Unified Rate Review Issuer Training

April 2015

For Single Risk Pool Compliant Plans
Qualified Health Plans (QHPs) and Non-QHPs

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Agenda

- Introduction
- Rate Filing Process Overview
- Technical Demonstration
- Key Dates
- CMS and State Coordination
- Resubmissions
- Mapping Terminating Plans
- Contact Information
- Resources

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Introduction

The purpose of this presentation is to provide a high-level overview of the **Unified Rate Review (URR) Module** of the CMS Health Insurance Oversight System (HIOS) and discuss best practices for working with templates.

It is intended as a refresher for issuers already familiar with the system.

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Rate Filing Process Overview

URR Data Submission

Steps to submit Rate Filing Justifications:

Get Access	❑ Get HIOS user ID (for support, contact XOSC: 855-267-1515) ❑ Assign user roles ❑ Get HIOS Product and Standard Component Plan IDs
Submit Data	❑ Submit Rate Filing Justification in the URR module through HIOS ❑ Submit rate filing in SERFF, if required by state regulators
Validate Data	❑ Review submissions for accuracy ❑ Validate submissions
For QHPs	❑ For submissions with a qualified health plan (QHP) in the single risk pool, ensure data integrity across templates and modules required for QHP submission ❑ Complete QHP application by making final submission for all sections of Issuer, Rating, and Benefits and Service Area modules

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Technical Demonstration: Accessing HIOS

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System Considerations

- Disable pop-up blockers prior to attempting access to the system
- Internet Explorer, Versions 9 and 10
- Firefox, Version 28
- Chrome, Version 33
- Excel, 2007 and 2010

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CMS Enterprise Portal

Access HIOS at https://portal.cms.gov

1

If you have an Enterprise ID, click “Login to CMS Secure Portal”

If you do not have an Enterprise ID, click “New User Registration”

Find the HIOS User Guide on the CCIIO website:
http://www.cms.gov/cciio/Resources/Training-Resources/index.html#Review of Insurance Rates

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HIOS Tab in the CMS Portal

Access HIOS at https://portal.cms.gov

2

Click the **HIOS** tab.

Portal Help & FAQs | Print | Log Out | Welcome Alfred Okyere

CMS.gov Enterprise Portal

My Porta | HIOS

CMS Por > My Portal

Welcome to CMS Enterprise Portal

The Enterprise Portal combines and displays content and forms from multiple applications, supports users with navigation and cross-enterprise search supports simplified sign-on, and uses role-based access and personalization to present each user with only relevant content and applications. The of the Enterprise Portal is to provide "one-stop shopping" capabilities to improve customer experience and satisfaction.

lication Access

e are several ways to manage access to applications in the CMS Enterprise Portal

1. To get access to applications supported by EUA go to the Enterprise User Administration site.
2. To get access to applications supported by EIDM and IACS, click the 'Request Access Now' link on the right.
3. To review application access you have already been granted, click the 'My Access' link on the Welcome menu in the top right corner of the page.

Request Access

Use the link below to request access to Systems/Applications

Request Access Now

Contact Help Desk

FFE / HIOS / Agents & Brokers Help Desk - Contact the Exchange Operations Support Center [XOSC] at CMS_FEPS@cms.hhs.gov or 1-855-CMS-1515

Physician Value / PQRS Help Desk - Contact the PV/PQRS Information Center at 1-888-734-6433.

ACO Help Desk - Contact the ACO Information Center at 1-888-734-6433 (select option 2) if you have any questions about using the ACO Portlet features. TTY users should call 1-888-734-6563.

Open Payments Help Desk - Contact the Open Payments Help Desk at Openpayments@cms.hhs.gov.

CMS Help Desk / EUA Please visit the Enterprise User Administration (EUA) page

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Plan Management and Market Wide Functions

Access HIOS at https://portal.cms.gov

Portal Help & FAQs | Print | Log Out | Welcome Alfred Okyere

CMS.gov | Enterprise Portal

My Portal | HIOS

CMS Portal > HIOS

HIOS | Plan Management | Market Wide Functions

Please use the links below to access the Health Insurance Oversight System (HIOS) or Plan Management and Market Wide Functions. Please note - these systems are protected by Multi-Factor Authentication (MFA). When you attempt to access either system by clicking the links below, you will be asked to enter your CMS EIDM Username and Password, as well as enter a Security Code (VIP Token). If you have not registered a device to support MFA, please access the 'My Profile' page in the portal to register a device and obtain a security code (VIP Token).

If you have any problems accessing HIOS or the Plan Management and Market Wide Functions, please contact the Exchange Operations Support Center [XOSC] at CMS_FEPS@cms.hhs.gov or 1-855-CMS-1515.

Health Insurance Oversight System (HIOS)

Please click the link below to access HIOS. If this is the first time you are accessing HIOS from the CMS Enterprise Portal, you may be prompted for your HIOS Username and Password.

Access HIOS

Plan Management and Market Wide Functions

The Plan Management and Market Wide Functions portal is where issuers will access both Market Wide modules (like the Integrated Rate Review Module) and the Federally Facilitated Exchange (FFE) application specific modules.

Issuers seeking Qualified Health Plan (QHP) certification will submit data to the Centers for Medicare & Medicaid Services (CMS) via the QHP Issuer Module, QHP Benefits and Service Area Module, and QHP Rating Module as part of the Federally Facilitated Exchange's (FFE) Qualified Health Plan (QHP) application. Those seeking certification must also complete the Unified Rate Review submission.

Access Plan Management & Market Wide Functions

CMS Enterprise Portal Home | CMS.gov | Enterprise Portal

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

CMS Enterprise Portal Links

Portal Help & FAQs

Helpful Links

Web Policies & Important Links

Privacy Policy

3

Click **"Access Plan Management & Market Wide Functions."**

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HIOS Modules

Access the Rate Review module via the Health Insurance Oversight System (HIOS).

4

Click "Unified Rate Review System"

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Unified Rate Review System

Access the Rate Review module via the Health Insurance Oversight System (HIOS).

5

Click “Access the Unified Rate Review System”

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Technical Demonstration: Module Organization and Navigation

Rate Review Sections

1. Rate Review Overview
2. Create Submission
3. View/Edit Submission
4. Review Reports

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Overview Page

This page provides a home for Issuer Submitter and Issuer Validator users.

From this page, you can:

Read an overview of the system.

Access **instructional materials** to help you complete your submission.

