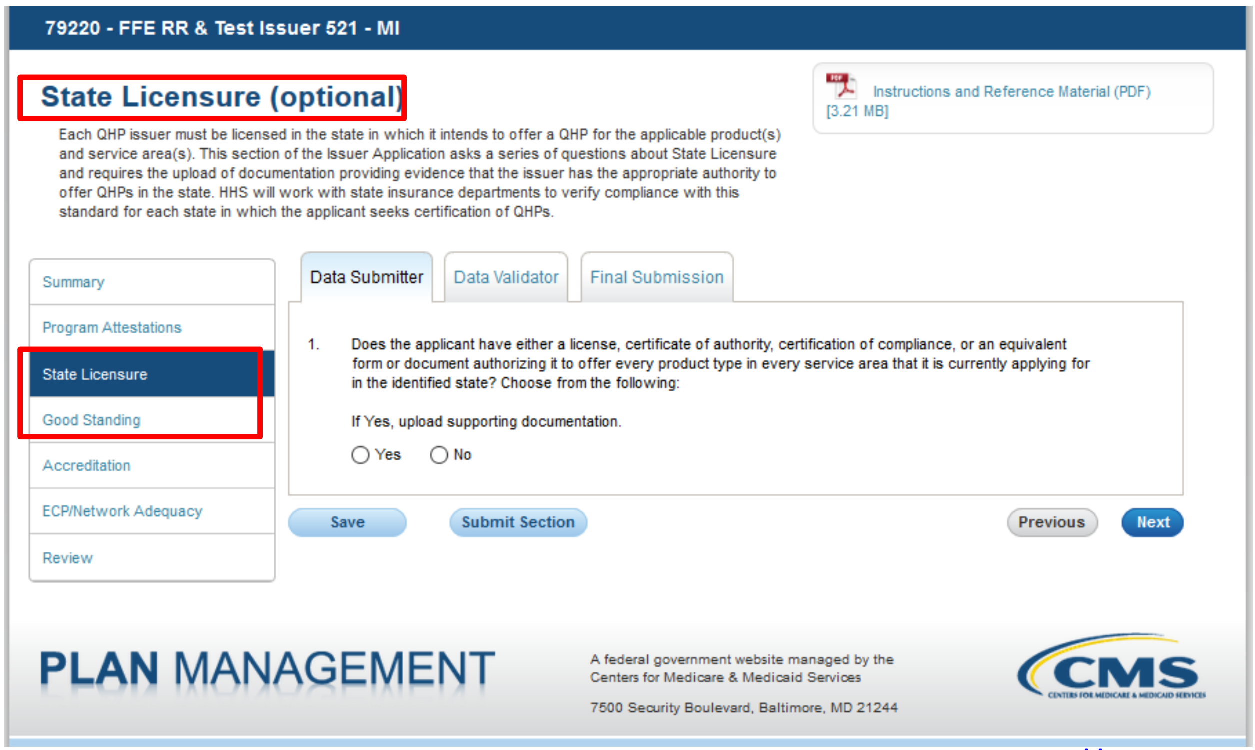


Issuer Module: Program Attestations Format

- Four section attestations format remains the same:
  - QHP and Stand-alone Dental Plan (SADP) Attestations
  - Medical QHP-only Attestations
  - SADP-only Attestations
  - Optional Attestations
- Medical QHP-only issuers should respond “Not Applicable (N/A)” to the SADP - only program attestations.
- SADP-only issuers should respond “Not Applicable (N/A)” to the Medical QHP-only program attestations.
- All issuers are encouraged to respond “Yes” to the optional compliance plan attestation and upload a completed Compliance Plan and Organizational Chart Cover Sheet.

