Health Insurance Issuer
Rate Review Training

Module 1: Rate Review Reporting
Requirements and Web-Based Data Submission Training
Information About the Issuer Training

Issuer training includes three modules:

- Module 1: Rate Review Reporting Requirements and Web-based Data Submission Training
- Module 2: Technical Instructions for Completing the Preliminary Justification
- Module 3: Technical Instructions for Calculating the Subject to Review Threshold

Additional training materials are available on the CCIIO website: http://cciio.cms.gov/
Rate Review Program

- Established by Section 2794 of the Public Health Service Act (as amended by the Patient Protection and Affordable Care Act)

- Rate Increase Disclosure and Review Regulation (45 CFR §§ 154.101-154.301)
  - Published on May 23, 2011
  - Effective on September 1, 2011
Overview of the Rate Review Program

- Issuers report on rate increases at or above “Subject to Review” threshold
- Issuers submit a Preliminary Justification
- Rate Review conducted by States or CMS
- Preliminary Justification and review determinations posted on healthcare.gov
The Applicability

- Requirements apply to issuers in the individual and small group markets
- Does not apply to
  - Grandfathered health plan coverage as defined in 45 C.F.R. § 147.140
  - Excepted benefits as described in section 2791(c) of the PHS Act
The Preliminary Justification

Consists of three parts:

- **Part I, the Rate Increase Summary Form**
  - Standardized, summary level rate data

- **Part II, Written Explanation of the Rate Increase**
  - Brief, non-technical explanation of the rate increase

- **Part III, Rate Filing Documentation**
  - Detailed rate information, required only if CMS is reviewing the rate increase
Timing of Preliminary Justification Submissions

- **Requirement Starts on September 1, 2011**

- **States with Rate Filing Requirements**: on the same date filing is submitted to the State

- **States without Rate Filing Requirements**: Prior to implementing rate increases that go into effect on or after September 1, 2011
HIOS Rate Review Module

- All Rate Review issuer reporting requirements must be submitted in HIOS

- Training announcement included HIOS registration information

- Issuers should review the technical HIOS instructions manual
HIOS Sign-In

Health Insurance Oversight System

Tuesday, July 26, 2011

Sign-In

* Indicates required fields.

User Name:* 
Password:* 
Forgot Password?

Type the letters you see in the image into the Word Verification field below. If you are unable to read the image pictured below, please click the Play Audio Code link for audio verification.

Word Verification * Please enter the letters you see in the image. If you use the Audio Verification, type the pronounced numbers and the first letter of each word.

Can't read it? 
Generate New Image

Play Audio Code

Log In
HIOS Main Page Menu

Health Insurance Oversight System

Hello Beverly

HIOS Portal Home Page

- Manage Account
- HIOS Plan Finder
  - Product Data Collection
- Rate Review System
Rate Review System

Health Insurance Oversight System
Rate Review System

Monday, July 25, 2011

Rate Review Submission  Review Rate Data  Submission Status Report

Announcements

Here is a placeholder for announcements.

Related Links

- Link 1
- Link 2
- Link 3
- Link 4
- Link 5
Rate Review Submission Tab

Health Insurance Oversight System
Rate Review System

Issuer Tools
Here is a place to add some instructional text.
Uploading the Preliminary Justification

Health Insurance Oversight System
Rate Review System

Thursday, July 21, 2011
Welcome Jason Lunsford

Upload Preliminary Justification

(*) Indicates a required field

Issuer Information

*Issuer/State: Select an Issuer/State
*Product(s):
One or more products can be selected to be added or removed. To add a product, please select the product from the list on the left and then select the 'Add Product(s)' button. To remove a product, please select the product from the list on the right and then select the 'Remove Product(s)' button. Please use the shift or control key to select multiple products.

Available Product(s):

Add Product(s)

Selected Product(s):

Remove Product(s)

Number of Products = 0

*Effective Date: (MM/DD/YYYY)

*Policy Form ID(s): (on record with applicable State)
To add a policy form ID, please enter the policy form ID in the textbox on the left and select the Add Policy button. To remove a policy form ID, select the policy form ID from the table below and select the Remove Policy button.

