



State Rate Review Training

Release Date: August 1, 2011



About This Training

- Overview of the new Rate Review program

- Instructions for accessing the new Rate Review module in HIOS
 - ▣ View rate review information
 - ▣ Submit rate review determinations

- Additional training materials are available on the CCIO Rate Review Page: <http://cciio.cms.gov/>



Rate Review Program

- Established by Section 2794 of the Public Health Service Act (as amended by the Patient Protection and Affordable Care Act)

- Rate Increase Disclosure and Review Regulation (45 C.F.R. §§ 154.101-154.301)
 - Published on May 23, 2011
 - Effective on September 1, 2011



Overview of the Rate Review Program

- Issuers report on rate increases at or above “Subject to Review” Threshold
- Issuers submit a Preliminary Justification
- Rate Review conducted by States or CMS
- Preliminary Justification and review determinations posted on healthcare.gov



Applicability

- Requirements apply to issuers in the individual market and small group markets
- Do not apply to:
 - Grandfathered health plan coverage as defined in 45 C.F.R. § 147.140
 - Excepted benefits as described in section 2791(c) of the PHS Act



The Preliminary Justification

- Consists of three parts:
 - ▣ **Part I, the Rate Increase Summary Form**
 - Standardized, summary level rate data
 - ▣ **Part II, Written Explanation of the Rate Increase**
 - Brief, non-technical explanation of the rate increase
 - ▣ **Part III, Rate Filing Documentation**
 - Detailed rate information, required only if CMS is reviewing the rate increase



Timing of Preliminary Justification Submissions

- **Requirement starts on September 1, 2011**
- **States with Rate Filing Requirements:** on the same date filing is submitted to the State
- **States without Rate Filing Requirements:** Prior to implementing rate increases that go into effect on or after September 1, 2011



Notification of New Preliminary Justification Records

----- Forwarded message -----

From: <[HIOS Submissions@hhs.gov](mailto:HIOS_Submissions@hhs.gov)>

Date: Tue, Jul 19, 2011 at 4:46 PM

Subject: SysTest: Rate Review System - Notification of Preliminary Justification Submission

To: Manaswini@federal.gov,

Rate Review Record:

Issuer Name: Health, Inc.

Effective Date: 07/15/2011

Submission ID: 000001

Product(s): 31317AL002-VH38-Small Group-HMO

Policy Form Id(s): 3214

Attestation Date: 7/19/2011 4:46:42 PM

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

If you have any questions regarding this email notification, please contact the help desk at insuranceoversight@hhs.gov or [1-877-343-6507](tel:1-877-343-6507).

Thank you,

The Rate Review System Team



HIOS Rate Review Module

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

- All States can view Rate Review submission

- Training announcement included HIOS registration information

- States should review the technical HIOS instructions manual



HIOS Sign-In

Health Insurance Oversight System

Tuesday, July 26, 2011

Sign-In

* Indicates required fields.

User Name:*
Password:*

[Forgot Password?](#)

Type the letters you see in the image into the Word Verification field below. If you are unable to read the image pictured below, please click the Play Audio Code link for audio verification

Word Verification * Please enter the letters you see in the image. If you use the Audio Verification, type the pronounced numbers and the first letter of each word.



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*



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Health Insurance Oversight System

Thursday, July 21, 2011

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Rate Review Menu

Health Insurance Oversight System Rate Review System

Monday, July 25, 2011

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Review Rate Data	Submission Status Report	State Rate Review
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Announcements

Here is a placeholder for announcements.