Download the **Unified Rate Review Template.**

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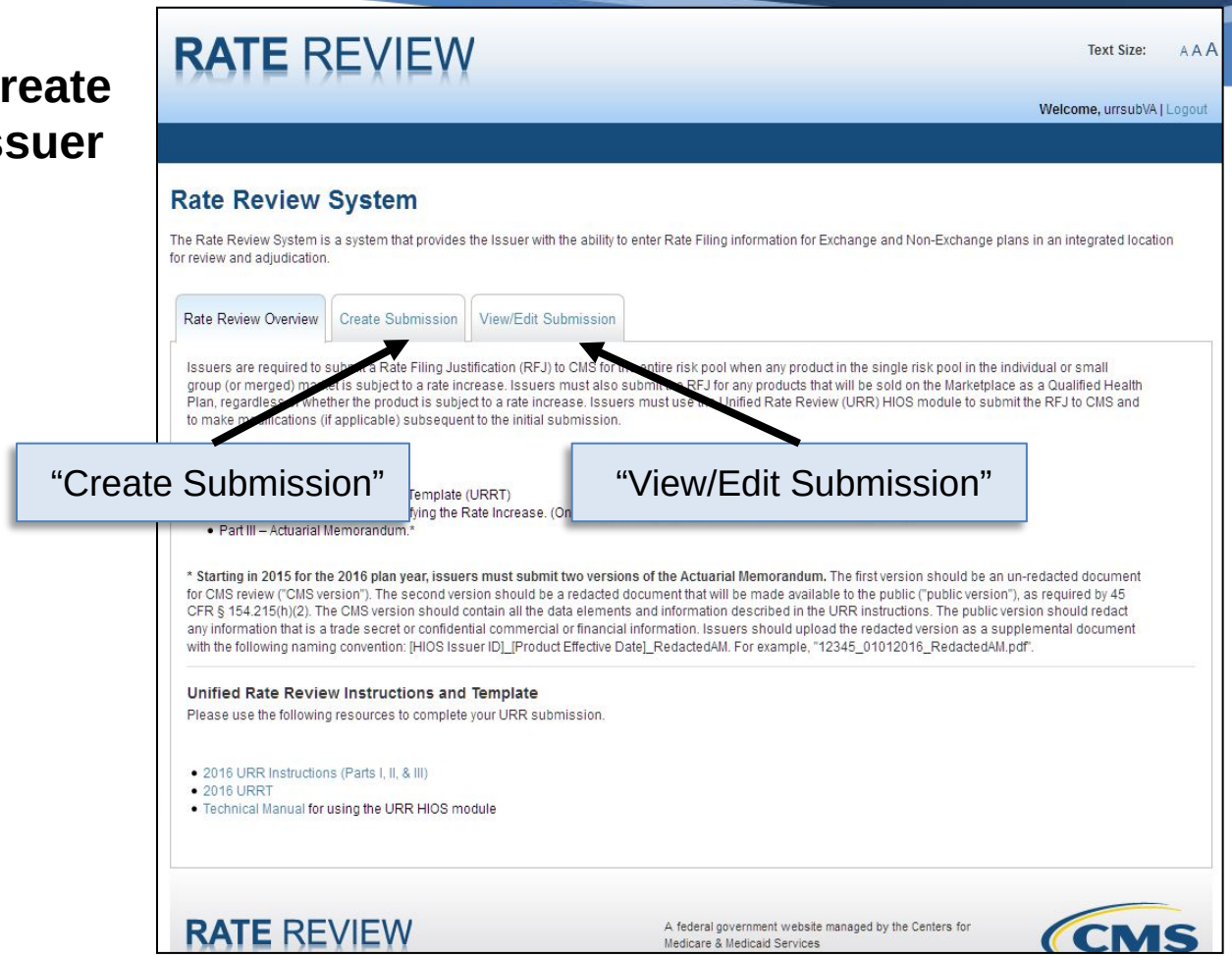
Overview Roles

Issuer Submitters may create and edit submissions; Issuer Validators may view submissions.

Only Submitters will have access to the “Create Submission” tab.



Create Submission Page

This page is where Issuer Submitters can submit rate filings into the system.

RATE REVIEW

Text Size: A A A

Welcome, urrsubDE | Logout

Rate Review Overview | Create Submission | View/Edit Submission

Create Submission

The Create Submission page requires an Issuer to select which segment of the health insurance market a Rate Filing Justification submission will apply to and submit appropriate documentation.

A field with an asterisk (*) before it is a required field.

Issuer Information

*State: Please Select

*Issuer : Please Select

*Market Type: Please Select

*Annual or Quarterly Submission ? : Annual

To add a policy form ID, please enter the policy form ID in the textbox on the left and select the Add Policy Form ID button. To remove a policy form ID, select the policy form ID from the table below and select the Remove Policy Form ID button.

1 Select the state.

2 Select the issuer.

3 Select the market type.

Submission Documentation

*Part 1: Unified Rate Review Template :
(Must be a valid .xml file)

Browse... No file selected.

*Part 3: Actuarial Memorandum :
(Must be a valid .doc, .docx, or .pdf file)

Browse... No file selected.

Supplemental Memorandum :
(Must be a valid .xls, xlsx, .doc, .docx, .pdf or .txt file)

Browse... No file selected.

+ ADD SUPPLEMENTAL FILES

Submit

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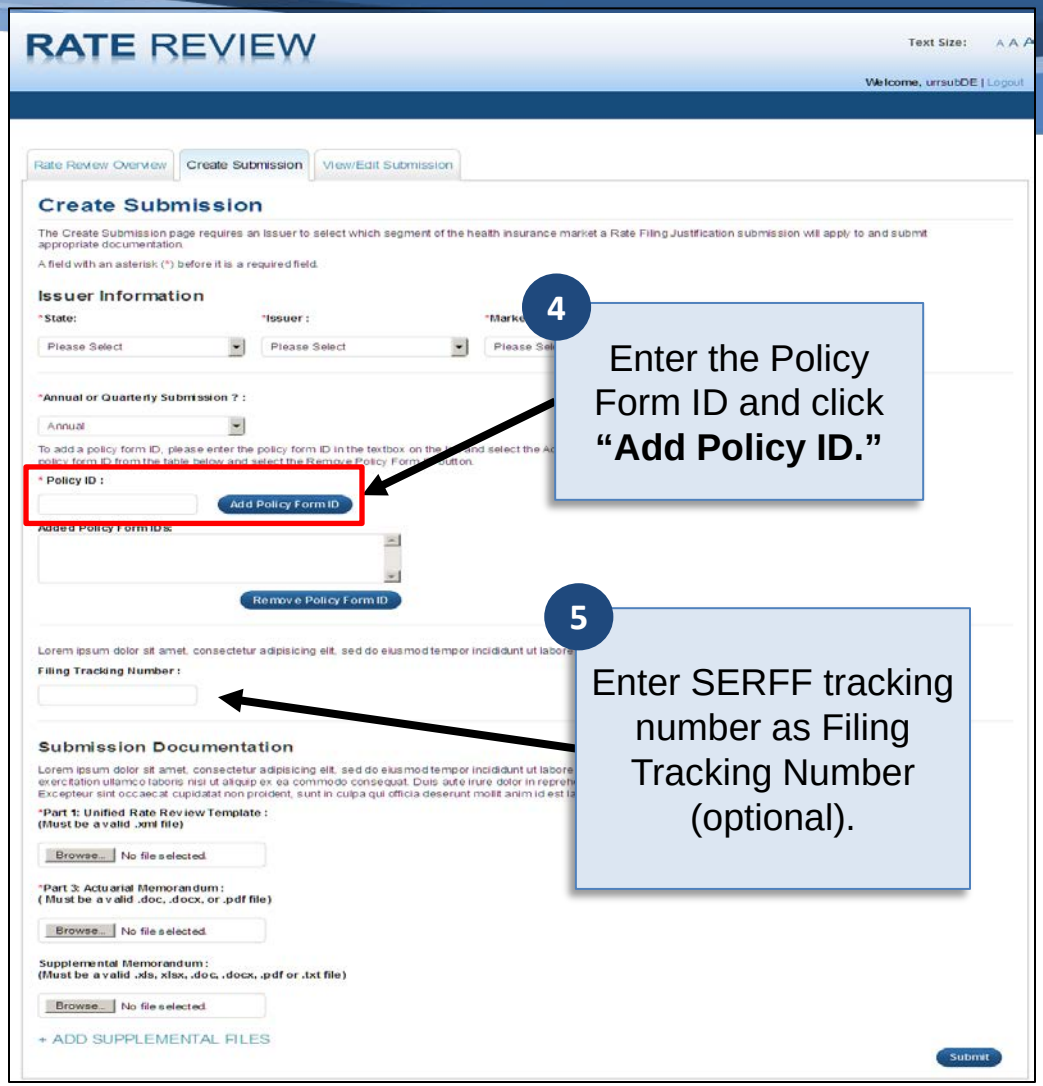
Create Submission Page (Policy ID)

Click the "Add Policy ID" button to display the added policy ID in the list box below.

To remove a Policy Form ID, select it and click the "Remove Policy Form ID" button.