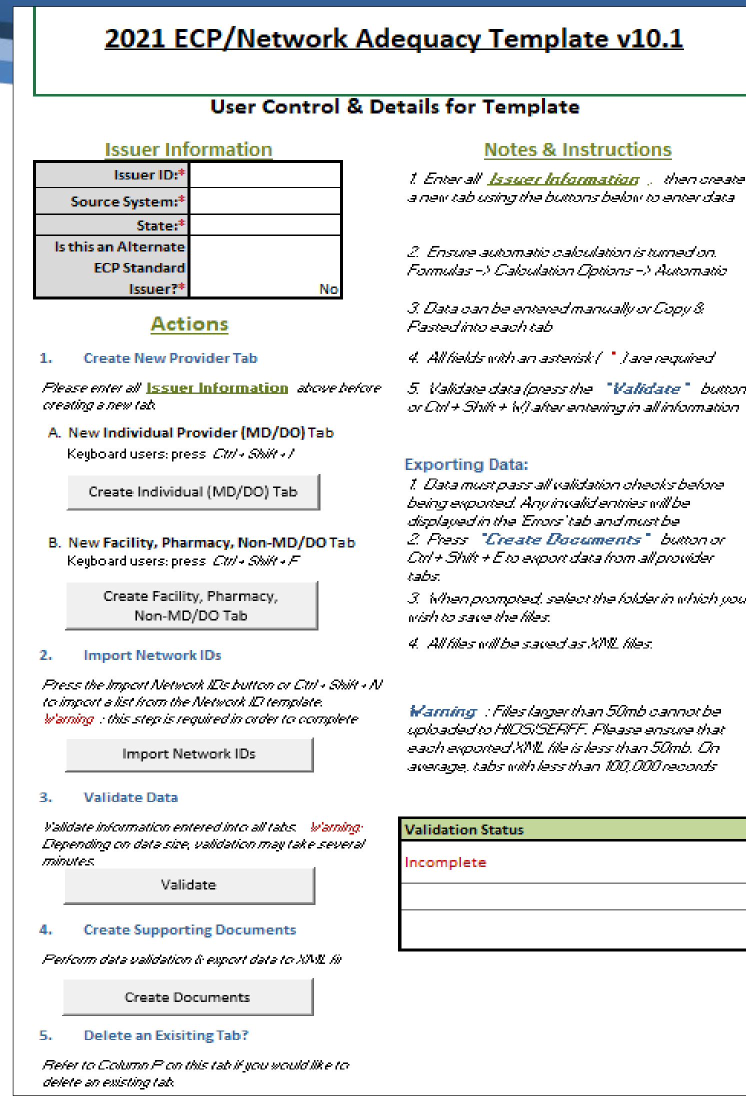
Issuer Module: Optional Sections

As with last year, the State Licensure section and the Good Standing sections are optional. Asterisks are removed and completion of these sections is no longer required in order to submit the Issuer Module.



Issuer Module Update: Essential Community Provider (ECP)/Network Adequacy (NA) Template Version 10.1

The ECP/Network Adequacy Template has been updated to Version 10.1 for Plan Year (PY) 2021. The ECP/Network Adequacy Template gives users the ability to link each provider (ECP or Network Adequacy) with its associated network.



2021 ECP/Network Adequacy Template v10.1

User Control & Details for Template

Issuer Information

Issuer ID:*	
Source System:*	
State:*	
Is this an Alternate ECP Standard Issuer?*	No

Actions

1. Create New Provider Tab

Please enter all Issuer Information above before creating a new tab.

A. New Individual Provider (MD/DO) Tab
Keyboard users: press Ctrl + Shift + I

Create Individual (MD/DO) Tab

B. New Facility, Pharmacy, Non-MD/DO Tab
Keyboard users: press Ctrl + Shift + F

Create Facility, Pharmacy, Non-MD/DO Tab

2. Import Network IDs

Press the Import Network IDs button or Ctrl + Shift + N to import a list from the Network ID template.
Warning : this step is required in order to complete

Import Network IDs

3. Validate Data

Validate information entered into all tabs. Warning: Depending on data size, validation may take several minutes.

Validate

4. Create Supporting Documents

Perform data validation & export data to XML fil

Create Documents

5. Delete an Exisiting Tab?

Refer to Column P on this tab if you would like to delete an existing tab.

Notes & Instructions

1. Enter all Issuer Information , then create a new tab using the buttons below to enter data

2. Ensure automatic calculation is turned on. Formulas -> Calculation Options -> Automatic

3. Data can be entered manually or Copy & Pasted into each tab

4. All fields with an asterisk (*) are required

5. Validate data (press the "Validate" button or Ctrl + Shift + V) after entering in all information

Exporting Data:

1. Data must pass all validation checks before being exported. Any invalid entries will be displayed in the 'Errors' tab and must be
2. Press "Create Documents" button or Ctrl + Shift + E to export data from all provider tabs.
3. When prompted, select the folder in which you wish to save the files.
4. All files will be saved as XML files.

