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



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From: Gary Cohen, Acting Director, Office of Oversight,

Center for Consumer Information and Insurance Oversight (CCIIO)

Title: Insurance Standards Bulletin Series--INFORMATION

Subject: CCIIO Technical Guidance (CCIIO 2011–001): Submission of 2011

Quarterly Reports of MLR Data by Issuers of "Mini-med" and Expatriate

Plans

I. Purpose

Section 2718 of the Public Health Service Act (PHS Act), as added by the Patient Protection and Affordable Care Act (Affordable Care Act), requires health insurance issuers (issuers) to submit a report to the Secretary concerning their medical loss ratio (MLR) and requires them to issue a rebate to enrollees if the issuer's MLR is less than the percentages established in section 2718(b). The interim final rule (IFR) for Health Insurance Issuers Implementing Medical Loss Ratio Requirements under the Affordable Care Act, 75 FR 74864 (to be codified at 45 CFR Part 158), was published on December 1, 2010 and modified by technical corrections on December 30, 2010 (75 FR 82277).

The IFR requires issuers of certain policies to submit quarterly reports for the 2011 MLR reporting year on a form and in the manner prescribed by the Secretary. The first report is to be filed by May 1 for the quarter ending March 31 as stated in 45 CFR §158.110(b). Issuers must file these quarterly reports in 2011 for: (a) policies that have a total annual limit of \$250,000 or less ("mini-med plans"); and (b) group policies that provide coverage for employees working outside their country of citizenship, employees working outside of their country of citizenship and outside the employer's country of domicile, and non-U.S. citizens working in their home country, known as expatriate plans, as indicated in 45 CFR §§158.110(b)(2) and 158.120(d)(3) and (4). CMS published the Notice regarding the proposed collection of information and quarterly reporting form in the Federal Register on March 25, 2011, 76 FR 16789, with a 30-day comment period.

The quarterly reporting form will not be finalized in time for issuers to submit the quarterly report due on May 1, 2011.

This Bulletin sets forth guidance on the filing of the first quarterly report.

II. Submission of 2011 Quarterly Reports to the Secretary

The quarterly reporting form referenced in §158.110(b)(2) will not be finalized in time for issuers to submit the first quarterly report by May 1, 2011. Therefore, CMS is extending the time frame for issuers of mini-med plans and expatriate plans to submit the first 2011 quarterly report.

HHS will issue new guidance when the quarterly reporting form is finalized, indicating when the first quarterly report is due. At this time, CCIIO anticipates that the first quarterly report will be due in mid-June. Once the quarterly reporting form is finalized, it will be available on CCIIO's website:

http://cciio.cms.gov/programs/marketreforms/mlr/index.html.

Quarterly reports required under §158.110(b)(2) must be submitted to CMS in Excel spreadsheet format via the following electronic email address: MLR@hhs.gov. CMS will generate an auto-response email to confirm receipt of the quarterly report. If an issuer does not receive the email confirming receipt, the issuer must contact CMS at (301) 492-4457 to confirm receipt.

Where to get more information:

If you have any questions regarding this Bulletin, please contact the Center for Consumer Information and Insurance Oversight, Office of Oversight, by telephone at (301) 492-4457 or by email at MLRQuestions@hhs.gov.