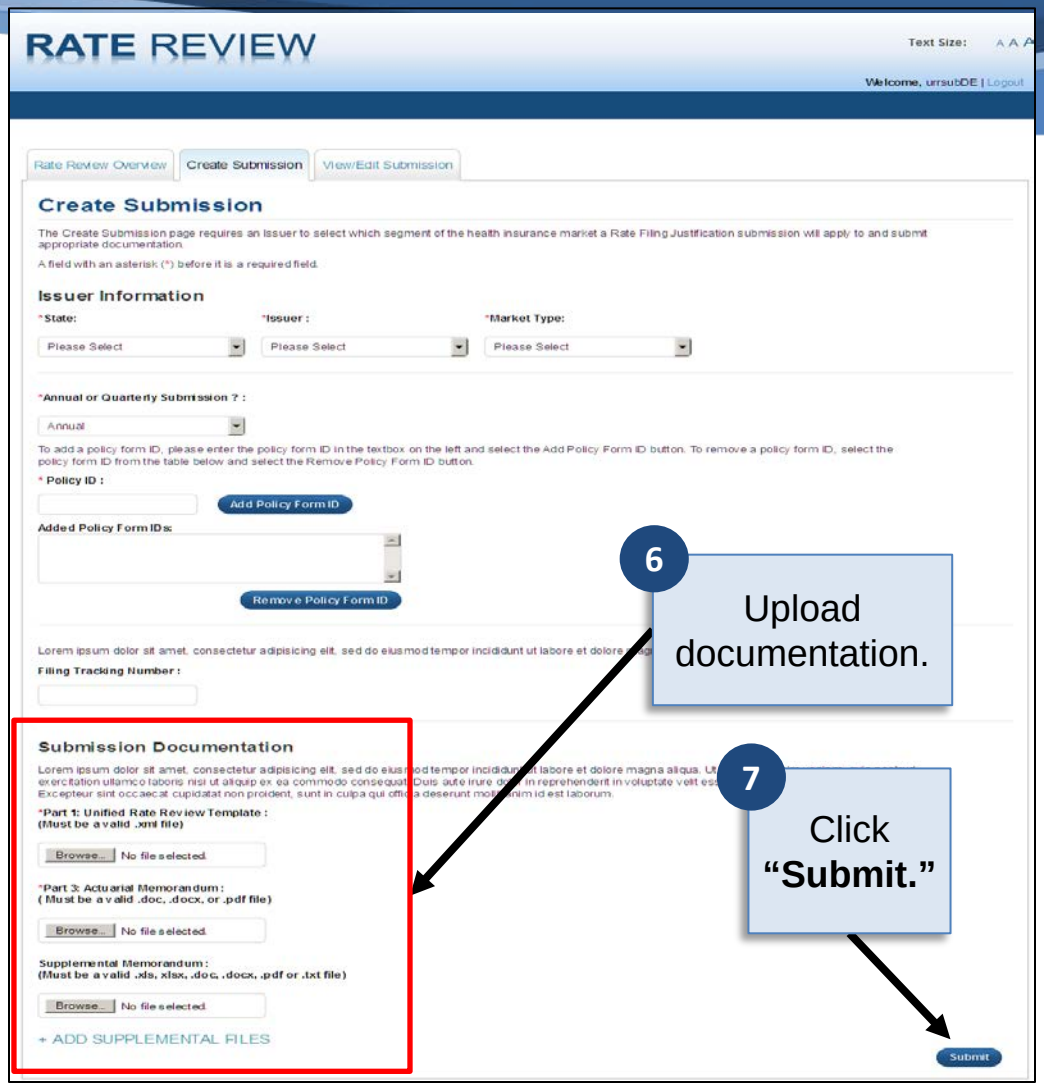
Create Submission Page (Upload)

Upload the Unified Rate Review template, Actuarial Memorandum and supplemental materials.

Use Supplemental Files to report any rate changes.

Every submission requires an .xml extract from a finalized Unified Rate Review template.

NOTE: If errors are found during the validation process, an appropriate error message is displayed at the top of the page.

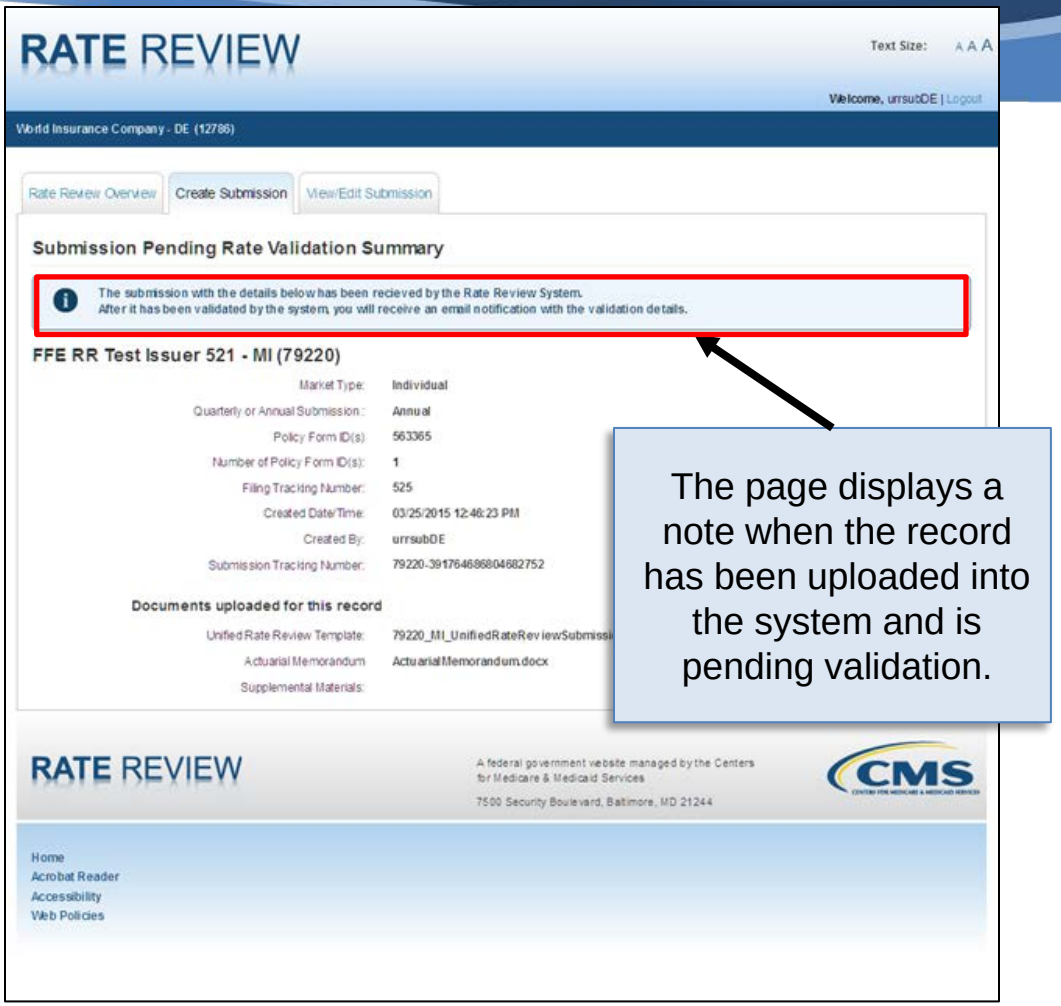


Submission Pending Rate Validation Summary Page

This is where the Issuer Submitter can review all submission data and submitted files.

Both Submitters and Validators receive email notifications when submission and validation are complete.

If the template fails system validation, the submission will not be created in the system.



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Submission Search Page

Use this page to search a submission based on one or more of the available search criteria.

