HIOS MLR TRAINING SESSION

Filing Medical Loss Ratio Annual Reports through HIOS
Welcome
Overview
System Walkthrough
Next Steps and Wrap up
Q&A
WELCOME
Welcome

- Objective
  - Provide general information on the MLR reporting process.
  - Provide specific steps for filing your MLR reports.

- Approximately 45 minutes session with Q&A at the end.

- Please hold your questions until the end.
OVERVIEW
The Affordable Care Act requires health insurance issuers to publicly report data on major categories of spending of policyholder premium, including the portion of premium revenues spent on clinical services to enrollees, quality improvement activities, and on all other non-claims costs. The amount of premium spent on clinical services and quality is known as the Medical Loss Ratio (MLR).

The Center for Consumer Information and Insurance Oversight (CCIIO) Medical Loss Ratio (MLR) division has been charged with collecting the MLR data.

The Health Information Oversight System (HIOS) Medical Loss Ratio Reporting System (MLR module) has been identified as the system of record to support the collection of the MLR data.

The MLR data will be collected using an Excel template (MLR-A Template).

The submission window will open on May 1, 2013.

Submissions with data regarding 2012 experience are due by June 1, 2013.
SYSTEM WALKTHROUGH
The MLR regulation requires that MLR data be reported by each Company at the issuer, state and market level.

- For the purposes of MLR reporting through HIOS:
  - **Company** is the legal entity licensed to sell health insurance products in one or more States. If filing annual financial reports with the NAIC, a company would have an associated NAIC company code. In HIOS, a company is comprised of Issuers.
  - **Issuer** is the entity selling products in a specific State, in one or more market sectors or type of experience (e.g., individual, small group, large group, mini-med experience, expatriate experience).
  - Each reporting year, the number of issuers associated with a specific company, along with the States and market sectors in which they sell products, may vary.
The MLR reporting process involves the following steps:

Step 1 – Register for the HIOS MLR module.
Step 2 – Confirm company-issuer associations.
Step 3 – Download MLR-A templates.
Step 4 – Populate MLR-A templates.
Step 5 – Upload completed MLR-A templates.
Step 6 – Attest to accuracy of uploaded MLR data and supplemental materials.
REGISTRATION

Step 1 – Register for the HIOS MLR module
Beginning April 1st, users will access the MLR module by going through the CMS Enterprise Portal and selecting the Health Insurance Oversight System (HIOS).

The Health Insurance and Oversight System (HIOS) will be integrated with the Enterprise Portal and EIDM:

- **CMS Enterprise Portal**: Enterprise web portal for accessing CMS systems. Various CMS systems will be integrated with the portal in the coming months.

- **Enterprise Identity Management System (EIDM)**: EIDM provides Authentication and Authorization capabilities and is tightly integrated with the CMS portal.
  - Authentication (establish who a person is).
  - Authorization (granting permissions to access modules, pages, data, etc.)
Users will no longer be able to access HIOS via the old URL (https://insuranceoversight.hhs.gov/).

Users will need to go to the CMS Enterprise Portal at https://portal.cms.gov/ to access HIOS.
Accessing the HIOS through the CMS Enterprise Portal

- Users can be either existing HIOS users or new users of the system:
  - All existing HIOS users would have received an email with their EIDM credentials.
  - New HIOS users need to register in EIDM and obtain an EIDM User ID and Password.
- In order to gain access to the HIOS MLR module, all users must follow the below steps:
  - Users will need to access the CMS Portal using an EIDM User ID and Password.
  - Users will access HIOS.
  - Users will request access to the HIOS MLR module and their associated user role.
- **Note:** Each user must request their individual user roles for each company.
Existing HIOS Users

- Existing HIOS users should have received an email with their new EIDM credentials that will enable them to log into the CMS Enterprise Portal.

- Upon logging into the Enterprise Portal, HIOS users will be required to provide additional information that is not currently in HIOS to complete the registration process.

- Once registration is complete, users will be able to access HIOS.

