Unified Rate Review
Issuer Training

April 2015

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

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

## Steps to submit Rate Filing Justifications:

<table>
<thead>
<tr>
<th>Get Access</th>
<th>Get HIOS user ID (for support, contact XOSC: 855-267-1515)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Assign user roles</td>
</tr>
<tr>
<td></td>
<td>Get HIOS Product and Standard Component Plan IDs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Submit Data</th>
<th>Submit Rate Filing Justification in the URR module through HIOS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Submit rate filing in SERFF, if required by state regulators</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Validate Data</th>
<th>Review submissions for accuracy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Validate submissions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For QHPs</th>
<th>For submissions with a qualified health plan (QHP) in the single risk pool, ensure data integrity across templates and modules required for QHP submission</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Complete QHP application by making final submission for all sections of Issuer, Rating, and Benefits and Service Area modules</td>
</tr>
</tbody>
</table>
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

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

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

Find the HIOS User Guide on the CCIIO website:

Click the HIOS tab.

Click “Access Plan Management & Market Wide Functions.”
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
Rate Review Sections

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

1. Select the state.
2. Select the issuer.
3. Select the market type.
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.

4. Enter the Policy Form ID and click “Add Policy ID.”

5. Enter SERFF tracking number as Filing Tracking Number (optional).

CMS
CENTER FOR MEDICARE & MEDICAID SERVICES
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.

6. Upload documentation.

7. Click “Submit.”
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.

The page displays a note when the record has been uploaded into the system and is pending validation.
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
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
The “Submission Documents” section includes links to templates, memoranda and supplemental material.

Click the links to download.
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 “Deactivate Submission” to deactivate.

Click “Back to Search Results” to return to the Submission Search Results Page.
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.
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**.
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.
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 a title to describe the Narrative.

Enter the justification description.

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.
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:

<table>
<thead>
<tr>
<th>Complete</th>
<th>Click the <strong>Download Template</strong> button.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enable Macros in Microsoft Excel. (See the URR User Guide for instructions.)</td>
</tr>
<tr>
<td></td>
<td>Fill out the template and save it to your desktop.</td>
</tr>
</tbody>
</table>

| 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.
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.
## 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</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 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
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.
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
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
- 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
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
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

<table>
<thead>
<tr>
<th>Year</th>
<th>Plans Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>A B C</td>
</tr>
<tr>
<td>2015</td>
<td>A B C</td>
</tr>
<tr>
<td>2016</td>
<td>D D D</td>
</tr>
</tbody>
</table>

### Section I: General Product and Plan Information

<table>
<thead>
<tr>
<th></th>
<th>Plan D</th>
<th>Terminated Plan B</th>
<th>Terminated Plan C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date of Proposed Rates</td>
<td>01/01/2016</td>
<td>01/01/2016</td>
<td>01/01/2016</td>
</tr>
<tr>
<td>Rate Change &amp; (over prior filling)</td>
<td>Plans A, B, C → Plan D</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cum'tive Rate Change &amp; (over 12 mos prior)</td>
<td>Plans A, B, C → Plan D</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Section II: Components of Premium Increase (PMPM)

<table>
<thead>
<tr>
<th></th>
<th>Plan A → Plan D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dollar Amount above Current Average Rate PMPM</td>
<td>0</td>
</tr>
</tbody>
</table>

### Section III: Experience Period Information

<table>
<thead>
<tr>
<th></th>
<th>Plan A</th>
<th>Plan B</th>
<th>Plan C</th>
</tr>
</thead>
</table>

### 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.
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

<table>
<thead>
<tr>
<th>Year</th>
<th>Plans Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>A</td>
</tr>
<tr>
<td>2015</td>
<td>A</td>
</tr>
<tr>
<td>2016</td>
<td>B, C</td>
</tr>
</tbody>
</table>

### Section I: General Product and Plan Information

<table>
<thead>
<tr>
<th>Information</th>
<th>Plan B</th>
<th>Plan C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date of Proposed Rates</td>
<td>01/01/2016</td>
<td>01/01/2016</td>
</tr>
<tr>
<td>Rate Change &amp; (over prior filling)</td>
<td>Plan A → Plan B</td>
<td>Plan A → Plan C</td>
</tr>
<tr>
<td>Cum’rite Rate Change &amp; (over 12 mos prior)</td>
<td>Plan A → Plan B</td>
<td>Plan A → Plan C</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Information</th>
<th>Plan B</th>
<th>Plan C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan A → Plan B</td>
<td>Plan A → Plan C</td>
<td></td>
</tr>
</tbody>
</table>

### Section III: Experience Period Information

<table>
<thead>
<tr>
<th>Information</th>
<th>Plan B</th>
<th>Plan C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weighted Plan A</td>
<td>Weighted Plan A</td>
<td></td>
</tr>
</tbody>
</table>

### Section IV: Projected (12 months following effective date)

<table>
<thead>
<tr>
<th>Information</th>
<th>Plan B</th>
<th>Plan C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan B</td>
<td>Plan C</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Plans Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>A    B    C</td>
</tr>
<tr>
<td>2015</td>
<td>D    E    F</td>
</tr>
<tr>
<td>2016</td>
<td>G    G    G</td>
</tr>
</tbody>
</table>

### Table

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

Plan D is shown as mapped to Plan G because Plan D has the highest enrollment of plans mapped to Plan G
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 😊
# Troubleshooting and Support

Contact the Exchange Operations Support Desk for support.

<table>
<thead>
<tr>
<th>Contact</th>
<th>Organization</th>
<th>Phone</th>
<th>Email</th>
<th>Role</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marketplace Operation Support Desk (XOSC)</td>
<td>CMS</td>
<td>855-CMS-1515 (855-267-1515)</td>
<td><a href="mailto:CMS_FEPS@cms.hhs.gov">CMS_FEPS@cms.hhs.gov</a></td>
<td>Help desk support</td>
<td>1st level user support &amp; problem reporting</td>
</tr>
<tr>
<td>Resource</td>
<td>Resource Link</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td></td>
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<td></td>
<td></td>
</tr>
<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>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Healthcare.gov Website</td>
<td>Healthcare Website: <a href="https://ratereview.healthcare.gov">https://ratereview.healthcare.gov</a></td>
<td></td>
<td></td>
<td></td>
<td></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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Questions?