Available search criteria include:

- State
- Issuer
- Market Type
- Review Type
- Tracking Number
- Frequency
- Status
- Created Date
- Validated Date

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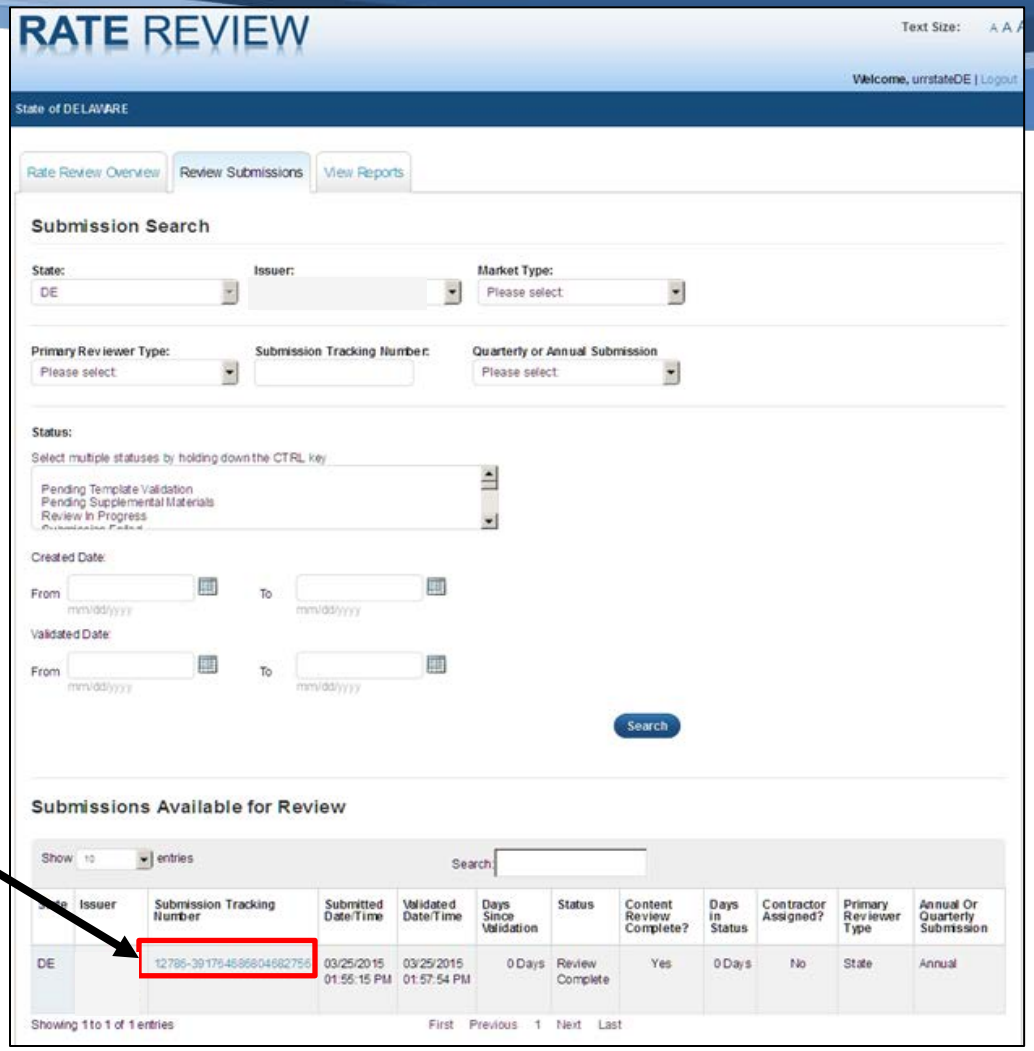
Submission Search Results Page

The system will display data table of all submissions based on selected search criteria.

Access the Submission Summary Page for a particular submission by clicking the hyperlink name of the submission.

Click the submission link.

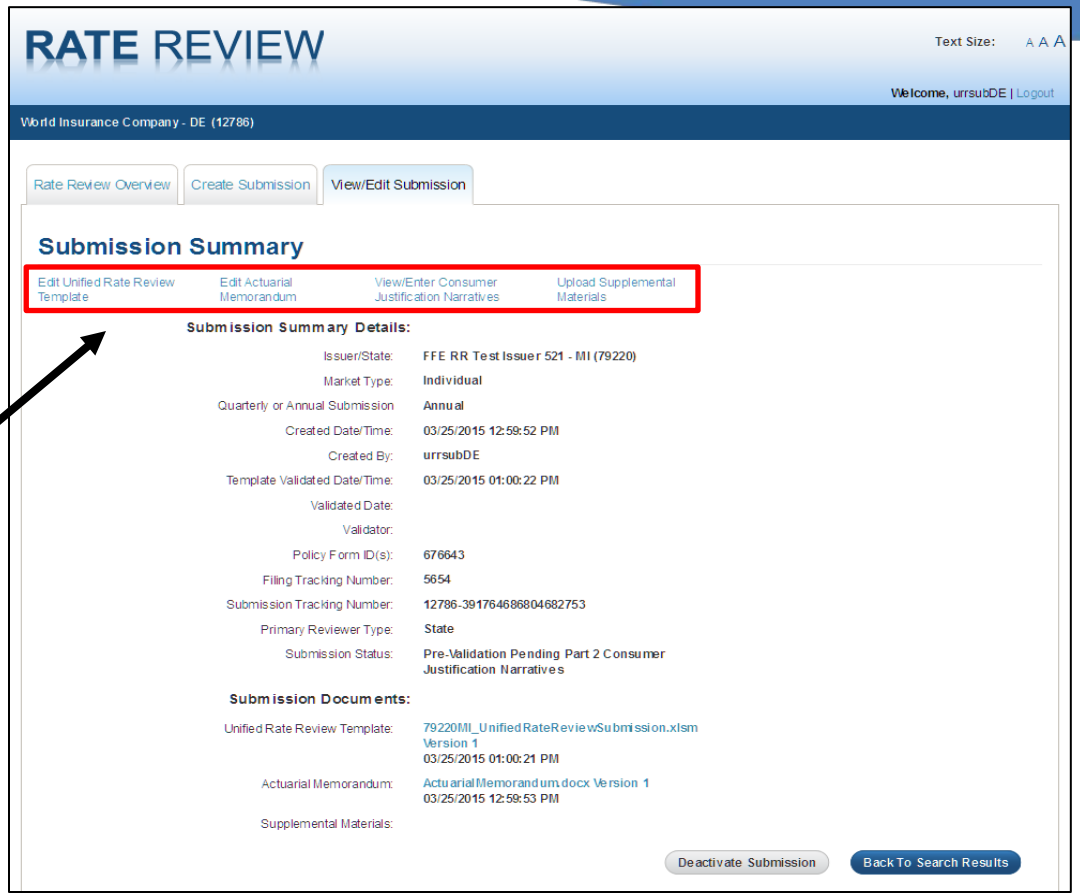


Submission Summary Page

This page allows Submitters and Validators to View/Edit a submission and displays a summary of all submission level data and documents.

Hyperlinks to the functionality for which you have permission:

- Edit Unified Rate Review Template
- Edit Actuarial Memorandum
- View/Enter Consumer Narrative
- Upload Supplemental Materials



Submission Summary Page – Download Documents

The "Submission Documents" section includes links to templates, memoranda and supplemental material.

Click the links to download.