- All existing HIOS users will retain their existing user roles and are not required to submit another user role request.
Users will receive an email with the Enterprise Portal URL. Once, the users receive the email they may log into the Portal with their EIDM Credentials.
New Users

- New HIOS users will need to complete the following steps to access HIOS:
  - Register for an EIDM account.
  - Request access to HIOS in the CMS Enterprise Portal.

- Register organization if it is not currently registered in HIOS (optional).
- Request access to required roles in HIOS (optional) (example – MLR Uploader, MLR CEO Attester).
New users will navigate to the Enterprise Portal to start the registration process.
EIDM Account Registration for New Users

Complete the remaining steps to create your CMS - HIOS User account.
Once the user fills in the required information and selects ‘Submit’, the request will be sent for approval.

The users will receive an email notification when the user account has been approved.
Accessing HIOS in the Enterprise Portal

Users that have registered in EIDM, registered in HIOS, and acquired access to HIOS in the portal will be directed to the My Portal landing page. Clicking the ‘HIOS’ tab will open the HIOS landing page.

CMS Provides Health Coverage for 100 Million People...
Self Registration for New HIOS Users

Select the “Register for New Account“ link in the middle of the HIOS Sign-In page.
Complete the Self Registration page.

Request HIOS Account

Please note that you are applying for access to the Health Insurance Oversight System (HIOS). If you have any questions, please contact the HIOS Helpdesk at Phone: 1-877-343-6507 or Email: insuranceoversight@hhs.gov.

(*) Indicates a required field
Self Registration for New HIOS Users

- Once the user fills in the required information and selects ‘Submit’, the request will be sent for approval.

- The users will receive an email notification when the user account has been approved.
Access HIOS Home Page
Registering a New Company In HIOS
Registration Overview

Step 1: Register the Organization in HIOS

- To determine if the company is already registered in HIOS, search by the company’s Federal Employer Identification Number (EIN).

- If the company does not already exist in HIOS, users will need to register their company.

- All registration requests are reviewed prior to approval.

- If the company already exists in HIOS, users may proceed directly to Registration Overview – Step 2.
Click on ‘Register an Organization’ tab on the HIOS homepage.
Search by FEIN

Type the Federal EIN of your company in the textbox and click the ‘Search’ button.
Company Search Results

- If your company’s Federal EIN is not registered in HIOS, the following message will be displayed:
  
  “No Company Found”.

- To register a new company, click the ‘Create Company’ button.
Register New HIOS Company

- Fill in the following required information to register a new company:
  - Company Legal Name
  - Federal Employer Identification Number
  - Incorporated State
  - Domiciliary Address

- While not mandatory, provide your organization’s NAIC Group Code and Group Name, if applicable, in the respective fields.

- Click the ‘Review/Continue’ button to review your company’s information before submitting the request to register a new company.
Review your company’s information and click the ‘Submit’ button to submit your request for approval.

If changes are required, click the ‘Back’ button to make any changes.
New HIOS Company Creation – Confirmation

After the request to register a new company has been submitted, the user will receive an email notification confirming the approval for the submitted request.
User Role Management
Step 2: Determine MLR user role and request access to the company.

- Users will need to determine their user role and identify the company they need access to. There are six different MLR user roles.
The MLR module requires six types of users: ‘Uploader’, ‘Back-up Uploader’, ‘CEO Attester’, ‘CEO Attester Back-up’, ‘CFO Attester’ and ‘CFO Attester Back-up’. A user has access to functionality within the module based on the roles associated to their user name.

The following is a brief description of the six user roles within the MLR module:

- **Uploader** – This user is responsible for uploading the MLR-A Templates populated with MLR data through the HIOS MLR module.
- **Back-up Uploader** – This user is responsible for uploading the MLR-A Templates if the primary Uploader is unavailable.
- **CEO Attester** – This user is responsible for attesting to the accuracy and completeness of the MLR data and supplemental materials submitted.
- **CEO Attester Back-up** – This user is responsible for attesting to the accuracy and completeness of the MLR data and supplemental materials submitted, if the CEO is unavailable to attest.
- **CFO Attester** – This user is responsible for attesting to the accuracy and completeness of the MLR data and supplemental materials submitted.
- **CFO Attester Back-up** – This user is responsible for attesting to the accuracy and completeness of the MLR data and supplemental materials submitted, if the CFO is unavailable to attest.
Step 2 (Continued)

- If requesting the Uploader, CEO Attester or CFO Attester role, users will need to identify the company they wish to be granted access to.