Warning : Files larger than 50mb cannot be uploaded to HIOS/SERFF. Please ensure that each exported XML file is less than 50mb. On average, tabs with less than 100,000 records

Validation Status
Incomplete

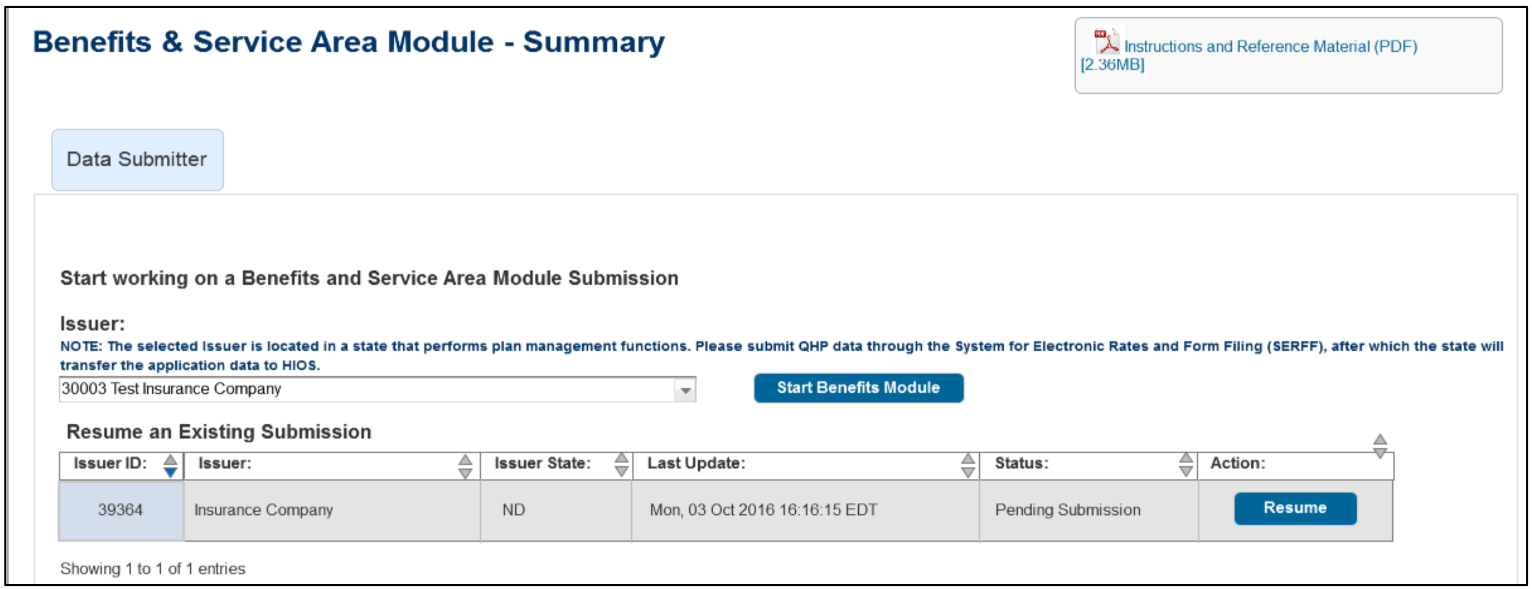
Issuer Module: National Committee for Quality Assurance (NCQA) and Utilization Review Accreditation Commission (URAC) templates retired

- The NCQA and URAC Accreditation templates remain retired for PY 2021
  - Issuers using the HIOS Modules will still need to select the HHS accrediting entity, but downloading/completing these templates is no longer necessary
- Accreditation certificate submission is optional for all issuers
- Accreditation is a requirement for issuers in all Marketplace types
  - Issuers in State Partnership Exchanges (SPEs) and State-based Exchanges (SBEs) should ask each state about what the state requires to review accreditation.
  - Issuers should review the Letter to Issuers for specific requirements based on the number of years they have participated on the Exchange
- Accreditation requirements do not apply to SADPs