Submission Summary

Edit Unified Rate Review Template | Edit Actuarial Memorandum | View/Enter Consumer Justification Narratives | Upload Supplemental Materials

Submission Summary Details:

Issuer/State:	FFE RR Test Issuer 521 - MI (79220)
Market Type:	Individual
Quarterly or Annual Submission	Annual
Created Date/Time:	03/25/2015 12:59:52 PM
Created By:	urrsubDE
Template Validated Date/Time:	03/25/2015 01:00:22 PM
Validated Date:	
Validator:	
Policy Form ID(s):	676643
Filing Tracking Number:	5654
Submission Tracking Number:	12786-391764686804682753
Primary Reviewer Type:	State
Submission Status:	Pre-Validation Pending Part 2 Consumer Justification Narratives

Submission Documents:

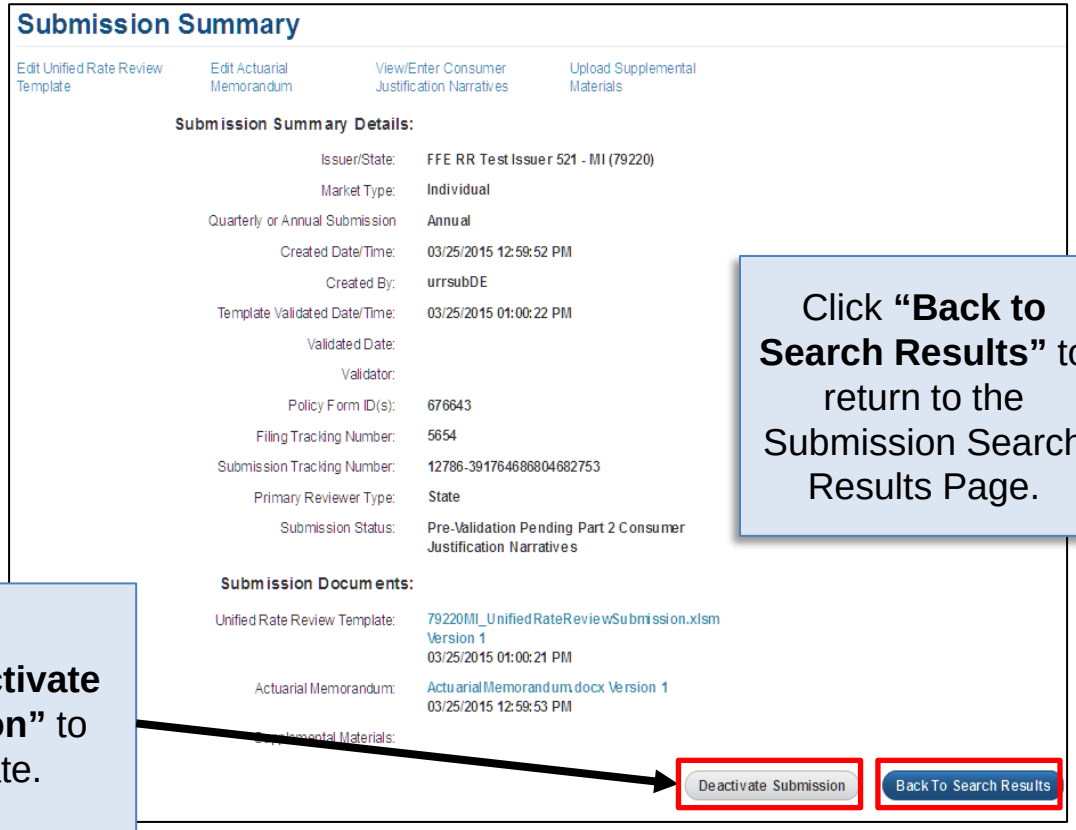
Unified Rate Review Template:	79220MI_UnifiedRateReviewSubmission.xlsm Version 1 03/25/2015 01:00:21 PM
Actuarial Memorandum:	ActuarialMemorandum.docx Version 1 03/25/2015 12:59:53 PM
Supplemental Materials:	

Deactivate Submiss

Submission Summary Page – Deactivate

Submitters and Validators can deactivate a submission from the Submission Summary Page.

The Deactivate Submission button is enabled until the submission is validated, then disabled after validation or deactivation.



Click **"Back to Search Results"** to return to the Submission Search Results Page.

Click **"Deactivate Submission"** to deactivate.

Submission Summary Page – Issuer Validator

Issuer Validators can validate a submission from the Submission Summary Page once the submission has a status of "Pre-Validation."

First, certify that all files submitted for this record are complete and accurate.

Then, use the Submission Validation section to validate the submission.

Check the box to validate submission.

Then click **Save**.

RATE REVIEW

Text Size: A A A

Welcome, urrvalDE | Logout

World Insurance Company - DE (12786)

Rate Review Overview | View/Edit Submission

Submission Summary

View/Enter Consumer Justification Narratives | Upload Supplemental Materials

Submission Summary Details:

Issuer/State:	DE (12786)
Market Type:	Individual
Quarterly or Annual Submission:	Annual
Created Date/Time:	03/25/2015 01:55:15 PM
Created By:	urrsubDE
Template Validated Date/Time:	03/25/2015 01:55:43 PM
Validated Date:	
Validator:	
Policy Form ID(s):	543325
Filing Tracking Number:	5646433
Submission Tracking Number:	12786-391764686804682756
Primary Reviewer Type:	State
Submission Status:	Pre-Validation

Submission Documents:

Unified Rate Review Template:	12786DE_UnifiedRateReviewSubmission_Above10_20150317105051.xlsm Version 2 03/25/2015 02:48:36 PM
Actuarial Memorandum:	ActuarialMemorandum.docx Version 1 03/25/2015 01:55:16 PM
Supplemental Materials:	

Submission Validation

☐ **Validation:** I certify that all files submitted for this record are complete and accurate.

Save

Deactivate Submission | Back To Search Results

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Edit Unified Rate Review Template

This page allows you to browse and upload a new version of the Unified Rate Review template.

An edited Unified Rate Review template will not be added to a submission until it passes back-end validation.

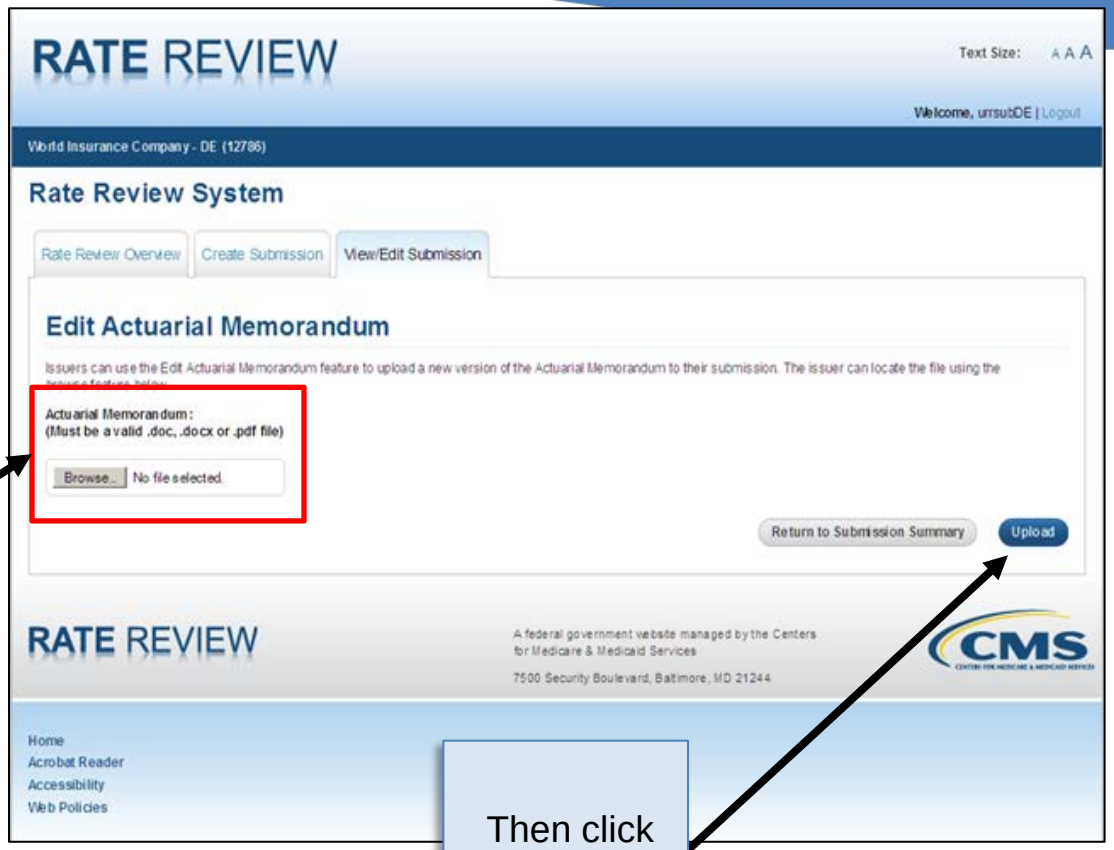
Click **Browse** and select your file.