- Users can only have access to one user role at a time.

- Each company must ensure an Uploader, CEO Attester, CFO Attester and their back-ups have access to HIOS.
Click the ‘Role Management’ tab on the HIOS Homepage.
Select Role

- Select the module as ‘Medical Loss Ratio Data Collection System (MLR)’ from the dropdown.

- Select Requested Role as ‘Company’.

- You may select one of the following user roles from the User Type dropdown:
  - Uploader
  - CEO Attester
  - CFO Attester

- You may select the User Sub-Type as ‘Primary’ or ‘Back-up’.

- After the selections have been completed, click the ‘Continue’ button.
Company to Role Association

Enter your company’s Federal EIN you wish to request access to in the textbox and click the ‘Search’ button.
Once your company has been found, click the ‘Review/Continue’ button to review your new role request.
Request Role – Review

- Review your selections and click the **Submit** button to submit the new role request for approval.

- If changes are required, click the **Back** button to make any changes.
Once the role request has been submitted for approval and has been approved, you will receive an email notification.
Registering a New Issuer in HIOS
HIOS Main Page – Register an Organization

- If the Issuer is not already registered in HIOS, users will first need to register the Issuer in HIOS. To register a new Issuer in HIOS, please follow the below steps:
  - Click the ‘Register an Organization’ tab on the HIOS Homepage.
Search for Existing Company

- Search for your company by using the company’s FEIN.

- Any issuers already associated to your company will be displayed under the Issuers section.

- To add new issuers, click the ‘Add Issuer’ button.
Register New Issuer

- Fill in the required issuer information:
  - Registered State
  - Market Coverage
  - Domiciliary Address

- Click the ‘Save and Add Another Issuer’ button to submit and/or add more than one issuer.
Submit Issuer Request

Once the new issuer(s) are ready for submission, click the ‘Submit’ button.
New Issuer Confirmation

After the request to register the issuer(s) has been submitted, the user will receive an email notification with the new HIOS Issuer ID. Please save a copy for your reference.
How to access the MLR Homepage

To access the MLR module, click the ‘Medical Loss Ratio Data Collection System (MLR)’ tab on the HIOS homepage.
MLR Homepage

Welcome to Medical Loss Ratio! The Health Insurance Oversight System (HIOS) provides issuers with the capability to submit requested MLR data via online submission for review by HHS/CCIIO (Department of Health and Human Services /Center for Consumer Information and Insurance Oversight) to determine if the MLR is within acceptable thresholds. The following submission windows time periods are defined below:
The MLR reporting process involves the following steps:

Step 1 – Register for the HIOS MLR module.
Step 2 – Confirm company-issuer associations.
Step 3 – Download MLR-A templates.
Step 4 – Populate MLR-A templates.
Step 5 – Upload completed MLR-A templates.
Step 6 – Attest to accuracy of uploaded MLR data and supplemental materials.
CONFIRMATION

Step 2 – Confirm Company-Issuer Associations
Every company will need to confirm the list of its associated issuers for which the company will report MLR data for the reporting year (i.e., for which States it will be reporting).

HIOS will utilize the list of confirmed issuers to generate an MLR-A template for each issuer, with the header pre-populated with the company and issuer information (e.g., HIOS ID, FEIN, Company Name, etc.).

The list of confirmed issuers will also be utilized to verify that we receive completed MLR-A templates for all issuers expected to be included in the report.