Benefits & Service Area (BSA) Module

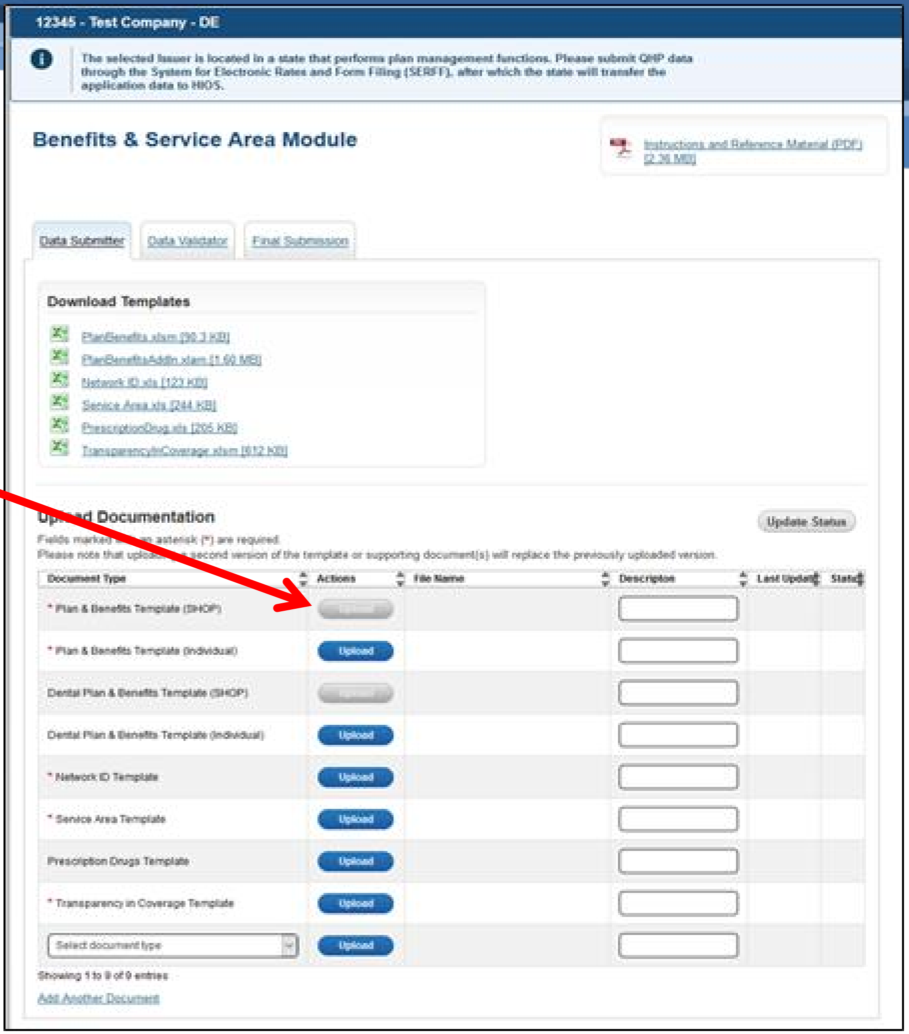
BSA Module: Restriction to Access

- Issuers located in a State that performs plan management functions for both the Individual and SHOP market will be restricted from creating a BSA Module submission.



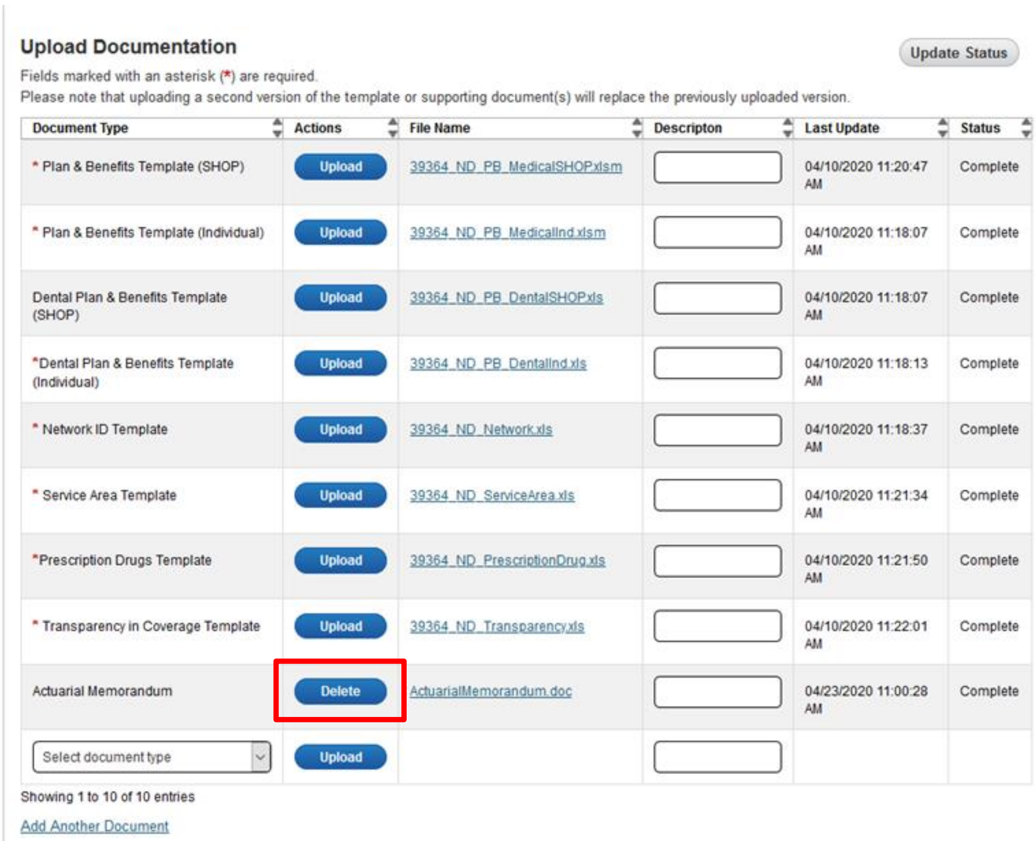
BSA Module: Upload Restriction

If the Issuer is in a State that performs plan management functions for the Individual or SHOP market, then the 'Upload' buttons corresponding to the Plans & Benefits and Dental Plans & Benefits templates for that market will be disabled.