Enter Policy Form ID(s):

Add Policy Form ID

Remove Policy Form ID

Number of Policy Form IDs = 0

Filing Tracking Number (SERFF or State ID, if no SERFF ID exists for this filing):

[Continue]
Uploading the Preliminary Justification (continued)

Health Insurance Oversight System
Rate Review System

Thursday, July 21, 2011

Upload Preliminary Justification

Issuer Data Entered

You are about to upload the following Rate Review Record:

abcd-OR

Product(s): 743900OR091-skifekl-Individual-POS
Total Number of Products: 1
Effective Date: 09/15/2011
Filing Tracking Number: 12345
Policy Form ID(s): 12345
Total number of Policy Form IDs: 1

Edit Data on Previous Page

Based on the Issuer/State and Product(s) you have entered, this submission will be reviewed by HHS. To complete this Rate Review submission, you must upload: the Rate Summary Form, the Written Description Justifying the Rate Increase, and the Rate Filing Documentation (for Public and HHS Review only).

For all parts below, select the 'Browse...' button to select the file to be uploaded. Where applicable select the 'Add' button to include additional files. Files included in each part are required to have a unique name. Please select the 'Upload' button at the bottom of the page to complete the submission.

(*) Indicates a required field

'Part 1: Upload Part 1 of the Preliminary Justification, the Rate Summary Form

Please note that the file must be in.xls format and cannot exceed 10MB.
Uploading the Preliminary Justification (continued)

*Part 2: Upload Part 2 of the Preliminary Justification, the Written Description Justifying the Rate Increase

*Part 3: Upload Part 3 of the Preliminary Justification, the Rate Filing Documentation

The Public Rate Filing and HHS Review Only Documentation are required.

*Public Rate Filing Documentation

Please note that file must be in .xls, .xlsx, .doc, .docx, .pdf or .txt format and cannot exceed 10MB.

*HHS Review Only Documentation

Please note that more than one file is accepted, file(s) must be in .xls, .xlsx, .doc, .docx, .pdf or .txt format, and cannot exceed 20MB.

Please select the Upload button to submit. Click the Reset button to clear all the files that are selected in the fields above.
Health Insurance Oversight System
Rate Review System

Process Pending
The following case has been uploaded to the system and is pending further validation:

**State Ins. Co.-KY**
- **Product(s):** 28281KY001-Basic Hosp/Surgical-Individual-Indemnity
- **Total Number of Products:** 1
- **Effective Date:** 09/01/2011
- **Filing Tracking Number:** ABC
- **Policy Form ID(s):** 123
- **Total Number of Policy Form IDs:** 1
- **Date/Time Submitted for Review:** 6/27/2011 6:50:18 PM
- **Submission ID:** 000002

Documents Uploaded for this Case:
- **Rate Summary Form:** RateSummaryTemplateNewEdition.xls
- **Written Description Justifying the Rate Increase:** RR Test.docx
- **Public Rate Filing Documentation:** RR Test.pdf
- **HHS Review Only Documentation:** RR Test.doc

You will receive an email notification with the validation details.
Email Confirmation of Submission

- Successful Email Notification

You have been identified as either an Issuer Submitter or Issuer Attester. Thank you for submitting your Preliminary Justification through the Rate Review System. We have received the submission listed below:

Rate Review Record
Issuer Name: Health, Inc.
Effective Date: 07/21/2011
Submission ID: 000006
Product(s): 31317AL015-SG88-Small Group-HMO Policy Form Id(s): 1

The Rate Summary Worksheet (Part I of the Preliminary Justification) has been uploaded without errors. You will now be able to access the Rate Review System at [www.insuranceoversight.hhs.gov](http://www.insuranceoversight.hhs.gov) to review and/or attest to the submitted data. If you have any questions regarding this email notification, please contact the help desk at [insuranceoversight@hhs.gov](mailto:insuranceoversight@hhs.gov) or 1-877-343-6507.