Then click **Upload**.

Edit Actuarial Memorandum

This page allows you to browse and upload a new Actuarial Memorandum.

You will receive a confirmation message once the upload is successful.



Click **Browse** and select your file.

Then click **Upload**.

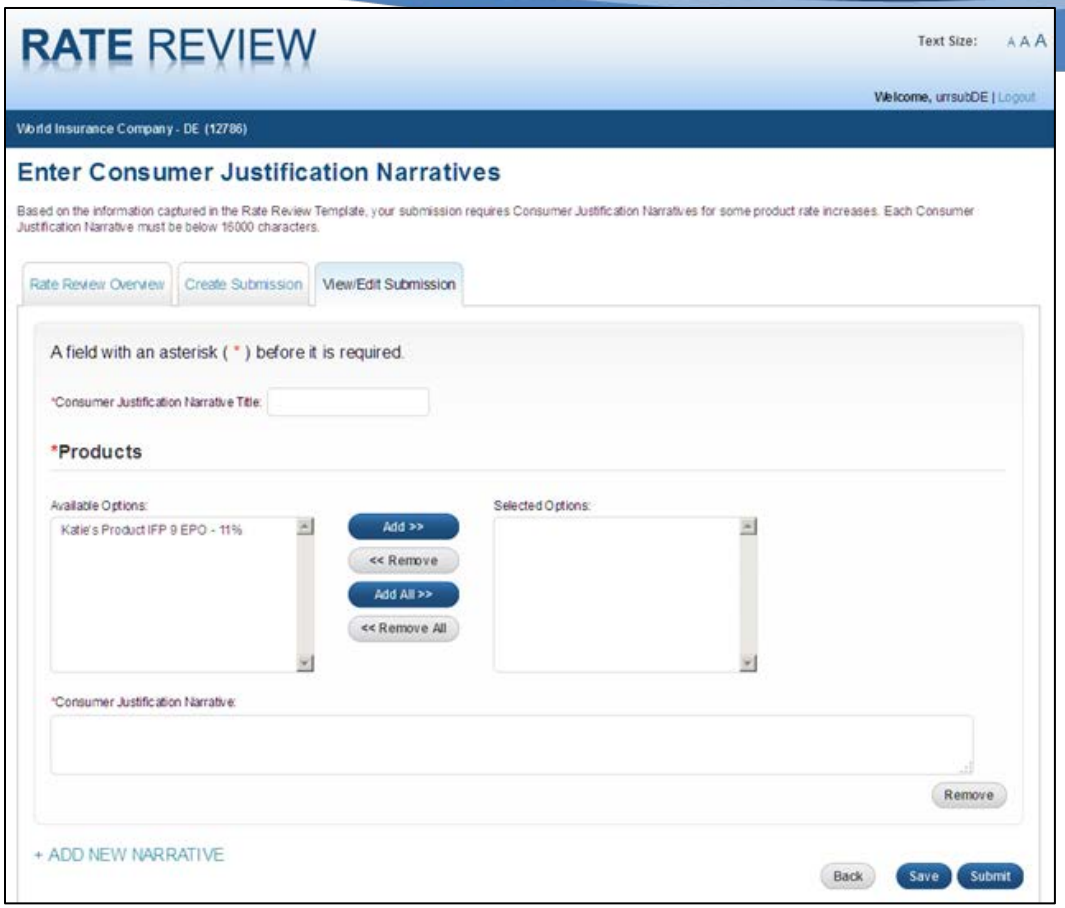
Consumer Justification Narratives

This page allows you to enter a Consumer Justification Narrative for a group of selected products.

A Consumer Justification Narrative is required for every product rate increase at or above a 10% threshold.

If multiple products have the same rate increase, these products can be bundled together to share the same Narrative.

If products have different rate increases, each product must have a distinct narrative



Consumer Justification Narratives – Select Products and Submit

The page displays a list of all products included in your submission.

Click to select the products associated with the Narrative.

Click the **Add/Remove** or **Add All/Remove All** buttons to add and remove your selected products.

Enter the justification description.

Enter a title to describe the Narrative.

Click **Submit** to submit the narrative.

Upload Supplemental Materials

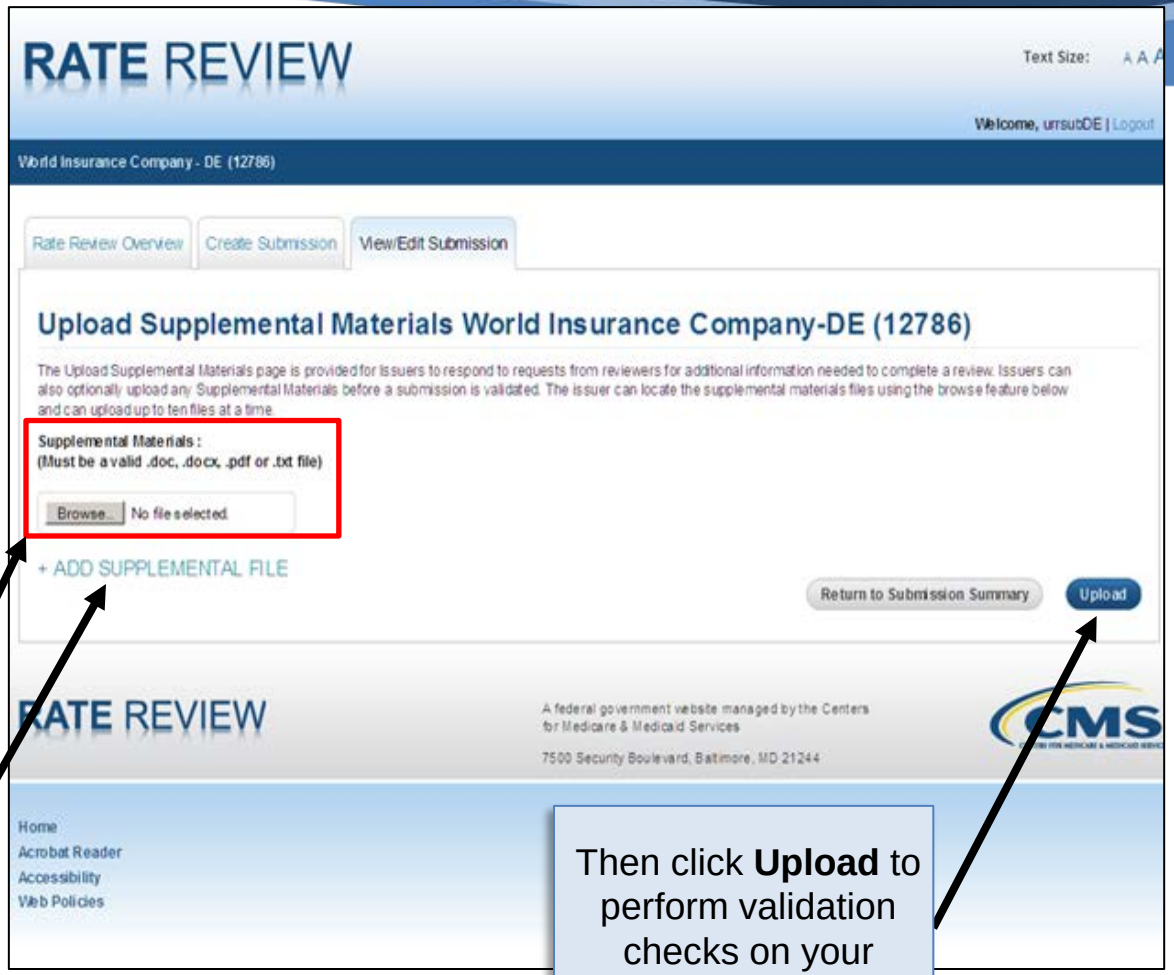
This page allows Submitters and Validators to add supplemental materials to a submission.