BSA Module: Delete Supporting Documents

Issuers will have the ability to delete successfully uploaded supporting documents.



Upload Documentation

Update Status

Fields marked with an asterisk (*) are required.

Please note that uploading a second version of the template or supporting document(s) will replace the previously uploaded version.

Document Type	Actions	File Name	Descripton	Last Update	Status
* Plan & Benefits Template (SHOP)	Upload	39364_ND_PB_MedicalSHOP.xlsm		04/10/2020 11:20:47 AM	Complete
* Plan & Benefits Template (Individual)	Upload	39364_ND_PB_MedicalInd.xlsm		04/10/2020 11:18:07 AM	Complete
Dental Plan & Benefits Template (SHOP)	Upload	39364_ND_PB_DentalSHOP.xls		04/10/2020 11:18:07 AM	Complete
*Dental Plan & Benefits Template (Individual)	Upload	39364_ND_PB_DentalInd.xls		04/10/2020 11:18:13 AM	Complete
* Network ID Template	Upload	39364_ND_Network.xls		04/10/2020 11:18:37 AM	Complete
* Service Area Template	Upload	39364_ND_ServiceArea.xls		04/10/2020 11:21:34 AM	Complete
*Prescription Drugs Template	Upload	39364_ND_PrescriptionDrug.xls		04/10/2020 11:21:50 AM	Complete
* Transparency in Coverage Template	Upload	39364_ND_Transparency.xls		04/10/2020 11:22:01 AM	Complete
Actuarial Memorandum	Delete	ActuarialMemorandum.doc		04/23/2020 11:00:28 AM	Complete
Select document type	Upload				