Thank you,
The Rate Review System Team
Accessing Submitted Records

Health Insurance Oversight System
Rate Review System

Related Links
- Link 1
- Link 2
- Link 3
- Link 4
- Link 5

Announcements

Here is a placeholder for announcements.
Accessing Submitted Records (Continued)
Accessing submitted records (Continued)

Health Insurance Oversight System
Rate Review System

Tuesday, July 12, 2011

Search Results:

(Select a Submission below to access the appropriate review page for more information on the rate submission.)

4 results found:

<table>
<thead>
<tr>
<th>Submission ID</th>
<th>Effective Date</th>
<th>Issuer/State</th>
<th>State</th>
<th>Submitted Date/Time</th>
<th>Attested Date/Time</th>
<th>Days in Status</th>
<th>Submission Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select 000001</td>
<td>06/04/2011</td>
<td>aided - OR</td>
<td>OR</td>
<td>7/7/2011 2:22:25 AM</td>
<td>7/7/2011 3:02:46 PM</td>
<td>5</td>
<td>HHS Primary</td>
</tr>
<tr>
<td>Select 000001</td>
<td>07/07/2011</td>
<td>Health Plans Inc - UT</td>
<td>UT</td>
<td>7/7/2011 1:03:24 PM</td>
<td>7/7/2011 1:54:43 PM</td>
<td>5</td>
<td>HHS Primary</td>
</tr>
</tbody>
</table>
HIOS Record Status Labels

- Pre-attestation phase
- Review phase
- Determination phase
Accessing submitted records (Continued)
Accessing submitted records (Continued)
Accessing submitted records (Continued)
Reviewing Data Submissions

Health Insurance Oversight System
Rate Review System

Rate Review Data
Issuer/State: abcd - SC
Product: 87620SC001-ijkldekl-Individual-POS
Effective Date: 09/18/2011
Date/Time Submitted for Review: 7/8/2011 12:20:52 PM

Submission Data - Rate Increase Summary

A. Base Period Data

<table>
<thead>
<tr>
<th>Service Categories</th>
<th>Member Months</th>
<th>Total Allowed</th>
<th>Net Claims</th>
<th>Cost Sharing</th>
<th>Cost Sharing PMPM</th>
<th>Net PMPM</th>
<th>Allowed PMPM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>10,000</td>
<td>$319,250.00</td>
<td>$264,355.00</td>
<td>$56,895.00</td>
<td>$6.20</td>
<td>$24.44</td>
<td>$31.34</td>
</tr>
<tr>
<td>Outpatient</td>
<td>10,000</td>
<td>$311,000.00</td>
<td>$242,580.00</td>
<td>$56,620.00</td>
<td>$6.84</td>
<td>$23.26</td>
<td>$30.10</td>
</tr>
<tr>
<td>Professional</td>
<td>10,000</td>
<td>$774,000.00</td>
<td>$603,220.00</td>
<td>$170,780.00</td>
<td>$17.03</td>
<td>$50.37</td>
<td>$77.40</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>10,000</td>
<td>$499,000.00</td>
<td>$368,500.00</td>
<td>$125,500.00</td>
<td>$12.95</td>
<td>$36.85</td>
<td>$49.80</td>
</tr>
<tr>
<td>Other</td>
<td>10,000</td>
<td>$45,000.00</td>
<td>$35,700.00</td>
<td>$9,100.00</td>
<td>$1.91</td>
<td>$2.57</td>
<td>$4.55</td>
</tr>
<tr>
<td>Total</td>
<td>10,000</td>
<td>$5,017,050.00</td>
<td>$3,955,050.00</td>
<td>$1,062,000.00</td>
<td>$44.73</td>
<td>$156.55</td>
<td>$201.71</td>
</tr>
</tbody>
</table>