You may submit Supplemental Materials at any time before submission is validated.

You may upload up to ten Supplemental Materials at a time.

Click **Browse** and select your file.

Click **Add Supplemental File** to add more files.



Then click **Upload** to perform validation checks on your documents.

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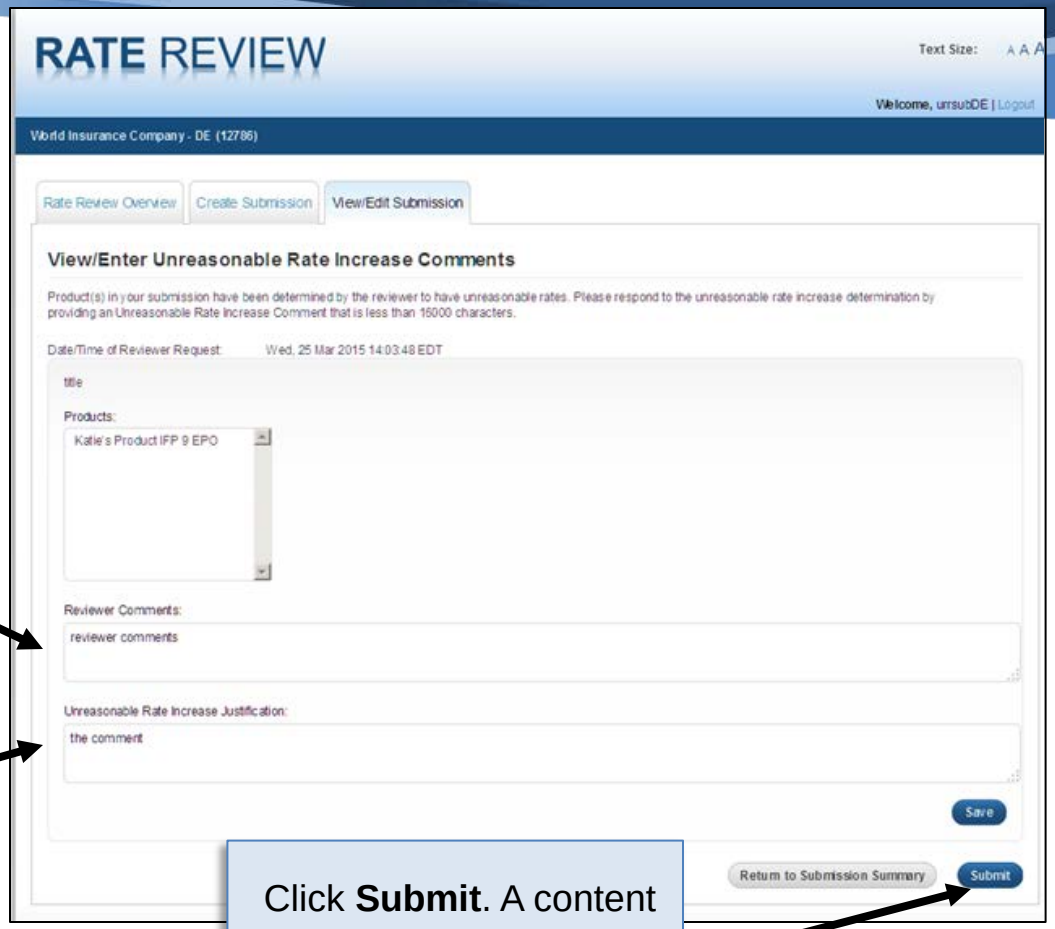
Unreasonable Rate Increase Comments

This page allows you to view and respond to comments explaining why a rate increase was determined unreasonable.

Scroll here to view Reviewer Comments explaining why the Reviewer determined the increase unreasonable.

Provide Unreasonable Rate Increase Justification to further explain the rate increase.



Click **Submit**. A content check is conducted before any comments can be web posted.

Submitting the Template

Complete the following steps when working with templates:

Complete	❑ Click the **Download Template** button. ❑ Enable Macros in Microsoft Excel. (See the URR User Guide for instructions.) ❑ Fill out the template and save it to your desktop.
Validate	❑ Click the **Validate** button **in the template** after filling in all required fields. ❑ Review errors found in the template, if any. ❑ Fix any errors and repeat the validation process until your template is valid.
Finalize	❑ Click the **Finalize** button **in the template**. ❑ Wait for the template to create the .xml file that you will submit. ❑ Save the .xml file to your local computer.

Once your template is validated and finalized, submit the template-generated .xml file in the appropriate section of the URR module.

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Unified Rate Review Template

The Unified Rate Review template captures information at the market, product and plan level.

This process is consistent with the requirement to set premium rates using a single risk pool Unified Rate Review template.

Unified Rate Review v2.0.3

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):
State:
Market:

Market Level Calculations (Same for all Plans)

Section I: Experience period data

Experience Period: to 12/30/1900

	Period Aggregate	PMPM	% of Prem
Premiums (net of MLR Rebate) in Experience Period:		#DIV/0!	#DIV/0!
Incurred Claims in Experience Period		#DIV/0!	#DIV/0!
Allowed Claims:		#DIV/0!	#DIV/0!
Index Rate of Experience Period			
Experience Period Member Months			

Section II: Allowed Claims, PMPM basis

Projection Period: 1/1/1900 to 12/30/1900

	Experience Period on Actual Experience Allowed				Adj't. from Experience to Pop'l risk		Annualized Trend Factors		Projections, b
Benefit Category	**Utilization Description**	**Utilization per 1,000**	**Cost/Service**	**PMPM**	**Morbidity**	**Other**	**Cost**	**Util**	**Utilization per 1,000**
Inpatient Hospital				$0.00					#DIV/0!
Outpatient Hospital				0.00					#DIV/0!
Professional				0.00					#DIV/0!
Other Medical				0.00					#DIV/0!
Capitation				0.00					#DIV/0!
Prescription Drug				0.00					#DIV/0!
Total				$0.00					

Section III: Projected Experience:

Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)
Paid to Allowed Average Factor in Projection Period
Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM
Projected Risk Adjustments PMPM
Projected Incurred Claims, before reinsurance recoveries, n
Projected ACA reinsurance recoveries, net of rein prem, PMP
Projected Incurred Claims
Administrative Expense Load
Profit & Risk Load
Taxes & Fees
Single Risk Pool Gross Premium Avg. Rate, PMPM
Index Rate for Projection Period
% Increase over Experience Period
% Increase, annualized:
Projected Member Months

Information Not Releasable to the Public Add Product Validate Finalize has not been publically disclosed and may be privileged and c government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in of the law.

Product-Plan Data Collection Add Product Validate Finalize

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	
Product ID:	
Metal:	
AV Metal Value	
AV Pricing Value	
Plan Type:	
Plan Name	
Plan ID (Standard Component ID):	
Exchange Plan?	
Historical Rate Increase - Calendar Year - 2	
Historical Rate Increase - Calendar Year - 1	
Historical Rate Increase - Calendar Year 0	
Effective Date of Proposed Rates	
Rate Change % (over prior filing)	
Cum'tive Rate Change % (over 12 mos prior)	
Proj'd Per Rate Change % (over Exper.	
Product Threshold Rate Increase %	

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total
Inpatient	#REF!
Outpatient	#REF!
Professional	#REF!
Prescription Drug	#REF!
Other	#REF!
Capitation	#REF!
Administration	#REF!
Taxes & Fees	#REF!
Risk & Profit Charge	#REF!
Total Rate Increase	#REF!
Member Cost Share Increase	#REF!

Average Current Rate PMPM	#REF!
Projected Member Months	#REF!