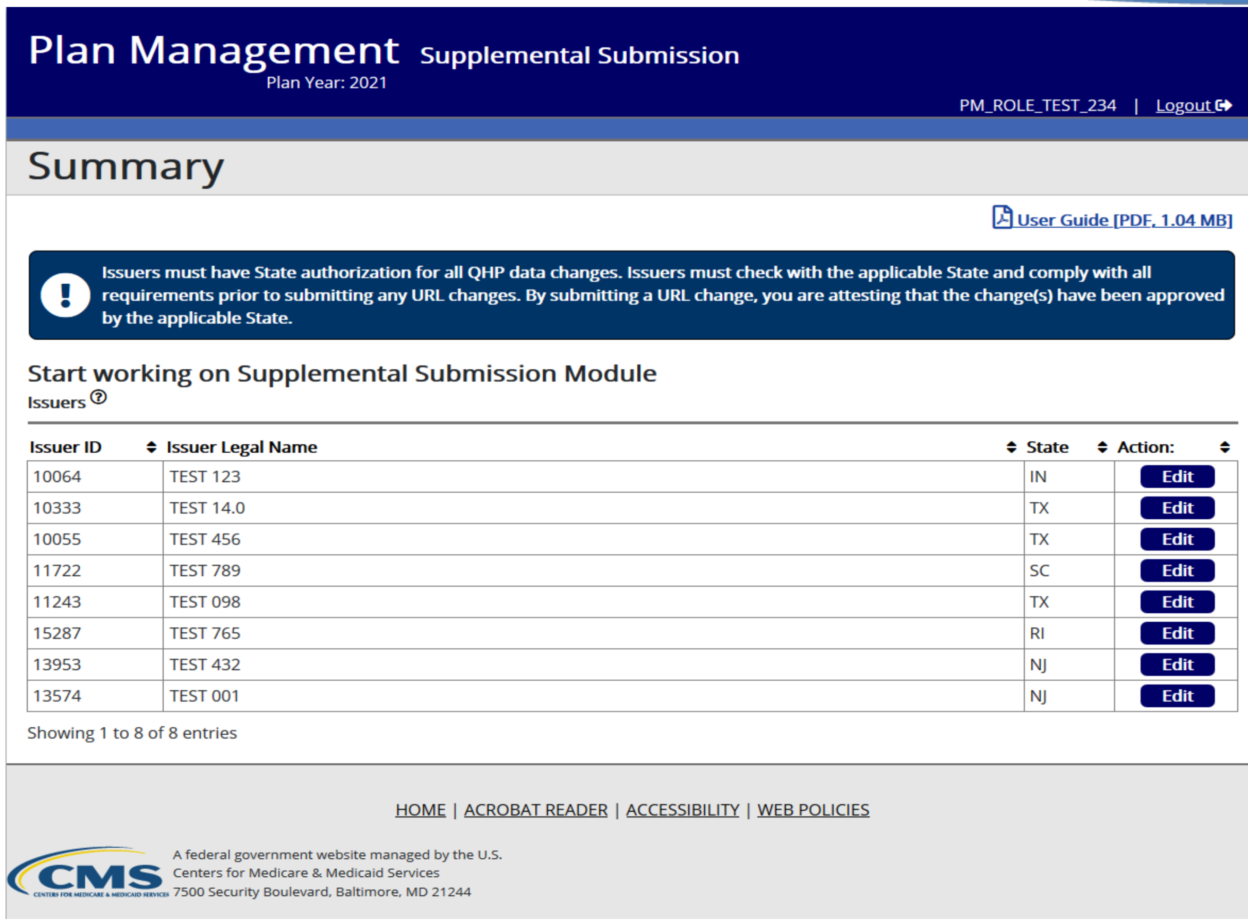
Showing 1 to 10 of 10 entries

Add Another Document

Supplemental Submission Module (SSM): Restriction to Access and Validations

SSM: Restriction to Access

- Issuers must submit at least one Plans and Benefits template to the Benefits and Service Area module or via Plan Transfer in order to appear on the Summary Page.



Plan Management Supplemental Submission
Plan Year: 2021

PM_ROLE_TEST_234 | Logout

Summary

User Guide [PDF, 1.04 MB]

Issuers must have State authorization for all QHP data changes. Issuers must check with the applicable State and comply with all requirements prior to submitting any URL changes. By submitting a URL change, you are attesting that the change(s) have been approved by the applicable State.

Start working on Supplemental Submission Module

Issuers

Issuer ID	Issuer Legal Name	State	Action:
10064	TEST 123	IN	Edit
10333	TEST 14.0	TX	Edit
10055	TEST 456	TX	Edit
11722	TEST 789	SC	Edit
11243	TEST 098	TX	Edit
15287	TEST 765	RI	Edit
13953	TEST 432	NJ	Edit
13574	TEST 001	NJ	Edit

Showing 1 to 8 of 8 entries

HOME | ACROBAT READER | ACCESSIBILITY | WEB POLICIES

A federal government website managed by the U.S. Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244