You will not be able to download the pre-populated MLR-A templates until you confirm the associations.
How to Confirm Company-Issuer Associations

- Select the “Company/Issuer Association” tab.
- Select the “Company”.
- Select the “Reporting Year”.
- Click “View Associations”.
- Confirm the list of issuers by clicking “Confirm” OR
- Update the pre-populated MLR Company-Issuer Association Form to add or remove any issuers.
- Upload the updated form back to the MLR module.
- Indicate if your company has only a small closed block of business as described in the 2012 MLR Report Instructions.
MLR Company-Issuer Association Form Example

### MLR Company-Issuer Association Form

Please review all Issuer information, and make updates if necessary, for the MLR module of the Health Insurance Oversight System (HIOS).

Note: Asterisk (*) denotes a required field.

<table>
<thead>
<tr>
<th>FEIN</th>
<th>A.M. Best Number</th>
<th>Domiciliary Address Line 1</th>
<th>Domiciliary Address Line 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>0000011330</td>
<td>01330</td>
<td>0330 Smith Road</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Company Name</th>
<th>NAIC Company Code</th>
<th>NAIC Group Code</th>
<th>NAIC Group Name</th>
<th>Domiciliary City</th>
<th>Domiciliary State</th>
<th>Domiciliary Zip</th>
<th>Domiciliary Zip Plus 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>CGI Test Company 1</td>
<td>01330</td>
<td>Yes</td>
<td>Yes</td>
<td>0330</td>
<td>Virginia</td>
<td>22230</td>
<td></td>
</tr>
</tbody>
</table>

Please complete this portion of the MLR Company-Issuer Association Form to do either of the following within the MLR module of the Health Insurance Oversight System (HIOS):
- To add a new Issuer-to-Company association, add Issuer information to the bottom of list (please leave the "Action" field blank, leave "HIOS Issuer ID" blank if none)
- To add an existing Issuer-to-Company association, identify the existing HIOS Issuer ID and correct state
- To remove an existing Issuer-to-Company association, select "Delete" in the Action column
- To keep an existing Issuer-to-Company association unchanged, please leave the row unchanged
- Any changes to the Individual or Small Group health insurance coverage fields on this Form will not impact any other HIOS modules (e.g. PlanFinder, Rate Review, etc.)

<table>
<thead>
<tr>
<th>HIOS Issuer ID</th>
<th>State</th>
<th>Health Insurance Coverage</th>
<th>Mini-Med</th>
<th>Expatriate</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0173620</td>
<td>AK</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>0263023</td>
<td>AS</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>0320631</td>
<td>VA</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
The MLR reporting process consists of the following steps:

Step 1 – Register for the HIOS MLR module.
Step 2 – Confirm company-issuer associations.
**Step 3 – Download MLR-A templates.**
Step 4 – Populate MLR-A templates.
Step 5 – Upload completed MLR-A templates.
Step 6 – Attest to accuracy of uploaded MLR data and supplemental materials.
DOWNLOADING
Step 3 – Download MLR-A Templates
Each company will have access to a set of MLR-A template files for each issuer with pre-populated header information, as well as an MLR-A template for the company’s national Grand Total numbers.

The MLR module will generate a zip file containing all MLR-A template files for the selected company and MLR reporting year.

The zip file will only become available for download after company-issuer associations have been confirmed.
How to Download MLR-A Templates

- Log into the HIOS MLR module.
- Select the “Download Templates” tab.
- Select the “Company”.
- Select the “Reporting Year”.
- Click “Download Files”.
- The MLR module will generate a zip file containing pre-populated MLR-A Templates (separate Excel files for each State of operation, plus one Excel file for the Grand Total).
- Extract the contents of the zip file into a folder on your computer.
How to Download MLR-A Templates (screenshot)

---

**Download Templates**

- Company: Test User 3000
- Reporting Year: 2012
- Group Affiliations: Pennsylvania

**Zip File to Download:**

The.zip file contains all the state templates and the Grand

HHS-MLR-2012.zip

---

**Medical Loss Ratio Data Collection**

**Tuesday, March 12, 2013**

**Part 1. Summary of Data**

- **NOTE:** REFER TO MLR INSTRUCTIONS, FORMULAS RESOURCE AND TABLES RESOURCE FOR IMPORTANT INFORMATION ABOUT COMPLETING EACH COLUMN AND ROW.