B. Claim Projections
9.1 Adjustment to the Current Rate
Start Period: 1/1/2011 End Period: 10/31/2011

<table>
<thead>
<tr>
<th>Service Categories</th>
<th>Overall Medical Trend</th>
<th>Projected Allowed PMPM</th>
<th>Net Claims</th>
<th>Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>1.0154</td>
<td>$31.61</td>
<td>$26.13</td>
<td>0.21</td>
</tr>
<tr>
<td>Outpatient</td>
<td>1.0462</td>
<td>$32.54</td>
<td>$25.70</td>
<td>0.21</td>
</tr>
<tr>
<td>Professional</td>
<td>1.0224</td>
<td>$79.60</td>
<td>$62.88</td>
<td>0.21</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>1.0889</td>
<td>$52.11</td>
<td>$39.85</td>
<td>0.25</td>
</tr>
<tr>
<td>Other</td>
<td>1.0158</td>
<td>$5.63</td>
<td>$3.97</td>
<td>0.23</td>
</tr>
<tr>
<td>Capitation</td>
<td>1.01</td>
<td>$7.58</td>
<td>$7.58</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>1.01</td>
<td>$209.30</td>
<td>$164.81</td>
<td>0.21</td>
</tr>
</tbody>
</table>
## 5. Claims Projection for Future Rate


<table>
<thead>
<tr>
<th>Service Categories</th>
<th>Overall Medical Trend</th>
<th>Projected Allowed FPMI Net Claims</th>
<th>Cost Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>1.076%</td>
<td>$34.38</td>
<td>$29.75</td>
</tr>
<tr>
<td>Outpatient</td>
<td>1.189%</td>
<td>$36.35</td>
<td>$28.39</td>
</tr>
<tr>
<td>Professional</td>
<td>1.082%</td>
<td>$29.68</td>
<td>$27.51</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>1.337%</td>
<td>$50.12</td>
<td>$44.79</td>
</tr>
<tr>
<td>Other</td>
<td>1.081%</td>
<td>$5.03</td>
<td>$3.92</td>
</tr>
<tr>
<td>Total</td>
<td>1.081%</td>
<td>$38.15</td>
<td>$30.11</td>
</tr>
</tbody>
</table>

### B. 3 Medical Trend Breakout

- **Cost Impact:** 50%
- **Utilization:** 40%
- **Unit Cost:** 10%

### C. Components of Current and Future Rates

<table>
<thead>
<tr>
<th>Future Rate</th>
<th>Prior Estimate of Current Rate</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projected Net Claims</td>
<td>$179.11</td>
<td>76.2%</td>
</tr>
<tr>
<td>Administrative Costs</td>
<td>$16.75</td>
<td>104.46%</td>
</tr>
<tr>
<td>Underwriting Gain/Loss</td>
<td>$1.02</td>
<td>4.34%</td>
</tr>
<tr>
<td>Total</td>
<td>$186.88</td>
<td>100%</td>
</tr>
</tbody>
</table>

### D. Components of Rate Increase

<table>
<thead>
<tr>
<th>Claims Components</th>
<th>Impact on Rate</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>1.02%</td>
<td>0.97%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>0.05%</td>
<td>0.05%</td>
</tr>
<tr>
<td>Professional</td>
<td>0.03%</td>
<td>0.03%</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>0.02%</td>
<td>0.02%</td>
</tr>
<tr>
<td>Other</td>
<td>0.01%</td>
<td>0.01%</td>
</tr>
<tr>
<td>Total</td>
<td>$16.94</td>
<td>100%</td>
</tr>
</tbody>
</table>

### E. List of Annual Average Rate Changes Requested and Implemented in the Past Three Calendar Years

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>New Form Requests</th>
<th>Implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>M</td>
<td>10%</td>
</tr>
<tr>
<td>2009</td>
<td>N</td>
<td>8%</td>
</tr>
<tr>
<td>2008</td>
<td>N</td>
<td>5%</td>
</tr>
</tbody>
</table>

### F. Range and Scope of Proposed Increase

- **Number of Covered Individuals:** 900
- **Range of Rate Increase:**
  - Minimum % Increase: 5%
  - Maximum % Increase: 15%
Attestation and Deletion