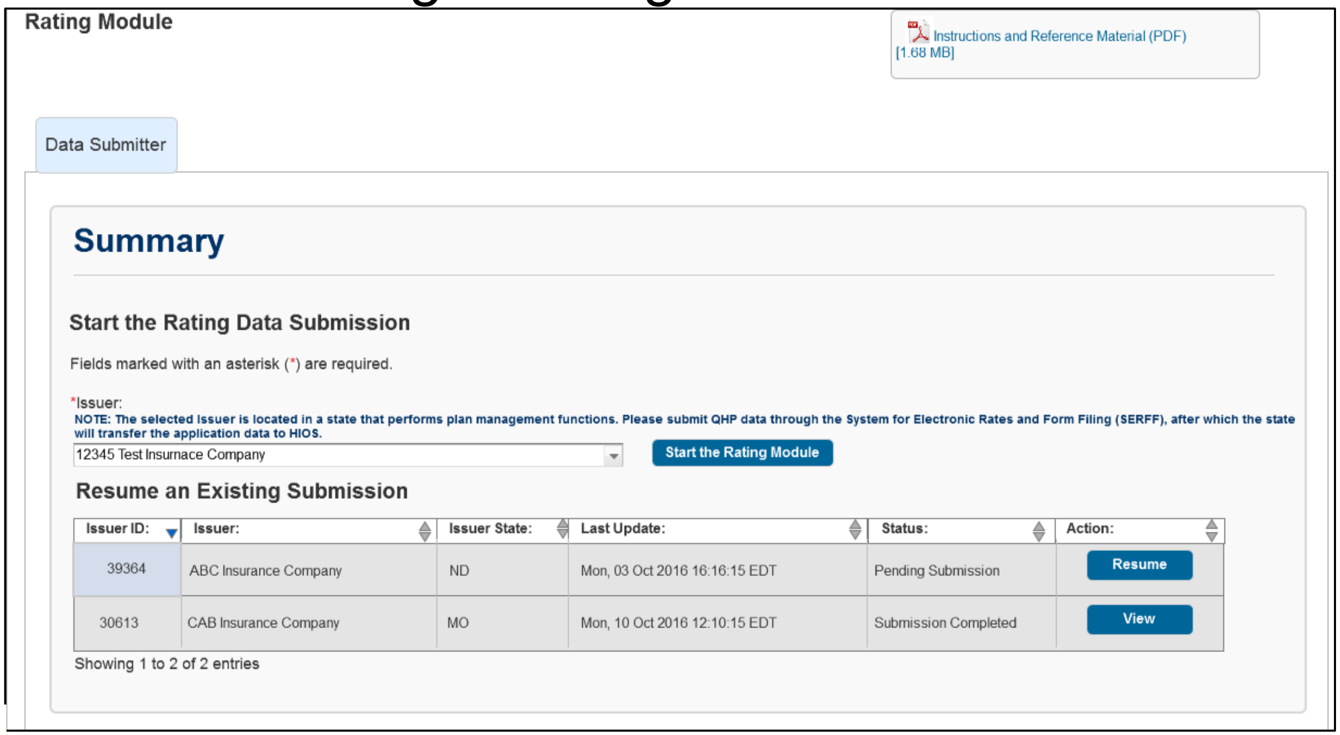
SSM: Validations for Required URLs

- Issuers will be required to submit all URLs through the SSM.
- New validations have been put into place to ensure the following required URLs have been submitted:
  - Formulary URL for each Formulary ID
  - Network URL for each Network ID
  - Summary of Benefits and Coverage URL for each Medical Plan Variant ID

Rating Module

Rating Module: Restriction to Access

- Issuers located in a State that performs plan management functions for both the Individual and SHOP market will be restricted from creating a Rating Module submission.



Plan Management Modules: Staggered Submission Windows

Staggered Submission Windows

For PY 2021, Issuers will be able to take advantage of staggered submission windows, allowing Rates template submissions later in the QHP Application cycle.

- Both FFE issuers (using the HIOS Modules) and SPE issuers (using Plan Transfer) will be able to take advantage of this submission timeline.
- Changes have been made to the Plan Transfer system to allow for partial Plan Transfers that exclude the Rates template.

Submission Windows	Dates
QHP Application Window: Issuer Module, Benefits & Service Area Module, and Business Rules templates	4/23/20 – 6/17/20
Full QHP Application including Rates	Deadline: 7/22/20
Final Data Corrections Submission of required URLs to the Supplemental Submission Module	Deadline: 8/19/20

Staggered Submission Windows (continued)

- ✓ By 6/17/2020, the following must be completed:
  1. Issuer Submitter submits the Issuer Module.
  2. Issuer Submitter submits the Benefits & Service Area Module.
  3. Issuer Validator validates the Issuer Module.
  4. Issuer Validator validates the Benefits & Service Area Module.
  5. Issuer Submitter submits the Business Rules template.