<table>
<thead>
<tr>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total direct premium earned</td>
</tr>
<tr>
<td>2. Federal high risk pools</td>
</tr>
<tr>
<td>3. State high risk pools</td>
</tr>
<tr>
<td>4. Net assumed loss ceded reinsurance premium earned (exclude amounts already reported in Line 1)</td>
</tr>
<tr>
<td>5. Other adjustments due to MLR calculations - premium</td>
</tr>
<tr>
<td>6. Risk revenue</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Total incurred claims</td>
</tr>
<tr>
<td>2.2 Prescription drugs (informational only: already included in total incurred claims above)</td>
</tr>
<tr>
<td>2.3 Pharmaceutical rebates</td>
</tr>
<tr>
<td>2.4 State stop loss, market stabilization and claims/costs based assessments (informational only: already excluded from total incurred claims above)</td>
</tr>
</tbody>
</table>
The MLR reporting process consists of the following steps:

Step 1 – Register for the HIOS MLR module.
Step 2 – Confirm company-issuer associations.
Step 3 – Download MLR-A templates.
Step 4 – Populate MLR-A templates.
Step 5 – Upload completed MLR-A templates.
Step 6 – Attest to accuracy of uploaded MLR data and supplemental materials.
POPULATING

Step 4 – Populate MLR-A Templates
The MLR-A template was developed to collect the data elements necessary to calculate issuers’ MLRs and rebates. You will find that the MLR-A template is structurally similar to the NAIC Supplemental Health Care Exhibit.

### Overview of the MLR-A Template

The MLR-A template includes the following sections:

- **Group Affiliation**
- **Company Name**
- **DBA / Marketing Name**
- **Address**
- **Department of Health and Human Services**
- **Medical Loss Ratio Reporting Form**
- **Part 1: Summary of Data**

#### Part 1: Summary of Data

<table>
<thead>
<tr>
<th>NAIC Supp. Health Care Exhibit Line</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Claims</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Total incurred claims</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Prescription drugs (informational only; already included in total incurred claims above)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Premium**
  - **Total direct premium earned**
  - **Federal high-risk pools**
  - **State high risk pools**
  - **Net assumed ceded reinsurance premium earned (exclude amounts already reported in Line 1.1)**
  - **Other adjustments due to MLR calculations - premium**
  - **Risk revenue**

- **Deferred FY (Act)**
- **Deferred CY (Subtract)**
- **Total as of 12/31/12**
- **Total as of 3/31/13**
- **DRAFT CONTRACT**
  - **Deferred FY (Act)**
  - **Deferred CY (Subtract)**
  - **Total as of 12/31/12**

---

[Image: Screenshot of the MLR-A template with data entered for individual and claims sections.]

---

[Image: CMS logo at the bottom right corner.]
How to populate the MLR-A Template

- You should populate all cells applicable to your block of business:
  - **White** cells indicate that data entry by the user is permitted.
  - **Pink** cells indicate that no data entry is permitted.
  - **Gray** cells indicate that no data entry is permitted. Entering data in the gray cells will result in an upload failure.
  - **Blue** cells indicate that a calculation by the issuer is required.
  - **Yellow** cells indicate that depending on the size of the issuer, calculation by the issuer is required.

---

### Part I: Summary of Data

<table>
<thead>
<tr>
<th>Group Affiliation</th>
<th>Test User 3000</th>
<th>Company Name</th>
<th>Test User 3000</th>
<th>DBA / Marketing Name</th>
<th>Test User 3000</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12001 Far Lakes Circle White Oak, PA 15111</td>
</tr>
</tbody>
</table>

**Note:** Refer to MLR instructions, formulas resource and tables resource for important information about completing each column and row.
How to populate the MLR-A Template

- You can copy and paste over blocks of data that do not contain pink or gray cells in the MLR-A template.