Related Links

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- [Link 4](#)
- [Link 5](#)

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Accessing Preliminary Justification Submissions

Health Insurance Oversight System Rate Review System

Thursday, July 21, 2011

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Welcome James Lunsford

Submission Status Report

[PRINT](#)

Submission Type:

State:

Issuer/State:

Effective Date (MM/DD/YYYY):

Submission ID:

Status:
(Select multiple statuses by holding down the CTRL key)

Modified
 Not Unreasonable
 Not Unreasonable (Modified)

Submitted Date (MM/DD/YYYY): From To

Attested Date (MM/DD/YYYY): From To

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Accessing Preliminary Justification Submissions (continued)

Health Insurance Oversight System Rate Review System

Tuesday, July 12, 2011 HOME FAQ CONTACT US SIGN OUT

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Submission Status Report PRINT

Submission Type:
 State:
 Issuer/State:
 Effective Date (MM/DD/YYYY):
 Submission ID:

Status:
 (Select multiple statuses by holding down the CTRL key)
 Submitted Date (MM/DD/YYYY): From To
 Attested Date (MM/DD/YYYY): From To

Search Results:

(Select a Submission below to access the appropriate review page for more information on the rate submission.)

4 results found.

	Submission ID	Effective Date	Issuer / State	State	Submitted Date/Time	Attested Date/Time	Days Since Attestation	Status	Days in Status	Contractor Assigned	Submission Type
Select	000001	09/15/2011	Health Inc. (a FL corp.) - FL	FL	7/7/2011 2:04:57 PM	7/7/2011 2:11:57 PM	5	Not Unreasonable	0	N	HHS Primary
Select	000001	07/07/2011	Health Plans Inc. - UT	UT	7/7/2011 1:51:39 PM	7/7/2011 1:54:41 PM	5	Unreasonable Final Justification Submitted	5	N	HHS Primary
Select	000001	07/19/2011	Health Inc. (a PA corp.) - VA	VA	7/7/2011 1:09:16 PM	7/7/2011 1:31:39 PM	5	Review In Progress	4	Y	HHS Primary
Select	000002	09/15/2011	Health Inc. (a PA corp.) - VA	VA	7/8/2011 12:00:25 PM	7/8/2011 12:01:09 PM	4	Review Complete	1	Y	HHS Primary

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Accessing Preliminary Justification Submissions (Continued)

- HIOS Record Status Labels
 - Pre-attestation phase
 - Review phase
 - Determination phase

Accessing Preliminary Justification Submissions (Continued)

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Submission Status Report

[PRINT](#)

Submission Type:
State:
Issuer/State:
Effective Date (MM/DD/YYYY):
Submission ID:

Status:
 (Select multiple statuses by holding down the CTRL key)
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 Not Unreasonable (Modified)

Submitted Date (MM/DD/YYYY): From To
Attested Date (MM/DD/YYYY): From To

[Search](#)

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Viewing Preliminary Justification Data

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Submission Type:
State:
Issuer/State:
Effective Date (MM/DD/YYYY):
Submission ID:

Status:
 (Select multiple statuses by holding down the CTRL key)

Submitted Date (MM/DD/YYYY): From To
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Viewing Preliminary Justification Data (Continued)

Health Insurance Oversight System Rate Review System

Friday, July 22, 2011

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State Rate Review

(*)Indicates a required field

*Issuer/State:

*Product:

*Effective Date:

*Date/Time Submitted for Review:

[View Data](#)

Submission Summary

Date/Time Submitted for Review:	7/11/2011 12:51:22 PM
Submission ID:	000003
Attester:	Zach
Date/Time Attested:	7/11/2011 1:09:13 PM
Filing Tracking Number:	xxxx-123456789
Product(s):	64641VA002-Health Maintenance Organization-Small Group-POS
Total Number of Products:	1
Policy Form ID(s):	aaaa-9898
Total Number of Policy Form IDs:	1
Submission Type:	HHS Primary
Current Status:	Review In Progress
Contractor Assigned:	No

[View Review Rate Data](#)

Record Materials

Rate Summary Form: [RateSummaryTemplate\(1\).xls \(58.5KB\)](#)

Written Description Justifying the Rate Increase:



Viewing Preliminary Justification Data (Continued)

HHS Part II Content Review:
Web-Post Preliminary Justification(Y/N): Yes No
Public Rate Filing: [test.doc \(21_SKB\)](#)
HHS Review Only: [test.doc \(21_SKB\)](#)
Issuer Response Submitter:
Issuer Response Date:
Issuer Response to Unreasonable Rate Increase Justification:

HHS Content Review:
Web-Post Unreasonable Rate Increase Final Justification(Y/N): Yes No

Submission Review

Status:

Modified Rate Change (%):

External Comments (required for final disposition):
 Public comments on review findings and determination.

