State Rate Review Training

Release Date: August 1, 2011
About This Training

- Overview of the new Rate Review program
- Instructions for accessing the new Rate Review module in HIOS
  - View rate review information
  - Submit rate review determinations
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 C.F.R. §§ 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
Applicability

- Requirements apply to issuers in the individual market and small group markets

- Do 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
--- Forwarded message ---

From: <HIOS_ Submissions@hhs.gov>
Date: Tue, Jul 19, 2011 at 4:46 PM
Subject: SysTest: Rate Review System - Notification of Preliminary Justification Submission
To: Manaswini@federal.gov

Rate Review Record:
Issuer Name: Health, Inc.
Effective Date: 07/15/2011
Submission ID: 000001
Product(s): 31317AL002-VH38-Small Group-HMO
Policy Form Id(s): 3214
Attestation Date: 7/19/2011 4:46:42 PM

The above preliminary justification record has been attested to in the Rate Review System. You may access this record by logging into the Rate Review System.

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
HIOS Rate Review Module

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

- All States can view Rate Review submission

- Training announcement included HIOS registration information

- States 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
Rate Review Menu

Health Insurance Oversight System
Rate Review System

Monday, July 25, 2011

Review Rate Data  Submission Status Report  State Rate Review

Announcements

Here is a placeholder for announcements.

Related Links

- Link 1
- Link 2
- Link 3
- Link 4
- Link 5
Accessing Preliminary Justification Submissions
Accessing Preliminary Justification Submissions (continued)
Accessing Preliminary Justification Submissions (Continued)

- HIOS Record Status Labels
  - Pre-attestation phase
  - Review phase
  - Determination phase
Accessing Preliminary Justification Submissions (Continued)

Below is an image of the Health Insurance Oversight System Rate Review System interface. The screen shows a Submission Status Report with details for several submissions.

The image includes a table with columns for Submission Id, Effective Date, Issuer/State, State, Submitted Date/Time, Attested Date/Time, Days Since Attestation, Status, Days in Status, Contractor Assigned, Submission Type, and Submission Description.

The table displays the following information:

- Submission Id: 000001
- Effective Date: 08/16/2011 Health Inc. (FL)
- State: FL
- Submitted Date/Time: 8/16/2011 8:34:57 PM
- Attested Date/Time: 8/16/2011 8:51:57 PM
- Days Since Attestation: 5
- Status: Not Unreasonable
- Days in Status: 0
- Contractor Assigned: R
- Submission Type: Initial Summary

- Submission Id: 000002
- Effective Date: 08/16/2011 Health Inc. (FL)
- State: FL
- Submitted Date/Time: 8/16/2011 8:34:57 PM
- Attested Date/Time: 8/16/2011 8:51:57 PM
- Days Since Attestation: 5
- Status: Unreasonable
- Days in Status: 0
- Contractor Assigned: R
- Submission Type: Initial Summary

- Submission Id: 000003
- Effective Date: 08/16/2011 Health Inc. (FL)
- State: FL
- Submitted Date/Time: 8/16/2011 8:34:57 PM
- Attested Date/Time: 8/16/2011 8:51:57 PM
- Days Since Attestation: 5
- Status: Unreasonable
- Days in Status: 0
- Contractor Assigned: R
- Submission Type: Initial Summary

- Submission Id: 000004
- Effective Date: 08/16/2011 Health Inc. (FL)
- State: FL
- Submitted Date/Time: 8/16/2011 8:34:57 PM
- Attested Date/Time: 8/16/2011 8:51:57 PM
- Days Since Attestation: 5
- Status: Unreasonable
- Days in Status: 0
- Contractor Assigned: R
- Submission Type: Initial Summary

The system also shows search results with various details for each submission.
Viewing Preliminary Justification Data
Viewing Preliminary Justification Data (Continued)

Health Insurance Oversight System
Rate Review System

Friday, July 22, 2011

State Rate Review

(*) indicates a required field
*Issuer/State: [Health Inc, (PA corp)] VA
*Product: [64541V4003-Health Maintenance Organization-Small Group-POS]
*Effective Date: 06/01/2011
*Date/Time Submitted for Review: 7/11/2011 12:41:22 PM

[View Data]

Submission Summary

Submission ID: 000003
Attester: Zach
Date/Time Attested: 7/11/2011 1:09:13 PM
Filling Tracking Number: 5404556789
Product(s): 64541V4003-Health Maintenance Organization-Small Group-POS
Total Number of Products: 1
Policy Form ID(s): aaaa=0498
Total Number of Policy Form IDs: 1
Submission Type: HHS Primary
Current Status: Review In Progress
Contractor Assigned: No

[View Review Rate Data]

Record Materials

Rate Summary Form: RateSummaryTemplate(1).xls (59,516)
Written Description Justifying the Rate Increase:
Rate Review Determinations

- State Reviewers must enter in HIOS:
  - Review determination
  - Description of review findings and determination

- Determinations must be submitted within five business days of the completion of the review

- Information will be web-posted on healthcare.gov
States must select one of the following rate review determinations:

- Unreasonable Rate Increase
- Unreasonable Rate Increase (Modified)
- Unreasonable Rate Increase: (Rejected by State)
- Not Unreasonable
- Not Unreasonable (Modified)
- Withdrawn Prior to Determination
Rate Review Determinations (Continued)

- States must provide a brief explanation of their review findings and determination
  - Non-technical and consumer-oriented
  - Should not exceed two to three paragraphs
Entering Rate Determinations in HIOS
Entering Rate Determinations in HIOS (Continued)
Post Determination Issuer HIOS Actions

- Issuers may withdraw rate increases
- If a rate increase is determined to be unreasonable
  - Issuers must submit a Final Justification within ten calendar days of the determination if implementing increase
  - Not required if the issuer withdraws the rate increase within ten calendar days
CMS Web-Posting of Rate Review Information

- Posted on [Healthcare.Gov](https://healthcare.gov)
  - Preliminary Justification Part I in consumer-friendly format
  - Preliminary Justification Part II
  - Result of Rate Review (determination)
  - Final Justification for unreasonable rate increases that are implemented

- CMS reviews Preliminary Justifications prior to web posting
  - Issuers to submit new justification if deficiencies found

- CMS will also perform a content review of Final Justification submissions
CMS Web-Posting of Rate Review Information (continued)

HHS Part II Content Review:
Web-Post Preliminary Justification (Y/N):

HHS Content Review:
Web-Post Unreasonable Rate Increase Final Justification (Y/N):
State Posting of Rate Review Information

- States with Effective Rate Review designation must:
  - Post information on all “subject to review” increases
  - Provide an opportunity for public comments
Contact

☐ 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)