- The data entered on the Grand Total MLR-A template should be an aggregate of the data for all states. Data for experience that is to be reported only at the national level (Expatriate plans only) should be entered only on the Grand Total MLR-A template.

- Save the completed MLR-A template file for upload to the MLR module.
The MLR reporting process consists of the following steps:

Step 1 – Register for the HIOS MLR module.
Step 2 – Confirm company-issuer associations.
Step 3 – Download MLR-A templates.
Step 4 – Populate MLR-A templates.
Step 5 – Upload completed MLR-A templates.
Step 6 – Attest to accuracy of the uploaded MLR data and supplemental materials.
UPLOADING

Step 5 – Upload completed MLR-A Templates
You must combine all completed MLR-A templates into a single zip file:

- **CORRECT:** Open the folder. Select all Excel files. Right-click on the selected files, choose “WinZip” and “Add to Zip file…” option, and type a file name at the end of the directory.

- **Note:** No spaces are allowed in the zip file name.

- **INCORRECT:** Do NOT zip the files at the folder level. Files will fail to upload.
How to Upload the Zip File

- Select the “Upload MLR Annual Form” tab.
- Select the “Company”.
- Select the “Reporting Year”.
- Click “Browse” and select the zip file you created.
- Click “Upload File”.

  **Note:** No spaces are allowed in the zip file name.

- The system will indicate that the MLR-A data has been uploaded, pending validation checks.
Companies may submit supplemental materials to justify the data reported on any of the MLR-A templates.

Submitting supplemental materials is optional and is not required for attestation to the accuracy of the MLR submission.

You must upload the MLR-A templates for the company and the MLR reporting year before uploading supplemental materials.

Note: No spaces are allowed in the supplemental material file names.

Only PDF and MS Word documents are allowed.
Select the “Upload Supplemental Materials” tab.
Select the “Company”.
Select the “Reporting Year”.
Click “Browse” and select the supplemental material files for upload.
Click “Upload File(s)”.
All identified Uploaders and Attesters will receive a confirmation email once the zip file has been uploaded successfully. The email will identify any validation warnings.

If the upload fails, the identified Uploaders will receive an email indicating the reasons why the upload has failed.

Once successfully uploaded, the MLR data will be ready for attestation.
The MLR reporting process involves the following steps:

Step 1 – Register for the HIOS MLR module.
Step 2 – Confirm company-issuer associations.
Step 3 – Download MLR-A templates.
Step 4 – Populate MLR-A templates.
Step 5 – Upload completed MLR-A templates.
Step 6 – Attest to accuracy of the uploaded MLR data and supplemental materials.
ATTESTATION

Step 6 – Attest to accuracy of the uploaded MLR data and supplemental materials
HIOS will notify Attesters by email once the MLR data have been uploaded and are ready for attestation.

If the upload generated validation warnings, the Attesters and Uploaders will need to determine if the data submitted is valid. If so, the Attesters should proceed with the attestation process.

The CEO Attester and CFO Attester must both attest to accuracy of the uploaded MLR data and supplemental materials in order for the filing to be complete.
How to Attest

- Log into the HIOS MLR module.
- Select the “Attestation” tab.
- Select the “Company”.
- Select the “Reporting Year”.
- Click “View Data”.
- Select the checkbox that indicates that you attest to the accuracy of the MLR data.
- Click “Save Attestation”.

![Health Insurance Oversight System](image-url)
The MLR Reporting Process

To recap: to file your MLR data, you will need to:

Step 1 – Register for the HIOS MLR module
Step 2 – Confirm company-issuer associations
Step 3 – Download MLR-A templates
Step 4 – Populate MLR-A submission
Step 5 – Upload MLR-A submission
Step 6 – Attest to accuracy of the uploaded MLR data and supplemental materials
If you have additional questions after this training, you can use any of the following:

- **Issuer MLR Reporting Form Q&A calls:**
  - CCIIO will address questions about the 2012 MLR reporting form weekly, beginning April 18 through May 30, from 3:30 to 4:30pm (EDT).
  - 1-877-267-1577 - meeting ID: 3300

- **Email**
  - MLR email box (MLRQuestions@cms.hhs.gov – policy related matters).
  - Exchange Operations Support Center (XOSC) email (CMS_FEPS@cms.hhs.gov – technical matters).