Note: There is a 5000 character limit.

[Submission Status Report](#)

Select the Save button to submit the updates made to this submission.

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Rate Review Determinations

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

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

- Information will be web-posted on healthcare.gov



Rate Review Determinations (Continued)

- States must select one of the following rate review determinations:
 - Unreasonable Rate Increase
 - Unreasonable Rate Increase (Modified)
 - Unreasonable Rate Increase: (Rejected by State)
 - Not Unreasonable
 - Not Unreasonable (Modified)
 - Withdrawn Prior to Determination



Rate Review Determinations (Continued)

- States must provide a brief explanation of their review findings and determination
 - ▣ Non-technical and consumer-oriented
 - ▣ Should not exceed two to three paragraphs



Entering Rate Determinations in HIOS

Health Insurance Oversight System

Rate Review System

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State Rate Review

(*)Indicates a required field

*Issuer/State:

*Product:

*Effective Date:

*Date/Time Submitted for Review:

[View Data](#)

Submission Summary

Date/Time Submitted for Review:	7/11/2011 12:51:22 PM
Submission ID:	000003
Attester:	Zach
Date/Time Attested:	7/11/2011 1:09:13 PM
Filing Tracking Number:	xxxx-123456789
Product(s):	64641VA002-Health Maintenance Organization-Small Group-POS
Total Number of Products:	1
Policy Form ID(s):	aaaa-9898
Total Number of Policy Form IDs:	1
Submission Type:	HHS Primary
Current Status:	Review In Progress
Contractor Assigned:	No

[View Review Rate Data](#)

Record Materials

Rate Summary Form: [RateSummaryTemplate\(1\).xls \(58.5KB\)](#)

Written Description Justifying the Rate Increase:



Entering Rate Determinations in HIOS (Continued)

HHS Part II Content Review:
Web-Post Preliminary Justification(Y/N): Yes No
Public Rate Filing: [test.doc \(21.5KB\)](#)
HHS Review Only: [test.doc \(21.5KB\)](#)
Issuer Response Submitter:
Issuer Response Date:
Issuer Response to Unreasonable Rate Increase Justification:

HHS Content Review:
Web-Post Unreasonable Rate Increase Final Justification(Y/N): Yes No

Submission Review

Status:

Modified Rate Change (%):

External Comments (required for final disposition):
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Note: There is a 5000 character limit.

[Submission Status Report](#)

Select the Save button to submit the updates made to this submission.

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Post Determination Issuer HIOS Actions

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



CMS Web-Posting of Rate Review Information

- Posted on [Healthcare.Gov](https://www.healthcare.gov)
 - ▣ Preliminary Justification Part I in consumer-friendly format
 - ▣ Preliminary Justification Part II
 - ▣ Result of Rate Review (determination)
 - ▣ Final Justification for unreasonable rate increases that are implemented
- CMS reviews Preliminary Justifications prior to web posting
 - ▣ Issuers to submit new justification if deficiencies found
- CMS will also perform a content review of Final Justification submissions



CMS Web-Posting of Rate Review Information (continued)

HHS Part II Content Review:

Web-Post Preliminary Justification(Y/N):

Yes No

HHS Content Review:

Web-Post Unreasonable Rate Increase Final Justification(Y/N):

Yes No



State Posting of Rate Review Information

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



Contact

- Please submit your questions about this training to RateReview@hhs.gov
- Submitted questions will be addressed during CMS Rate Review User Group calls
- User Group calls will take place in August and September (see training confirmation email for details)