Unified Rate Review Training for States

April 2015

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

- Introduction
- Technical Demonstration
- Key Dates
- Redacted Actuarial Memorandum
- CMS and State Coordination
- Submission Statuses
- Resubmissions
- Resources
- Contact Information
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 submissions.

It is intended as a refresher for states already familiar with the system.
Technical Demonstration: Accessing HIOS
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
CMS Enterprise Portal


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:
HIOS Tab in the CMS Portal


Click the HIOS tab.

Click “Access Plan Management & Market Wide Functions.”
HIOS Modules

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

4 Click “Unified Rate Review System”
Unified Rate Review System

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

Click “Access the Unified Rate Review System”
Technical Demonstration: Module Organization and Navigation
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

![Submission Search Form](image-url)
Submission Search Results

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.
This page allows Reviewers to view a submission and displays a summary of all submission level data and documents.
Initiate Resubmission Request

New Feature Starting May 21, 2015

Added link for requesting additional supplemental materials and resubmissions

You can request resubmissions when the submission status is Rate Filing Accepted or Record Validated (NEW)
This page allows Reviewers to request a resubmission from an issuer.

Click “Submit Request” to submit your resubmission request to the issuer.
Successful Resubmission Request

After a successful resubmission request the submission status changes to “Pending Resubmission,” allowing Issuers to resubmit.

The status will change to “Pending Resubmission.”
Reviewing Threshold Submissions
Assign Review in Progress Status

On the Submission Summary Page, scroll down to the “Assign Review Status” drop box menu; then, select “Review in Progress” and click “Save Status.”

Other pages for the submission will be read-only unless you switch the status back to “Review in Progress.”
Review Threshold Rate Increases

From the Submission Summary Page, you can review threshold rate increases 10 percent or greater.

Click the “Review Threshold Rate Increases” button to conduct the review.
Select Narrative to Review

This is where you can select a Consumer Justification Narrative Title to review.

Click the “Review” button.
Enter a Final Determination

After selecting a narrative to review, you can use the dropdown to select a determination for each increase above 10 percent.

For **Not Unreasonable** determinations, select:
- “Not Unreasonable” or
- “Not Unreasonable (Modified)”

For **Unreasonable** determinations, select:
- “Unreasonable”;
- “Unreasonable (Modified)”; or
- “Rejected by State”

Then, enter reviewer comments.
Complete Review

After entering a Final Determination, you can complete your review by choosing “Review Complete” from the dropdown on the Submission Summary Page.

Select “Review Complete” from the dropdown to complete the submission review.
End of Technical Demonstration
# Key Dates

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Date</th>
<th>Associated Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submission deadline for single risk pool compliant plans (QHPs &amp; non-QHPs)</td>
<td>5/15</td>
<td>Issuers submit the RFJ if any plan in the single risk pool has a rate increase &gt; 0% or is a QHP</td>
</tr>
<tr>
<td>Proposed rate increases ≥ 10% posted on Healthcare.gov</td>
<td>6/1</td>
<td>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</td>
</tr>
<tr>
<td>All QHP submissions must be in final status in HIOS</td>
<td>8/25</td>
<td>Regulators finish reviewing all submissions that contain a QHP and enter final determinations in HIOS.</td>
</tr>
<tr>
<td>All non-QHP submissions must be in final status in HIOS</td>
<td>10/9</td>
<td>Regulators finish reviewing all non-QHP submissions and enter final determinations in HIOS.</td>
</tr>
<tr>
<td>Final rates posted on Healthcare.gov</td>
<td>10/26 (target)</td>
<td>CMS posts final rates on Healthcare.gov and posts the Public Use File on the CCIIO website</td>
</tr>
<tr>
<td>Open Enrollment Begins</td>
<td>11/1</td>
<td></td>
</tr>
</tbody>
</table>
CMS instructed issuers to submit two versions of the Actuarial Memorandum (AM):

1. Un-redacted version for regulatory review (Part III)
2. Redacted version to post on the CMS website

Redacted AM instructions support timely posting of Part III under 45 CFR 154.215.

Instructions do not address state-specific laws or regulations that may require issuers to take additional steps to maintain the confidentiality of AMs under state law.
CMS and State Coordination

- Issuers submit the URRT to CMS on the same day they file with the state.
- If issuers revise a submission with the state, they must also revise their submissions with CMS.
- CMS and states coordinate to ensure that all rate filings are in a final status in HIOS before the review deadlines.
Submissions Not Subject to Review: Increases less than 10%

<table>
<thead>
<tr>
<th>Status</th>
<th>Definition</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record Validated</td>
<td>The issuer has validated the submission.</td>
<td>CMS checks the Web Content Assessment (WCA) box.</td>
</tr>
<tr>
<td>Rate Filing Accepted</td>
<td>CMS checked the WCA box</td>
<td>This is a final status.</td>
</tr>
</tbody>
</table>

When CMS checks the WCA box, submissions not subject to review automatically move into Rate Filing Accepted status, and issuers receive email:

“Your Rate Review Submission has been reviewed and deemed suitable for web posting. Because there were no rate increases identified above the federal review threshold, no review of rates is federally required for this submission.”

Rate Filing Accepted status means that the HIOS system has accepted the rate filing, not that the rate is accepted by the state.

Contact ratereview@cms.hhs.gov if you prefer for CMS to contact you before checking the WCA box.
### Submissions Subject to Review: Increases 10% or greater

<table>
<thead>
<tr>
<th>Status</th>
<th>Definition</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submission Filed</td>
<td>CMS checked the WCA box</td>
<td>Select “Review in Progress” and click Save.</td>
</tr>
<tr>
<td>Review in Progress</td>
<td>The regulator is reviewing the submission</td>
<td>Enter a Final Determination in HIOS, select “Review Complete,” and click Save.</td>
</tr>
<tr>
<td>Review Complete</td>
<td>The regulator entered a Final Determination of Unreasonable or Not Unreasonable in HIOS</td>
<td>This is a final status for Not Unreasonable Determinations. Unreasonable Determinations require Final Justification from Issuers. (Issuers are notified via system-generated email.)</td>
</tr>
<tr>
<td>Final Justification Comments Submitted</td>
<td>The issuer submitted Final Justification Comments for Unreasonable Determinations</td>
<td>This is a final status for Unreasonable Determinations. CMS reviews Final Justification Comments and checks WCA box for Final Justification comments to be posted on Healthcare.gov.</td>
</tr>
</tbody>
</table>
Resubmissions

- HIOS will be updated on May 21 so that state regulators can unlock submissions
- If an issuer needs to resubmit before May 21, have them 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
# Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Resource Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centers for Medicare and Medicaid Services (CMS)</td>
<td>CMS Website: <a href="http://www.cms.gov/">http://www.cms.gov/</a></td>
</tr>
<tr>
<td>Healthcare.gov Website</td>
<td>Healthcare Website: <a href="https://ratereview.healthcare.gov">https://ratereview.healthcare.gov</a></td>
</tr>
<tr>
<td>U.S. Department of Health and Human Services</td>
<td>HHS Website: <a href="http://www.hhs.gov/">http://www.hhs.gov/</a></td>
</tr>
</tbody>
</table>
Contact Information

- Send questions about rate review to ratereview@cms.hhs.gov
- Send questions about HIOS or QHP Templates to CMS_FEPS@cms.hhs.gov
- Include submission tracking number, state, and issuer legal name, when applicable
- Include screenshots or attach templates when asking about an error or issue
Questions?