Health Insurance Oversight System
Rate Review System

Review Rate Data

(*) Indicates a required field
- Issuer/State: 
- Product: 743300P001-skilledskl-Individual-POS
- Effective Date: 08/16/2011
- Date/Time Submitted for Review: 7/22/2011 10:08:34 AM

Submission Summary

Date/Time Submitted for Review: 7/22/2011 10:08:34 AM
Submission ID: 000002
Status: Pre-Attestation
Submitter: Jason Lunsford
NATIC Company Code: HHS Primary
Submission Type: N/A
Filing Tracking Number: 743300P001-skilledskl-Individual-POS
Policy Form ID(s): 1234

Record Materials

Rate Summary Form: RateSummaryTemplateNewEdition.xls (58.0KB)
Written Description Justifying the Rate Increase:
Example Test
Attestation and Deletion (Continued)

View Submission Data
View Modification Materials
Upload Supplemental Materials
Submission Status Report

☐ Attestation: I certify that all files submitted for this Record are complete and accurate.

Save

Files submitted into this system may not be 508 compliant.
Attestation and Deletion (Continued)

Review Rate Data

(*) Indicates a required field
*Issuer/State: abcd-OR
*Product: 74330OR001-sklfdskl-Individual-POS
*Effective Date: 08/15/2011
*Date/Time Submitted for Review: 7/22/2011 10:08:34 AM

View Data

Submission Summary

Date/Time Submitted for Review: 7/22/2011 10:08:34 AM
Submission ID: 000002
Status: Record Attested
Submitter: Jason Lunsford
NAIC Company Code: HHS Primary
Submission Type: N/A
Filing Tracking Number: 74330OR001-sklfdskl-Individual-POS
Product(s): 1234
Policy Form ID(s):
Supplemental Information Requests

- For CMS reviews, CMS may request supplemental information.

- If supplemental information requested:
  - Issuers must respond within ten business days.
  - Information must be submitted through HIOS.
Rate Review Record
Issuer Name: abcd
Effective Date: 08/15/2011
Submission ID: 000002
Product(s): 743300R001-sldfdskl-Individual-POS
Policy Form Id(s): 1234

CMS has reviewed your Preliminary Justification and has determined that additional information is needed in order to complete the review of this rate increase.

HHS Supplemental Information Request:
This is an example of text for requesting Supplemental Materials

HHS Request Date: 7/22/2011 10:21:30 AM
Supplemental Information Submission Deadline: 8/5/2011 11:59:00 PM

If you have any questions regarding this email notification, please contact the help desk at insuranceoversight@hhs.gov or 1-877-343-6507.

Thank you,
The Rate Review System Team
Submission of Supplemental Information Requests

Review Rate Data

(*)Indicates a required field
*Issuer/State: abcd-OR
*Product: 74330R001-sklfdskl-Individual-POS
*Effective Date: 08/15/2011
*Date/Time Submitted for Review: 7/22/2011 10:08:34 AM

View Data

Submission Summary

Date/Time Submitted for Review: 7/22/2011 10:08:34 AM
Submission ID: 000002
Status: Pending Supplemental Submission
Submitter: Jason Lunsford
NAIC Company Code:
Submission Type: HHS Primary
Filing Tracking Number: N/A
Product(s): 74330R001-sklfdskl-Individual-POS
Policy Form ID(s): 1234
<table>
<thead>
<tr>
<th>Public Rate Filing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HHS Review Only</td>
<td></td>
</tr>
<tr>
<td>Supplemental Material(s):</td>
<td>test.doc (21.5KB)</td>
</tr>
<tr>
<td>Issuer Response Submitter:</td>
<td></td>
</tr>
<tr>
<td>Issuer Response Date:</td>
<td></td>
</tr>
<tr>
<td>Issuer Response to Unreasonable Rate Increase Justification:</td>
<td></td>
</tr>
</tbody>
</table>

View Submission Data
View Modification Materials
Upload Supplemental Materials
Submission Status Report

Attested by Zach Arritt on 7/19/2011 10:59:18 AM
Files submitted into this system may not be 508 compliant.
Submission of Supplemental Information Requests (Continued)
Submission of Supplemental Information Requests (Continued)

Upload Supplemental Materials

Confirmation:

- The files have been successfully uploaded into the system.