- **Telephone**

- **HIOS MLR User Guide**
  - Accessible on the HIOS MLR module – via the FAQ section.
This presentation will cover the following topics:

- Changes to the 2012 MLR template
- Differences between 2012 MLR form and the 2012 SHCE
- Aggregation
- MLR formula tool
- Email warnings
- Comparison Reports
- Expatriate lines of business
- Companies with only small closed blocks of business
The 2012 MLR template differs from the 2011 MLR template in the following ways:

- Parts 1 and 2 are now 2 separate worksheets;
- There are no automatically calculated fields, and an Excel formula tool will be made available;
- Columns have been added to report dual contract information, which is a subset of the data reported in the 3/31 columns of the MLR report form;
- The Expense Allocation Report is incorporated into Part 1;
- Part 6 was added to allow companies to clarify responses;
- Shading was updated for clarity.
Some differences between the 2012 MLR template and the NAIC’s SHCE include:

- ICD-10 and HIT
  - The MLR template (Part 1, Line 4.5) excludes ICD-10 conversion expenses from Health Information Technology expenses (HIT), but the SHCE (Part 1, Line 6.5) includes ICD-10 conversion expenses in its measure of HIT.
  - Therefore, in the “12/31” columns of Part 1, the sum of Lines 4.5 (HIT) and 4.6 (allowable ICD-10 conversion expenses) of the MLR template generally will correspond to the SHCE’s Part 1, Line 6.5.
Some differences between the 2012 MLR template and the NAIC’s SHCE include:

- **CBE**
  - The MLR template (Part 1, Line 5.7) contains a single data field representing both deductible and non-deductible Community Benefit Expenditures (CBE) expenses, but the SHCE does not.
  - Therefore, the “12/31” column of Part 1, Line 5.7 of the MLR template generally will correspond to the sum of the SHCE’s Part 1, Lines 1.6a and 10.4a.
Aggregating Experience on the 2012 MLR Form

• Who must aggregate
  - For the 2012 reporting year, issuers with <75,000 life-years in the 2012 calendar year only.
  - For the 2013 and later reporting years, all issuers.

• Reporting
  - Report data for 2012 in: Parts 1, 2, 3, 6; CY column of Part 4; and sections 1-3 of Part 5.
  - Report data for 2011 in: PY1 column of Part 4, and sections 4-5 of Part 5
    - Restate 2011 incurred claims as of 3/31/2013 on Part 4, Line 1.2, Column PY1. Restate all components of incurred claims, including reserves and the allowable fraud reduction expense.
  - Aggregate data for 2011 and 2012 in the Total columns of Part 4
    - MLRs will be calculated using aggregated data.
    - Rebates will be calculated using only 2012 adjusted premium.
CMS will post an Excel spreadsheet with MLR and rebate formulas on HIOS’ MLR module.

To use the Formula Tool, users:
- Copy Parts 1 and 2 from a completed 2012 Form and paste them into the corresponding tabs of the Formula Tool;
- Enter 2011 data from Part 4 of the 2012 MLR Form;
- Enter the average deductibles from Part 4 of the 2012 Form;
- Enter the applicable MLR standards from Part 4 of the 2012 Form;
- “Paste values” from the Formula Tool into the MLR template.

The Formula Tool will calculate the Part 4 MLR numerator, denominator, credibility adjustment, MLR, and rebates, based upon the data entered.
Upon upload of its MLR submission, an issuer may receive an email containing a subset of various warning messages:

- “Data field violations” notify the issuer of errors that must be corrected prior to attestation.
- “MLR calculation warnings” notify the issuer that for certain issuer-calculated fields, there is a discrepancy between its value and the value calculated by HIOS. However, changes are not required in order to attest to the form.
- “Validation warnings” are potential data inconsistencies that should be reviewed prior to attestation, however, changes are not required in order to attest to the form.