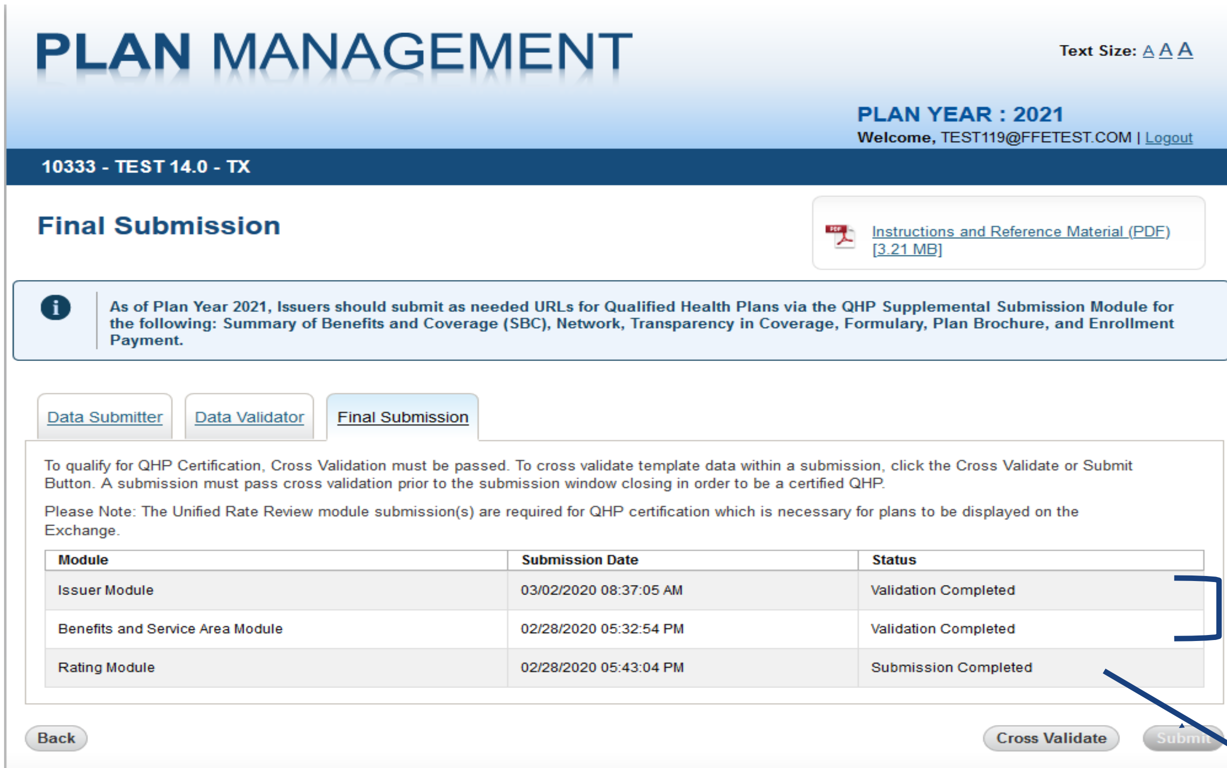
- ✓ Perform cross-validations often to identify any errors.
  - For example, you can identify cross-validation errors between the Plans and Benefits and Service Area templates even if you haven't uploaded Rates.

- ✓ All issuers must upload Rates template data and reach a status of Cross-Validation Complete by 7/22/2020.

- ✓ By 8/19/2020, the following must be completed:
  1. Submit Final Data Corrections
  2. Issuer Submitter or Validator submits required URLs to the Supplemental Submission Module

Staggered Submission Windows (continued)

The following screenshot shows an example issuer ready for the 6/17/2020 deadline.



PLAN MANAGEMENT

Text Size: A A A

PLAN YEAR : 2021

Welcome, TEST119@FFETEST.COM | Logout

10333 - TEST 14.0 - TX

Final Submission

Instructions and Reference Material (PDF) [3.21 MB]

As of Plan Year 2021, Issuers should submit as needed URLs for Qualified Health Plans via the QHP Supplemental Submission Module for the following: Summary of Benefits and Coverage (SBC), Network, Transparency in Coverage, Formulary, Plan Brochure, and Enrollment Payment.

Data Submitter | Data Validator | Final Submission

To qualify for QHP Certification, Cross Validation must be passed. To cross validate template data within a submission, click the Cross Validate or Submit Button. A submission must pass cross validation prior to the submission window closing in order to be a certified QHP.

Please Note: The Unified Rate Review module submission(s) are required for QHP certification which is necessary for plans to be displayed on the Exchange.

Module	Submission Date	Status
Issuer Module	03/02/2020 08:37:05 AM	Validation Completed
Benefits and Service Area Module	02/28/2020 05:32:54 PM	Validation Completed
Rating Module	02/28/2020 05:43:04 PM	Submission Completed

Back | Cross Validate | Submit

Issuer and B&SA Modules validated.

Business Rules template submitted.

Summary

During this section of the presentation, we reviewed:

- Best Practices
- Issuer Module Template and Validation Updates
- Benefits and Service Area Module Template and Validation Updates
- Supplemental Submission Module Restriction to Access and Validations
- Rating Module Template and Validation Updates
- Staggered Submission Windows

Thank you for your attention!

Support Desk and Additional Resources

- If you have questions, please contact the Marketplace Service Desk (MSD):
  - Email: CMS_FEPS@cms.hhs.gov
  - Phone: (855) 267-1515
- Additional resources are available on the CMS website: http://www.cms.gov/CCIIO/Resources/Training-Resources/index.html

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Questions?

- To Submit or Withdraw Questions by Phone:
  - *If you are listening through your computer speakers and want to submit a question by phone, dial* 1-866-391-5945 and enter your unique six-digit PIN, then dial *"star(*) pound(#)" on your phone's keypad.*
  - *If you are already dialed in by phone and want to submit a question, then dial "star(*) pound(#)" on your phone's keypad.*
  - *If you would like to withdraw a question and you are dialed in by phone, then dial "star(*) pound(#)" on your phone's keypad.*
- To submit questions by webinar:
  - *Type your question in the text box under the "Q&A" tab and click "Send."*