(*) Indicates a required field

*Issuer/State: abcd-OR
*Product: 74330OR001-skflfjksklll-Individual-POS
*Effective Date: 8/15/2011
*Date/Time Submitted for Review: 7/22/2011 10:08:34 AM

[View Data]
Modify Function

- Used by issuers to communicate modifications to rate increase while a rate is under review

- Only for CMS reviews

- Issuers must provide a text description of the modification and may also upload files
Modify Function (Continued)
Modify Function (Continued)

- View Submission Data
- View Modification Materials
- Upload Supplemental Materials
- Submission Status Report
Rate Review Determinations

- Review determinations
  - Unreasonable Rate Increase
  - Unreasonable Rate Increase (Modified)
  - Unreasonable Rate Increase (Rejected by State)
  - Not Unreasonable
  - Not Unreasonable (Modified)
  - Withdrawn Prior to Determination
Final Justification for Unreasonable Rate Increases

- If a rate increase is determined to be unreasonable
  - Issuers must submit a Final Justification within ten calendar days of the determination days if implementing increase

- Not required if the issuer withdraws the rate increase within ten calendar days
Final Justification Submission (Continued)

Health Insurance Oversight System
Rate Review System

Friday, July 22, 2011

Enter Unreasonable Rate Increase Justification

*Indicates a required field

**Issuer/State**

**Product:**

**Effective Date:**

**Date/Time Submitted for Review:**


View Data

Submission Summary

Date/Time Submitted for Review: 7/22/2011 10:08:54 AM

Review Date: 7/22/2011 11:03:27 AM

Submission Type: HHS Primary

Status: Unreasonable Pre-Final Justification

Submission Deadline: 8/1/2011 11:59:00 PM

Reviewer Comments:

**Enter Unreasonable Rate Increase Justification:**

Insert comments to respond to Unreasonable status. There is a 5000 character limit.

Submit Review Rate Data

Click the Save Comments button to submit comments. Click the Withdraw Submission button to withdraw this record.*
Withdraw Function

Health Insurance Oversight System
Rate Review System

Friday, July 22, 2011

Enter Unreasonable Rate Increase Justification

(*) Indicates a required field
* Issue/State:
* Product:
* Effective Date:
* Date/Time Submitted for Review:

View Data

Submission Summary

Date/Time Submitted for Review: 7/22/2011 10:08:34 AM
Review Date: 7/22/2011 11:02:37 AM
Submission Type: HHS Primary
Status: Unreasonable Pre-Final Justification
Submission Deadline: 8/4/2011 11:59:00 PM
Reviewer Comments:

Example Text

*Enter Unreasonable Rate Increase Justification:
Insert comments to respond to Unreasonable status. There is a 5000 character limit.

View Review Rate Data

Click the Save Comments button to submit comments. Click the Withdraw Submission button to withdraw this record.
Documenting Changes to Preliminary Justification Submissions

- **Delete Function**: used prior to attestation

- **Modify Function**: used between attestation and rate review determination (CMS reviews only)

- **Withdraw Function**: used between rate review determination and effective date of the increase
CMS Web-Posting of Rate Review Information

- Preliminary Justification and rate review determination posted on Healthcare.gov

- CMS will review Preliminary Justification submission prior to web posting

- CMS reviews content of Final Justification submissions prior to web posting
Issuer Web-Posting of Unreasonable Rate Increase Information

For all unreasonable rate increase determinations:

- Issuers must post the Preliminary Justification and Final Justification on their website in a prominent location

- Requirement is satisfied by providing a link to Healthcare.gov posting
Contacts

- Please submit your questions about this training to RateReview@hhs.gov

- Submitted questions will be addressed during CMS Rate Review User Group calls

- User Group calls will take place in August and September (see training confirmation email for details)