The validation email may not contain every warning. All validation warnings are available on the warning and comparison reports located within HIOS’ MLR module.
• Upon upload, an issuer is encouraged to access comparison reports that are helpful when validating their data prior to attestation.

• The reports are accessed on either the “View Uploaded Data” or the “Attestation” tabs in HIOS’ MLR module.
The available warning and comparison reports are:

- **Validation Warnings Report**
  - A list of all potential data inconsistencies that should be reviewed prior to attestation.

- **Grand Total Warnings Report**
  - A list of all potential data inconsistencies on the “grand total” template that should be reviewed prior to attestation.

- **MLR Calculation Warnings**
  - A list of all discrepancies between user-calculated values and HIOS–calculated values.

- **SHCE/MLR-A Warnings Report**
  - A list of all discrepancies between an issuer’s 2012 SHCE values and the values reported on the “12/31” columns of the 2012 MLR template.
Companies with only Expatriate business:

• For the 2012 MLR reporting year, CMS will not enforce the MLR rebate and reporting provisions for expatriate lines of business.


• An issuer with expatriate business in addition to other lines of health insurance coverage is expected to submit a timely 2012 MLR report. Such issuers should report expatriate business only the in “12/31 Expatriate” columns on the Parts 1 & 2 of the “Grand Total” form and leave all other “Expatriate” columns on all other pages blank.
Companies with only Small Closed Blocks

- For the 2012 MLR reporting year, CMS will not enforce the MLR reporting provisions for an issuer of group or individual health insurance coverage who fails to submit a full MLR report if the issuer’s only health insurance coverage consists of grandfathered plans in closed blocks of business.

- For more information, see the “General Instructions” section of the 2012 MLR Reporting Form Instructions.
To qualify, the issuer of only grandfathered closed blocks provide the following information and attest that it:

1. Ceased offering health insurance coverage in every market and state in which it is licensed to offer health insurance coverage;

2. Has only grandfathered health plans in closed blocks of business that are in run-off;

3. Did not submit a SHCE or other similar state filing for the applicable MLR reporting year, is exempt from filing a SHCE or similar state filing by the state in which it is domiciled, and submits to CMS evidence of this exemption on state letterhead. If the company is not subject to a SHCE or similar state filing requirement, this criterion is not applicable;

4. Has less than 1,000 life years nationwide (combined for all health insurance coverage) for the MLR reporting year;

5. Has non-credible experience in each state market in which it provides coverage. The company must aggregate its experience from 2011 and 2012 to determine credibility. The company must report the number of life-years in each state market for each MLR reporting year that is aggregated.
An issuer that meets all of the criteria should:

- Register with the HIOS MLR module;
- Complete, update or confirm the “company issuer association” and select “yes” in the “small closed blocks of business” box on the HIOS “company-issuer association” screen;
- Complete only part 4, line 3.1 of the MLR template for every state and market in which it has health insurance coverage;
- Use HIOS’ “supplemental upload” function to submit a statement that affirms the closed block criteria. The issuer should also upload its SHCE (or other similar state required filing) exemption it has received from its state of domicile;
- Complete the HIOS attestation process.
• Issuers satisfying the “closed block” criteria may instead choose to complete the full MLR form for their grandfathered plans in closed blocks of business.

• If CMS determines that an issuer does not satisfy the criteria described above, CMS will notify the issuer that it must complete the full MLR template as specified in 45 CFR Part 158.

• Companies should refer to the 2012 MLR Instructions for complete instructions.
Questions and Resources

• For HIOS related questions please contact the Exchange Operations Support Center at: CMS_FEPS@cms.hhs.gov or 855-267-1515.

• For questions related to the MLR template, please email CCIIO at MLRQuestions@cms.hhs.gov.

• CCIIO will host MLR Q&A conference calls every Thursday from 3:30 to 4:30pm (EDT), from April 18 through May 30.
  ➢ Details: 1-877-267-1577; The meeting ID is: 3300.

• CCIIO’s MLR website: