

Health Insurance Oversight System (HIOS)
Rate Review System
Technical Instructions for States and Health
Insurance Issuers



Health Insurance Oversight System – Rate Review System Technical Instructions

Table of Contents

RRJ User Manual Change History	3
1 Introduction	4
2 Rate Review System Users	5
3 Access to the Rate Review Justification System.....	6
3.1 HIOS Portal Home Page.....	6
4 Issuer User.....	7
4.1 Download Rate Summary Template	8
4.2 Upload Preliminary Justification.....	10
4.3 Submission Status Report	19
4.4 Review Rate Data.....	23
4.5 Upload Supplemental Materials	31
4.6 Upload Modification Materials.....	34
4.7 Enter Unreasonable Rate Increase Final Justification.....	36
5 State User	39
5.1 State Reports	41
5.2 Submission Status Report	41
5.3 State Rate Review Page.....	45
5.4 Review Rate Data.....	50
6 Contact Us/Support.....	54
6.1 Contact Us/ Support Details	54

Health Insurance Oversight System – Rate Review System Technical Instructions

Table of Figures

Figure 3-1 HIOS Portal Home Page	6
Figure 4-1 Issuer Rate Review Home	7
Figure 4-2 Rate Review Submission Tips page.....	8
Figure 4-3 Download Rate Summary Template	9
Figure 4-4 Compatibility Checker pop-up.....	10
Figure 4-5 Upload Preliminary Justification Page 1	13
Figure 4-6 Upload Preliminary Justification - Page 2	15
Figure 4-7 Upload Preliminary Justification Page 2 (Cont.)	16
Figure 4-8 Upload Preliminary Justification Page 3	17
Figure 4-9 Submission Reviewer controls.....	18
Figure 4-10 Upload Preliminary Justification Page 2 - Issuer Choice	19
Figure 4-11 Submission Status Report.....	22
Figure 4-12 Submission Status Report example: Submission ID sorted within Issuer/State	23
Figure 4-13 Review Rate Data (Issuer) – Submission Summary page.....	26
Figure 4-14 Review Rate Data (Issuer) - Submission Summary page (Cont.)	27
Figure 4-15 Delete Submission Pop-Up.....	28
Figure 4-16 Review Rate Data (Issuer) – Submission Data page.....	30
Figure 4-17 Review Rate Data (Issuer) - Submission Data Page (Continued)	31
Figure 4-18 Upload Supplemental Materials	33
Figure 4-19 Upload Modification Materials Page	35
Figure 4-20 Enter Unreasonable Rate Increase Justification page.....	38
Figure 5-1 State Rate Review Home Page.....	40
Figure 5-2 Submission Status Report	44
Figure 5-3 Submission Status Report example: Submission ID sorted within Issuer/State.....	45
Figure 5-4 State Rate Review Page	48
Figure 5-5 State Rate Review Page (Cont.)	49
Figure 5-6 Review Rate Data (State).....	52
Figure 5-7 Review Rate Data (State) (Cont.).....	53

Health Insurance Oversight System – Rate Review System Technical Instructions

RRJ User Manual Change History

November 2016 Revisions

The following Screenshots have been updated:

- Figure 3-1 – HIOS Portal Home Page
- Figure 4-7 – Upload Preliminary Justification Page 2 (Cont.)
- Figure 4-11 – Submission Status Report
- Figure 4-12 – Submission Status Report Example: Submission ID sorted within Issuer/State
- Figure 4-13 – Review Rate Data (Issuer) – Submission Summary Page
- Figure 5-2 – Submission Status Report
- Figure 5-3 – Submission Status Report Example: Submission ID sorted within Issuer/State
- Figure 5-4 – State Rate Review Page
- Figure 5-5 – State Rete Review Page (Cont.)
- Figure 5-6 – Review Rate Data (State)

The following updates have been made to Section 2:

- Provided reference to the Role Management functionality within the HIOS system.

The following updates have been made to Section 4:

- Section 4.2: Provided notes to accommodate submissions being uploaded with Threshold Rate Increases under 10%.
- Section 4.3: Provides updates to the Submission Status Report navigation in reference to the removal of the “Select” link.
- Section 4.3: Added new status indicators as applicable.

The following updates have been made to Section 5:

- Section 5.2: Provides updates to the Submission Status Report navigation in reference to the removal of the “Select” link.
- Section 5.2: Added new status indicators as applicable.
- Section 5.3: Updated determination statuses to reflect applicable statuses for submission under the 10% threshold.

March 2016 Revisions

The following Screenshots have been updated:

- Figure 4-1 – Issuer Rate Review Homepage
- Figure 5-1 – State Rate Review Homepage

The following updates have been made to Section 5:

- Section 5.5 – State Administration has been removed. The Rate Review system no longer supports FTP transmission of Rate Review submission data and has removed all associated functionality.
- The following Sub-Section of Section 5.5 have also been removed:
 - Section 5.5.1 – State FTP Administration
 - Section 5.5.2 – FTP Transmission Logs

Health Insurance Oversight System – Rate Review System Technical Instructions

1 Introduction

Section 2794 of the Public Health Service Act (PHS Act), as added by the Patient Protection and Affordable Care Act (Affordable Care Act), establishes a process for the annual review of an unreasonable increase in premiums for health insurance coverage. On May 19, 2011, the Center for Medicaid and Medicare Services (CMS) issued a final rule, the “Rate Increase Disclosure and Review” (Rate Review rule) (codified at 45 C.F.R. §§ 154.101-154.301) implementing section 2794 of the PHS Act.

This Technical Instructions Manual explains how health insurance Issuers and States will use the Health Insurance Oversight System (HIOS) and Rate Review module to review and upload information related to the new rate review program. This manual provides systematic instructions for all of the issuer and state reviewer system features and functionalities available in the Rate Review System.

Health Insurance Oversight System – Rate Review System

Technical Instructions

2 Rate Review System Users

There are three user types in the scope of this manual that will access the Rate Review system with different functionalities associated to each user. These user types include Issuer users and State users. A user has access to functionality within the system based on the roles associated to the specific user name. Roles can be updated at any time by requesting additional access utilizing the Role Management feature within the HIOS Portal.

There are two roles associated to the Issuer user:

1. RateReviewIssuerSubmitter – Permits the user to submit rate change data within the Rate Review System to HHS or the State for review, modify a submission, delete a submission, withdraw a submission, upload supplemental materials, and upload an unreasonable rate increase justification file.
2. RateReviewIssuerAttester– Permits the user to attest rate change data within the Rate Review System before submitting to HHS or the State for review, modify a submission, delete a submission, withdraw a submission, and upload an unreasonable rate increase justification.

There is one role associated to the State user:

1. RateReviewState – Permits the user to view submitted data for all submissions within a state that the user has access and also review and provide comments for submitted data to which the user has access to review, if applicable.

Health Insurance Oversight System – Rate Review System Technical Instructions

3 Access to the Rate Review Justification System

Users will access HIOS through the Enterprise Identity Management (EIDM) portal, also known as the CMS Portal. They will first obtain an EIDM account and subsequently request access to HIOS. The registration process is extensively covered in the training and user manuals specific to EIDM and HIOS Registration. This user manual will focus on the steps to take once a user gains access to HIOS and obtains a Rate Review Justification System user (RRJ) role.

3.1 HIOS Portal Home Page

The HIOS Portal Home Page serves as the central entry point for all HIOS modules. In order to access the Rate Review Justification (RRJ) module, the user will need to follow the instructions below:

1. Click on the **Rate Review Justification (RRJ)** link displayed in Figure 3-1, which will direct the user to a RRJ module homepage associated with the user's current access. Issuer users will be redirected to Figure 4-1 and State users will be directed to Figure 5-1.

Figure 3-1 HIOS Portal Home Page

Health Insurance Oversight System

ACCESS PM HOME FAQ CONTACT US SIGN OUT

Welcome

HIOS Home Page

Organization Management & Administrative Functions:

- Manage Account
- Manage an Organization
- Role Management
- Approvals

HIOS Functions

- Rate Review System (RRJ)

HIOS Main Page Announcements:

Welcome to the Health Insurance Oversight System (HIOS).
HIOS will be accessible through the CMS Enterprise Portal.

The following Modules are now live in HIOS:

- HIOS Portal
- Plan Finder and Product Data Collection Module (PF)
- Rates and Benefits Information System (RBIS)
- Consumer Assistance Program (CAP)
- Medical Loss Ratio Data Collection System (MLR)
- Rate Review System (RRJ)
- Rate Review Grants Reporting System (RRG)
- Health Plan and Other Entity Enumeration System (HPOES)
- Document Collection Module- Form Filing Module (DCM- FFM)
- Document Collection Module- Market Conduct Module (DCM-MCM)
- Document Collection Module- State Document Collection (SDC)
- Minimum Essential Coverage (MEC)
- Non Federal Governmental Plan (Non-Fed)
- Assister (NAV)
- External Review Election (ERE)
- Marketplace Quality Module (MQM)

For any further inquiries or questions, please contact the Exchange Operations Support Center (XOSC) at CMS_FEPS@cms.hhs.gov or 1-855-267-1515.

Health Insurance Oversight System – Rate Review System Technical Instructions

4 Issuer User

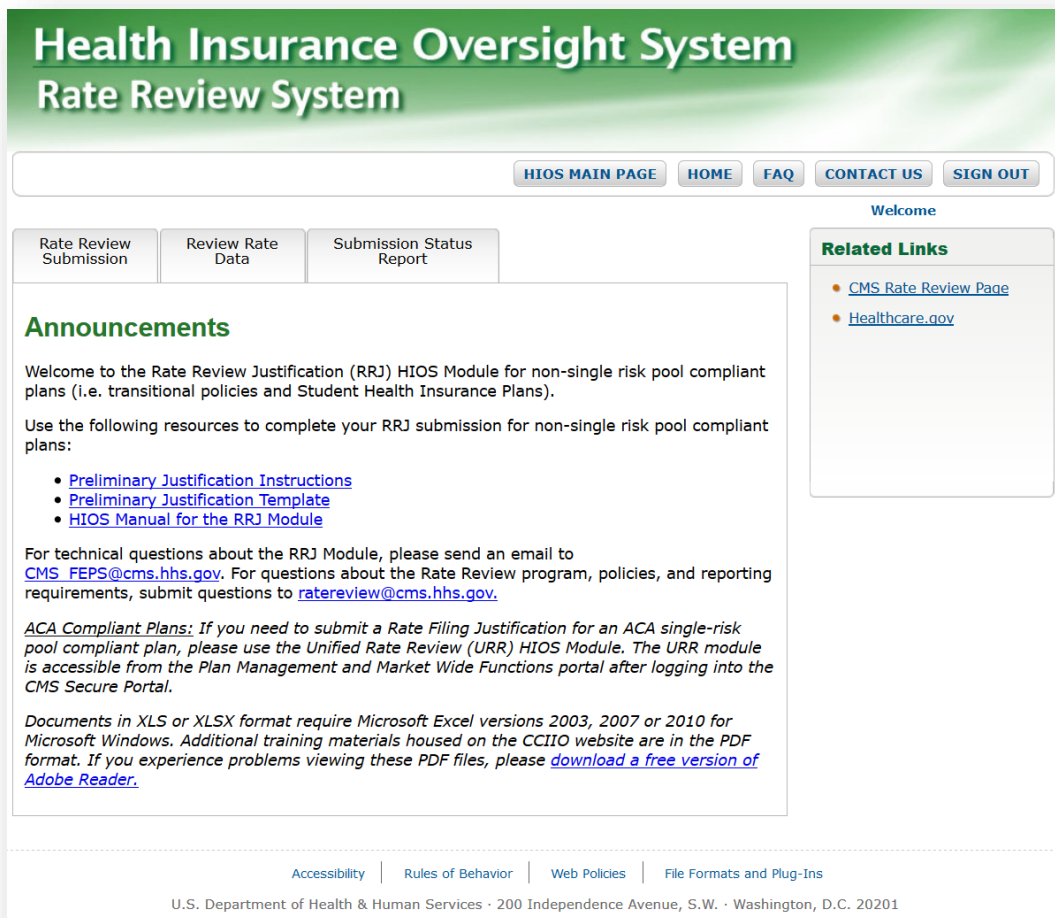
Within the Rate Review System, the Issuer user can access the following functionalities from the Issuer Rate Review Home Page:

- Download the Rate Increase Summary Template
- Upload the Preliminary Justification
- Review the Rate Increase Data submitted
- Upload Supplemental Materials
- Upload Modification Materials
- Enter Unreasonable Rate Increase Justification

The following sections provide a description of the pages for the Issuer Functionality.

Figure 4-1 depicts a screenshot of the Issuer’s **Rate Review Home Page**. This page will display after the user logs into HIOS and clicks on the **Rate Review System** button.

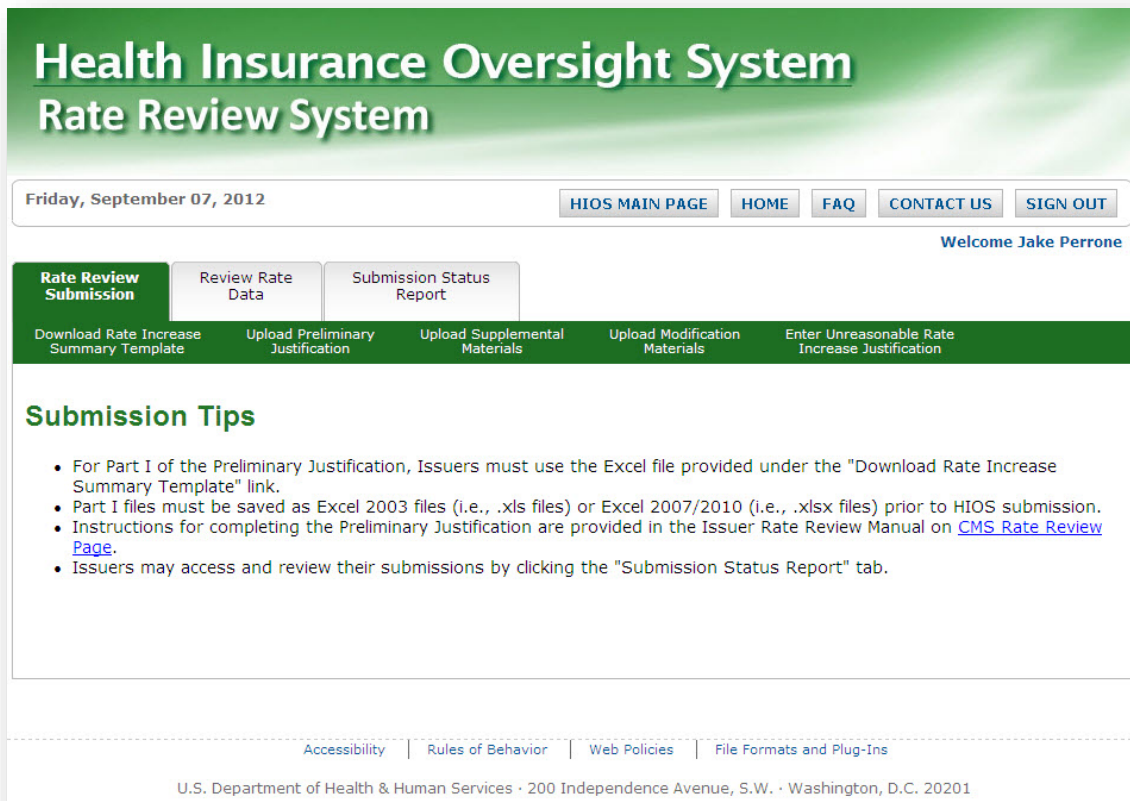
Figure 4-1 Issuer Rate Review Home



Health Insurance Oversight System – Rate Review System Technical Instructions

Click on the **Rate Review Submission** tab to reach the submission tips and links to materials that provide further explanation on how to submit and modify submissions. Please refer to Figure 4-2.

Figure 4-2 Rate Review Submission Tips page



4.1 Download Rate Summary Template

The **Download Rate Summary Template** page provides Issuers the ability to download the Rate Summary Template that has been completed by the Issuer, which provides details on the proposed rate increase. To access this page, the user can click on the **Download Rate Increase Summary Template** link under the **Rate Review Submission** tab from the **Rate Review System Home Page**. Both RateReviewIssuerSubmitter and RateReviewIssuerAttester users will be able to access this page.

Once on this page, the user can click the **Rate Summary Template** link to download an .xls (Excel 2003) version of the Rate Summary Template. Instructions for populating the template are provided via the **Preliminary Justification Instructions** link. A free copy of Adobe Reader, which is an application that allows users to view .pdf files, is provided via the “**download a free version of Adobe Reader**” link.

Health Insurance Oversight System – Rate Review System Technical Instructions

Issuers **MUST** use the Rate Summary Template provided on this page, as the system only accepts this specific file for the Part 1 portion of a Preliminary Justification. Please refer to Figure 4-3. The Rate Review System will accept this template if the template is saved as an .xls or an .xlsx file.

Figure 4-3 Download Rate Summary Template

The screenshot displays the Health Insurance Oversight System Rate Review System interface. At the top, the title "Health Insurance Oversight System Rate Review System" is shown in a green header. Below the title, the date "Friday, September 07, 2012" is displayed on the left, and navigation buttons for "HIOS MAIN PAGE", "HOME", "FAQ", "CONTACT US", and "SIGN OUT" are on the right. A "Welcome Jake Perrone" message is visible. The main navigation menu includes "Rate Review Submission", "Review Rate Data", and "Submission Status Report". Below this, a green bar contains links for "Download Rate Increase Summary Template", "Upload Preliminary Justification", "Upload Supplemental Materials", "Upload Modification Materials", and "Enter Unreasonable Rate Increase Justification". The "Download Rate Increase Summary Template" link is highlighted. The main content area features the heading "Download Rate Summary Template" and instructions: "If you are submitting the Rate Summary Template, please select the Rate Summary Template to download the blank Template form. Please click on the Preliminary Justification Instructions to download supporting instructions on how to fill out the template." It also notes that documents in XLS or XLSX format require Microsoft Excel versions 2003, 2007, or 2010, and provides a link to "download a free version of Adobe Reader". Two links are listed: "Rate Summary Template .xls file [80.0 KB]" and "Preliminary Justification Instructions". The footer contains accessibility and policy links, and the text "U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201".

The following is a step- by- step guide to using the **Download Rate Increase Summary Template** page’s functionality when logged into the Rate Review System as an Issuer user:

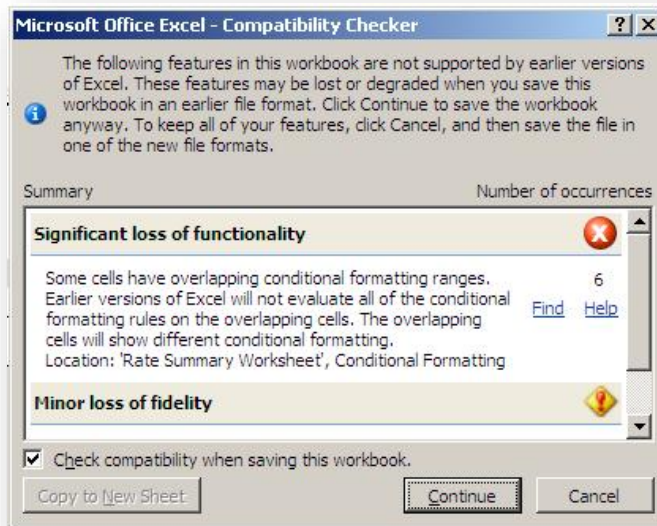
1. Click the **Download Rate Summary Template** link on the Rate Review Home Page.
2. The Download Rate Summary Template page displays.
3. Click on the **download a free version of Adobe Reader** link. User is navigated away from the page to an Adobe download page (if necessary).
4. Click the **Rate Summary Template** link.
5. Pop-up box displays providing the option to Open or Save the file.
6. Click the **Preliminary Justification Instructions** link.
7. Pop-up box displays providing the option to Open or Save the file.
8. The file **must be saved** as an .xls or .xlsx file if the Save option is selected.

Health Insurance Oversight System – Rate Review System Technical Instructions

NOTE: When saving the Rate Summary Form as an .xls file (2003), user may notice a “Compatibility Checker” pop-up (See Figure 4-4) when attempting to save the file if the user’s system has either Excel 2007 or 2010. This pop-up notification will state that saving as an .xls. file may result in the loss of fidelity or functionality. This is a routine check that the system conducts when the user tries to save the file as an older version than the current system setup.

There is no loss of data or functionality and the data in the form is secure.

Figure 4-4 Compatibility Checker pop-up



9. The Issuer user populates the Rate Summary Form with valid data to be submitted as Part 1 of the Upload Preliminary Justification.

4.2 Upload Preliminary Justification

The Upload Preliminary Justification page is accessible by clicking the **Upload Preliminary Justification** link under the **Rate Review Submission** tab on the **Rate Review System Home Page**. Only RateReviewIssuerSubmitter users will be able to access this page.

On **Page 1 of the Upload Preliminary Justification**, the user will select products and enter data relevant to the submission. On this page, the user can first select the ‘Issuer/State’, ‘Market Type’ and ‘Association Type’ to filter down to a list of products. At this point, the user can select ‘Product(s)’ to add to the submission. The Issuer can enter in the ‘Effective Date’ as well as any ‘Policy Form ID(s)’ that apply to the submission. Lastly, the user has the option to enter in a ‘Filing Tracking Number’, which is a number that may be utilized in SERFF or other applicable state systems. All fields with the exception of the ‘Filing Tracking Number’ field are mandatory. Once the user completes this section, the user can click the **Continue** button to navigate to page two of the **Upload Preliminary Justification**.

Health Insurance Oversight System – Rate Review System Technical Instructions

On **Page 2 of the Upload Preliminary Justification**, the user will upload the documents necessary to complete the submission. The system will automatically determine whether HHS or a State reviewer will review a given record. If HHS is the primary reviewer of the submission, then the following sections are required:

- Part I: Upload Part One of the Preliminary Justification- the Rate Summary Form
- Part II: Upload Part Two of the Preliminary Justification- the Written Description Justifying the Rate Increase
- Part III: Upload Part Three of the Preliminary Justification- the Rate Filing Documentation:
 - Public Rate Filing Documentation
 - HHS Review Only Documentation

NOTE: If the State is the primary reviewer of the submission, then only Part I and II are required. Part III will not be displayed if the State is the primary reviewer.

For Part I of the upload, the user will select the populated Rate Summary Template downloaded from the **Download Rate Summary Template** page. Upon upload, the Rate Review System will validate the data in these cells for accuracy.

NOTE: There is a 10MB limit and both .xls (Excel 2003) and .xlsx (Excel 2007 and 2010) files will be accepted into the system.

For Part II of the upload, the user must submit a written description justifying the rate increase within the provided text box. The narrative must not exceed 16000 characters and cannot include some special characters (e.g. “>” and “<”).

NOTE: The Written Description Justifying the Rate Increase is not applicable to submissions with Threshold Rate Increases less than 10%. If the submission being created contains a Threshold Rate Increase value under 10% please enter “N/A” within the Written Description field.

For Part III of the upload, the user must submit both the Public and HHS Review Only filing documentation only if HHS is the primary reviewer. The user may upload multiple files for the Public Rate Filing and HHS Review Only documentation. The total file size of the Public Rate Filing may not exceed 10MB and the HHS Review Only may not exceed 20MB. For both types of documentation, the following file types are acceptable: .xls, .xlsx, .doc, .docx, .pdf and .txt.

Once the user is ready to submit the files, they must click the **Upload** button to upload the files to the system. The system will then display **Page three of the Upload Preliminary Justification**.

Health Insurance Oversight System – Rate Review System Technical Instructions

On **Page 3 of the Upload Preliminary Justification**, the user can review the data and files that were submitted to the system. There is a note on the page that indicates the record has been uploaded to the system and is pending validation. Once the validations are complete, both the Issuer-Submitter and Attester of the submission will receive an e-mail notification stating whether the Rate Summary Form passed the system validations. If the form passes validation, then the Attester user is able to attest the submission. If the form fails the validation, then a new submission must be submitted.

To return to the **Rate Review Home Page** from the **Upload Preliminary Justification** pages, the user must click the **Home** button in the top right hand corner of the page.

The following is a step-by-step guide of the Upload Preliminary Justification process once the Issuer user is signed into the Rate Review System:

1. Click the **Upload Preliminary Justification** link on the Rate Review Home Page.
2. Upload Preliminary Justification - Page 1 displays as depicted in Figure 4-5.

Health Insurance Oversight System – Rate Review System Technical Instructions

Figure 4-5 Upload Preliminary Justification Page 1

The screenshot shows the 'Upload Preliminary Justification' page in the Health Insurance Oversight System Rate Review System. The page is dated Thursday, October 27, 2011, and includes a navigation menu with links for HIOS MAIN PAGE, HOME, FAQ, CONTACT US, and SIGN OUT. A user is logged in as Jake Perrone. The main content area is titled 'Upload Preliminary Justification' and includes a note that (*) indicates a required field. The form fields are: Issuer/State (dropdown), Market Type (dropdown), Association Type (dropdown), Product(s) (with available and selected product lists and add/remove buttons), Effective Date (MM/DD/YYYY) (text input), Policy Form ID(s) (with a text input and a table of existing IDs), and Filing Tracking Number (SERFF or State ID, if no SERFF ID exists for this filing) (text input). A 'Continue' button is at the bottom of the form. The footer includes links for Accessibility, Rules of Behavior, Web Policies, and File Formats and Plug-Ins, and the address: U.S. Department of Health & Human Services - 200 Independence Avenue, S.W. - Washington, D.C. 20201.

3. Select an Issuer/State from the dropdown menu.
4. Select a Market Type from the dropdown menu. This may be automatically populated in the event an Issuer/State only has products for one Market Type.
5. Select an Association Type from the dropdown menu. This may be automatically populated in the event an Issuer/State only has products for one Association Type.

Health Insurance Oversight System – Rate Review System Technical Instructions

6. Click on the products that will be part of the submission. Multiple products can be selected. Select the **Add Products** button.

NOTE: Once certain products are selected, some states may have additional controls underneath the Product selection boxes entitled 'Submission Reviewer'. These controls are valid for Issuer Choice submissions. To learn additional information about these controls and when they are valid for your submission, navigate to Section 4.2.1 Submission Reviewer at the end of this chapter.

7. To unselect a product, highlight products in the 'Selected Products' box and select the **Remove Products** button.
8. Enter an effective date in the appropriate format or select a date by clicking on the calendar icon on the right of the date textbox. The effective date should be after the current date.
9. Type in a Policy Form ID and click the **Add Policy Form ID** button. The ID will be displayed in the textbox to the right of the button.
10. To remove a Policy Form ID, click the **Remove Policy Form ID** button.
11. Type in a Filing Tracking Number. This optional field should be entered in all cases where a tracking number exists.
12. Click the **Continue** button.
13. **Upload Preliminary Justification - Page Two** displays as depicted in Figure 4-6 and Figure 4-7.

Health Insurance Oversight System – Rate Review System Technical Instructions

Figure 4-6 Upload Preliminary Justification - Page 2

The screenshot shows the 'Health Insurance Oversight System Rate Review System' interface. At the top, there is a header with the system name and a date of 'Wednesday, August 15, 2012'. Below the header are navigation links: 'HIOS MAIN PAGE', 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. A user greeting 'Welcome Jake Perrone' is visible. The main navigation bar includes 'Rate Review Submission', 'Review Rate Data', and 'Submission Status Report'. Below this, there are several menu items: 'Download Rate Increase Summary Template', 'Upload Preliminary Justification' (which is highlighted), 'Upload Supplemental Materials', 'Upload Modification Materials', and 'Enter Unreasonable Rate Increase Justification'. The main content area is titled 'Upload Preliminary Justification' and shows 'Issuer Data Entered' for 'AAA-KY'. The data includes: Product(s): 68847KY001-Product 1-Individual-HMO, Total Number of Products: 1, Effective Date: 08/30/2012, Filing Tracking Number: N/A, Policy Form ID(s): test, and Total number of Policy Form IDs: 1. There is a link 'Edit Data on Previous Page'. Below the data, there is a note: 'Based on the Issuer/State and Product(s) you have entered, this submission will be reviewed by HHS. To complete this Rate Review submission, you must upload: the Rate Summary Form, the Written Description Justifying the Rate Increase, and the Rate Filing Documentation (for Public and HHS Review only)'. Another note says: 'For all parts below, select the 'Browse...' button to select the file to be uploaded. Where applicable select the 'Add' button to include additional files. Files included in each part are required to have a unique name. Please select the 'Upload' button at the bottom of the page to complete the submission.' A note indicates that an asterisk (*) denotes a required field. The main instruction is: '*Part 1: Upload Part 1 of the Preliminary Justification, the Rate Summary Form'. A note specifies: 'Please note that the file must be in .xls, .xlsx format and cannot exceed 10MB.' At the bottom, there is a text input field and a 'Browse...' button.

14. To change any data from Upload Preliminary Justification Page One, click the **Edit Data on Previous Page** link.
15. Click the **Browse** button to select the file to upload in the Upload Part I textbox.
16. Enter a Written Description for Justifying the Rate Increase for Part II in the provided textbox. There is a 16000-character limit on this field.
17. Click the **Browse** button to select the file to upload in the Public Rate Documentation textbox in Upload Part III.
18. Click the **Add** button to upload additional files in the Public Rate Documentation textbox.
19. Click the **Browse** button to select the file to upload in the HHS Review Only textbox in Upload Part III.
20. Click the **Add** button to upload additional files in the HHS Review Only textbox.
21. Click the **Reset** button to remove all files selected for upload.

Health Insurance Oversight System – Rate Review System Technical Instructions

22. Click the **Upload** button to upload files into the system.

Figure 4-7 Upload Preliminary Justification Page 2 (Cont.)

***Part 2: Upload Part 2 of the Preliminary Justification, the Written Description Justifying the Rate Increase**

Please note there is a 16000 character limit. If this submission does not meet the 'subject to review' threshold of an increase of 10% or greater, please enter an N/A in the field below.

***Part 3: Upload Part 3 of the Preliminary Justification, the Rate Filing Documentation**

The Public Rate Filing and HHS Review Only Documentation are required.

***Public Rate Filing Documentation**

Please note that more than one file is accepted, file(s) must be in .xls, .xlsx, .doc, .docx, .pdf or .txt format and cannot exceed 10MB.

No file selected.

***HHS Review Only Documentation**

Please note that more than one file is accepted, file(s) must be in .xls, .xlsx, .doc, .docx, .pdf or .txt format, and cannot exceed 20MB.

No file selected.

Please select the Upload button to submit. Click the Reset button to clear all the files that are selected in the fields above.

23. **Upload Preliminary Justification - Page Three** displays as depicted in Figure 4-7.

24. If the submission passes the validations, an Attester user can now log into the system and attest the submission once a successful confirmation e-mail is received. Please refer to *Section 4.4 Data for* more information.

25. If the submission fails the validations, make the suggested corrections to the Rate Summary Template and return to Step one to start the Upload Preliminary Justification process again. Please refer to Figure 4-8.

26. To return to **Rate Review Home Page**, click on the **Home** button.

Health Insurance Oversight System – Rate Review System Technical Instructions

Figure 4-8 Upload Preliminary Justification Page 3

The screenshot displays the 'Health Insurance Oversight System Rate Review System' interface. At the top, there is a green header with the system name. Below the header, a navigation bar includes links for 'HIOS MAIN PAGE', 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. A user greeting 'Welcome Jake Perrone' is visible on the right. A secondary navigation bar contains tabs for 'Rate Review Submission', 'Review Rate Data', and 'Submission Status Report'. Below this, a row of links includes 'Download Rate Increase Summary Template', 'Upload Preliminary Justification', 'Upload Supplemental Materials', 'Upload Modification Materials', and 'Enter Unreasonable Rate Increase Justification'. The main content area is titled 'Process Pending' and contains a message: 'The following Record has been uploaded to the system and is pending further validation:'. Below this message, the record details for 'abcd-OR' are listed in a table format. The details include Product(s), Total Number of Products, Effective Date, Filing Tracking Number, Policy Form ID(s), Total Number of Policy Form IDs, Date/Time Submitted for Review, and Submission ID. A section titled 'Documents Uploaded for this Record:' lists 'Rate Summary Form' as 'RateSummaryTemplate 1.xlsx', 'Public Rate Filing Documentation' as 'N/A', and 'HHS Review Only Documentation' as 'N/A'. A final note states 'You will receive an email notification with the validation details.' At the bottom of the page, there are links for 'Accessibility', 'Rules of Behavior', 'Web Policies', and 'File Formats and Plug-Ins', along with the address 'U.S. Department of Health & Human Services - 200 Independence Avenue, S.W. - Washington, D.C. 20201'.

Product(s):	74330OR001-skifdsk-Individual-POS
Total Number of Products:	1
Effective Date:	08/31/2012
Filing Tracking Number:	TEST-12345
Policy Form ID(s):	159123, 612312
Total Number of Policy Form IDs:	2
Date/Time Submitted for Review:	8/24/2012 8:40:03 AM
Submission ID:	743300001

Documents Uploaded for this Record:

Rate Summary Form:	RateSummaryTemplate 1.xlsx
Public Rate Filing Documentation:	N/A
HHS Review Only Documentation:	N/A

4.2.1 Issuer Choice

HHS has deemed some states as eligible for Issuer Choice review submissions. A RateReviewIssuerSubmitter can select which entity (their state or HHS) he/she wants to review the submission as seen in Figure 4-9. This functionality is only activated when an Issuer-Submitter's submission meets the following criteria:

- The Issuer resides in a state that allows for issuer choice of the submission reviewer.
- The products selected for the submission belong to the correct Market Type.
- The products selected for the submission are Association products.

Health Insurance Oversight System – Rate Review System Technical Instructions

Figure 4-9 Submission Reviewer controls

***Product(s):**

One or more products can be selected to be added or removed. To add a product, please select the product from the list on the left and then select the 'Add Product(s)' button. To remove a product, please select the product from the list on the right and then select the 'Remove Product(s)' button. Please use the shift or control key to select multiple products.

Available Product(s):

- 41582AZ001-Product 1-Individual-HMO
- 41582AZ005-Product 5-Individual-PPO
- 41582AZ009-Product 9-Individual-EPO
- 41582AZ013-Product 13-Individual-POS
- 41582AZ017-Product 17-Individual-Indemnity

Selected Product(s):

- 41582AZ001-Product 1-Individual-HMO

Number of Products = 1

***Submission Reviewer**

You have selected an association product in a market where the State only conducts reviews on some types of association products (for example only sitused products). Please consult HHS' effective rate review program guidance and select either CMS or the State as the reviewer (http://cdio.cms.gov/resources/factsheets/rate_review_fact_sheet.html).

Select Reviewer: HHS State

***Effective Date: (MM/DD/YYYY)**

After selecting products (Step 6) that are relevant for an Issuer Choice submission, the Preliminary Justification page will appear as follows in Figure 4-10:

Once activated, an Issuer-Submitter must select either the HHS or State radio button to choose their Submission Reviewer. Once completed, the Issuer-Submitter can complete the rest of Page 1 of the Upload Preliminary Justification page as they would in the steps outlined above.

Upon reaching Page 2 of the Upload Preliminary Justification page, the Issuer-Submitter will receive confirmation that they have selected their reviewer.

Health Insurance Oversight System – Rate Review System Technical Instructions

Figure 4-10 Upload Preliminary Justification Page 2 - Issuer Choice

Rate Review Submission | Review Rate Data | Submission Status Report

Download Rate Increase Summary Template | **Upload Preliminary Justification** | Upload Supplemental Materials | Upload Modification Materials | Enter Unreasonable Rate Increase Justification

Upload Preliminary Justification

Issuer Data Entered

You are about to upload the following Rate Review Record:

AAA-AZ

Product(s): 41582AZ001-Product 1-Individual-HMO
Total Number of Products: 1
Effective Date: 10/27/2011
Filing Tracking Number: N/A
Policy Form ID(s): Test 1
Total number of Policy Form IDs: 1

[Edit Data on Previous Page](#)

You have selected HHS as the reviewer for this association product submission. To complete this Rate Review submission, you must upload: the Rate Summary Form, the Written Description Justifying the Rate Increase, and the Rate Filing Documentation (for Public and HHS Review only).

For all parts below, select the 'Browse...' button to select the file to be uploaded. Where applicable select the 'Add' button to include additional files. Files included in each part are required to have a unique name. Please select the 'Upload' button at the bottom of the page to complete the submission.