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Key Dates

Milestone	Date	Associated Activities
Submission deadline for single risk pool compliant plans (QHPs & non-QHPs)	**5/15**	Issuers submit the RFJ if any plan in the single risk pool has a rate increase > 0% or is a QHP
Proposed rate increases ≥ 10% posted on Healthcare.gov	**6/1**	CMS posts the written description justifying the rate increase (Part II) and the information in the URRT (Part I) and Actuarial Memorandum (Part III) that is not a trade secret or confidential
All QHP submissions must be in final status in HIOS	**8/25**	Regulators finish reviewing all submissions that contain a QHP and enter final determinations in HIOS.
All non-QHP submissions must be in final status in HIOS	**10/9**	Regulators finish reviewing all non-QHP submissions and enter final determinations in HIOS.
Final rates posted on Healthcare.gov	**10/26** (target)	CMS posts final rates on Healthcare.gov and posts the Public Use File on the CCIIO website
Open Enrollment Begins	**11/1**	

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Redacted Actuarial Memorandum

- CMS must publicly post information in the Actuarial Memorandum (Part III) that is not trade secret or confidential financial or commercial information (45 CFR § 154.215(h))
- Submit two versions of the Actuarial Memorandum (AM):
  - Un-redacted version for regulatory review (Part III)
  - Redacted version that will be made available to the public
- Do not redact information unless it would likely result in specific, reasonably foreseeable, and substantial competitive harm
- File Naming Convention: [HIOS Issuer ID]_[Effective Date]_[Market Abbreviation]_RedactedAM.pdf
  - Example: 12345_01012016_SG_RedactedAM.pdf
  - Use “IND” and “SG” for the market abbreviations
  - Must be PDF
- Submit the redacted version as a supplemental document

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Improper Redaction or Failure to Submit Redacted Copy

Improper Redaction

If CMS determines that an issuer redacted information that does not constitute trade secrets or confidential commercial or financial information as defined in HHS's FOIA regulations (45 CFR § 5.65), we will provide written notice to the issuer that we will make the inappropriately redacted information public

Failure to Submit Redacted AM:

If an issuer does not submit a redacted AM, CMS will assume that the un-redacted AM does not contain any trade secrets or confidential commercial or financial information and will publicly post the un-redacted version.

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State and CMS Coordination

- Submit the URRT to CMS on the same day you file with your state
- In HIOS, enter the applicable SERFF tracking number in the File Tracking Number field
- If you revise your submission with the state, you must also revise your submission with CMS

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Resubmissions

- HIOS will be updated on May 21 so that state regulators can unlock submissions
- If you need to resubmit before May 21, email ratereview@cms.hhs.gov with the following info:
  - Submission Tracking Number
  - Description of change
  - Indication that your state approved the change
  - Whether a QHP template is affected
  - Whether the Index Rate is affected
- Remember to validate after resubmitting

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Incorrect Warning Message

- Worksheet 2, Row 65: If you enter a number other than zero, you will get an incorrect warning message
- The warning will not prevent the template from being Finalized into an XML file. Simply click “OK” and save the file

Note: There was a separate error on template v2.0.3 that prevented negative values in Worksheet 2, Rows 64 and 90. We fixed it on April 10 and v2.0.4 is on the CCIIO website. You can upload either version into HIOS.

Mapping Terminating Plans

Mapping Terminating Plans (cont.)

- The URRT instructions did not address mapping multiple plans
  - Mapping (i.e., auto-enrolling) multiple terminating plans to one new plan
  - Mapping one terminating plan to multiple new plans
- Next three slides provide examples of mapping multiple plans into one plan and vice versa
- Each slide includes:
  - Brief description of the scenario
  - Condensed Worksheet 2 detailing which plan's information should be reflected in each section

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Mapping Multiple Terminating Plans to a New Plan

Map largest terminating plan to the new plan

- Historical Rate Increases & Experience Period: Use the terminating plan with largest membership
- Rate Change: Weighted average change of terminating plans to new plan

List the other terminating plans as terminating plans

- Example: Plans A, B, and C are terminating and being mapped to new Plan D

Section I: General Product and Plan Information	Plan D	Terminated Plan B	Terminated Plan C
Effective Date of Proposed Rates	01/01/2016	01/01/2016	01/01/2016
Rate Change & (over prior filling)	Plans A, B, C → Plan D	0	0
Cum'tive Rate Change & (over 12 mos prior)	Plans A, B, C → Plan D	0	0
Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)	Plan A → Plan D	0	0
Section III: Experience Period Information	Plan A	Plan B	Plan C
Section IV: Projected (12 months following effective date)	Plan D	[Blank]	[Blank]

Plan A is shown as mapped to Plan D because Plan A has the highest enrollment of plans mapped to Plan D.
Rate Change is based on weighted average of Plans A, B C to Plan D.

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Mapping One Terminating Plan to Multiple New Plans

Map terminating plan to each new plan

Allocate terminating plan experience among new plans in Section III

Example: Terminating Plan A is being Mapped to New Plans B and C

Section I: General Product and Plan Information	**Plan B**	**Plan C**
Effective Date of Proposed Rates	01/01/2016	01/01/2016
Rate Change & (over prior filling)	Plan A → Plan B	Plan A → Plan C
Cum'tive Rate Change & (over 12 mos prior)	Plan A → Plan B	Plan A → Plan C
Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)	Plan A → Plan B	Plan A → Plan C
Section III: Experience Period Information	Weighted Plan A	Weighted Plan A
Section IV: Projected (12 months following effective date)	Plan B	Plan C

Plan A experience is divided in Section II between Plans B and C based on weighting of mapped members.

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Mapping Multiple 2014 Plans to Multiple 2015 Plans to New Plan

Map largest terminating 2015 plan to the new 2016 plan

- Historical Rate Increases & Experience Period: Use the 2014 plan that was mapped to the largest terminating 2015 plan
- Rate Change: Weighted average change of the 2015 terminating plans to the 2016 new plan

List the other terminating plans as terminating plans

- Example: 2014 Terminating Plans A, B, & C are mapped to new 2015 Plans D, E, & F
- Terminating 2015 Plans D, E, & F are Mapped to New 2016 Plan G

Section I: General Product and Plan Information	Plan G	Terminated Plan B	Terminated Plan C
Effective Date of Proposed Rates	01/01/2016	01/01/2016	01/01/2016
Rate Change & (over prior filling)	Plans D, E, F → Plan G	0	0
Cum'tive Rate Change & (over 12 mos prior)	Plans D, E, F → Plan G	0	0
Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)	Plan D → Plan G	0	0
Section III: Experience Period Information	Plan A	Plan B	Plan C
Section IV: Projected (12 months following effective date)	Plan G	[Blank]	[Blank]

Plan D is shown as mapped to Plan G because Plan D has the highest enrollment of plans mapped to Plan G

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Contacting the Rate Review Staff

- Send questions about the content of URR (or RRJ) submissions to ratereview@cms.hhs.gov
  - Send questions about HIOS or QHP templates (including the QHP rate table template) to CMS_FEPS@cms.hhs.gov
- Include submission tracking number, state, and issuer legal name
- When there is an error or issue with the template:
  - Include screenshots or attach template
  - List steps taken that produced the error
- ☺ Please read the instructions before emailing us ☺

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Troubleshooting and Support

Contact the Exchange Operations Support Desk for support.

Contact	Organization	Phone	Email	Role	Responsibility
Marketplace Operation Support Desk (XOSC)	CMS	855-CMS-1515 (855-267-1515)	CMS_FEPS@cms.hhs.gov	Help desk support	1st level user support & problem reporting

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Resources

Resource	Resource Link
Centers for Medicare and Medicaid Services (CMS)	CMS Website: http://www.cms.gov/
CMS Regulations and Guidance	Regulations & Guidance: http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html?redirect=/home/regsguidance
URRT and Instructions	http://www.cms.gov/cciio/Resources/Forms-Reports-and-Other-Resources/index.html#Review of Insurance Rates
URR Training Materials	URRT Training: http://www.cms.gov/cciio/Resources/Training-Resources/index
Healthcare.gov Website	Healthcare Website: https://ratereview.healthcare.gov
U.S. Department of Health and Human Services	HHS Website: http://www.hhs.gov/

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Questions?