(*) Indicates a required field

***Part 1: Upload Part 1 of the Preliminary Justification, the Rate Summary Form**

Please note that the file must be in .xls format and cannot exceed 10MB.

4.3 Submission Status Report

The **Submission Status Report** page allows Issuers to quickly search and select submissions within the Rate Review System. This page is the primary way to locate submission records and access them on the **Review Rate Data** page. The Submission Status Report page is accessible by clicking on the **Submission Status Report** link on the **Rate Review System Home Page**.

Upon entering the Submission Status Report page, the user is provided with the option of the following search filters:

- Submission Type
- State
- Issuer / State
- Effective Date
- Submission ID
- Status field
- Submitted Date
- Attested Date

Health Insurance Oversight System – Rate Review System Technical Instructions

When defining the search criteria, multiple fields may be selected or have data entered. Once the user has defined the desired search criteria, the results will be provided after clicking the **Search** button.

When a user requests a search, information will be provided in the Search Results table. By clicking the Submission ID link within the first column the system will allow the user to navigate directly to the **Review Rate Data** page displaying additional information on the selected submission. The following fields are presented within the search functionality:

- **State** - The State for the submission is displayed.
- **Issuer / State** - The Issuer/State for the submission is displayed.
- **Submission ID** – The system-wide unique ID for the submission is displayed. The Submission ID number provides a link that will navigate the user to the referenced submission.
- **Effective Date** - A date is provided in the MM/DD/YYYY format when the submission takes effect.
- **Submitted Date / Time** - The date and time the submission was received, is displayed in the ‘MM/DD/YYYY HH:MM:SS’ format.
- **Attested Date / Time** - The date and time when the submission was attested, is displayed in the ‘MM/DD/YYYY HH:MM:SS’ format.
- **Days Since Attestation** - A number will appear providing the number of days since the submission has been attested.
- **Status** – Displays the current status of the submission as one of the following status indicators:
 - Deleted By CMS
 - Modified
 - Not Compliant
 - Not Unreasonable
 - Not Unreasonable (Modified)
 - Pending Supplemental Submission
 - Pre-Attestation
 - Pre-Attestation Deleted
 - Rate Filing Accepted
 - Rate Filing Accepted (Modified)
 - Record Attested
 - Review Complete
 - Review in Progress
 - Supplemental Materials Received
 - Unreasonable (Rejected by State)
 - Unreasonable Final Justification Submitted
 - Unreasonable Final Justification Submitted (Modified)

Health Insurance Oversight System – Rate Review System Technical Instructions

- Unreasonable Pre-Final Justification
- Unreasonable Pre-Final Justification (Modified)
- Withdrawn – Not Compliant
- Withdrawn – Not Unreasonable
- Withdrawn – Not Unreasonable (Modified)
- Withdrawn - Prior to Determination
- Withdrawn – Rate Filing Accepted
- Withdrawn – Rate Filing Accepted (Modified)
- Withdrawn – Unreasonable Final Justification Submitted
- Withdrawn – Unreasonable Final Justification Submitted (Modified)
- Withdrawn – Unreasonable Pre-Final Justification
- Withdrawn – Unreasonable Pre-Final Justification (Modified)
- **Days in Status** - A number will appear providing the length of time in days since the submission has been placed in its status.
- **Submission Type** - The type of submission will be identified as a HHS Primary or State Primary type.

The following is a systematic navigation guide to use the Submission Status Report once the Issuer user is signed into the Rate Review System as shown in Figure 4-11:

1. Click the **Submission Status Report** link on the Rate Review Home Page
2. **Submission Status Report** page displays, as shown in Figure 4-12.
3. Select a Submission Type from the dropdown menu (optional).
4. Select a State from the dropdown menu (optional).
5. Select the Issuer/State Type from the dropdown menu (optional).
6. Enter the Effective Date in the textbox using the appropriate format of MM/DD/YYYY (optional).

Health Insurance Oversight System – Rate Review System Technical Instructions

Figure 4-11 Submission Status Report

Health Insurance Oversight System Rate Review System

[HIOS MAIN PAGE](#) | [HOME](#) | [FAQ](#) | [CONTACT US](#) | [SIGN OUT](#)

Welcome

Rate Review Submission
Review Rate Data
Submission Status Report

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)

Deleted By CMS
 Modified
 Not Compliant

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

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

[Search](#)

Search Results:

(Select a Submission below to access the appropriate review page for more information on the rate submission. Search results may be sorted by selecting the column headings. Sorting options may be reset by selecting the Search button.)

Page Size: 10 3 items in 1 page										
Submission ID	ST	Issuer/ST	Effective Date	Submitted Date/Time	Attested Date/Time	Days Since Attestation	Status	Days in Status	Submission Type	
937870004	CO	AAA - CO	11/07/2016	11/7/2016 3:08:54 PM	11/7/2016 3:13:20 PM	7	Review In Progress	4	HHS Primary	
937870003	CO	AAA - CO	11/07/2016	11/7/2016 10:32:29 AM	11/7/2016 10:35:17 AM	7	Modified	6	State Primary	
937870002	CO	AAA - CO	11/07/2016	11/7/2016 10:15:53 AM	11/7/2016 10:31:50 AM	7	Rate Filing Accepted	7	State Primary	

Page Size: 10 3 items in 1 page

[Accessibility](#) | [Rules of Behavior](#) | [Web Policies](#) | [File Formats and Plug-Ins](#)
 U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201

7. Enter the nine-digit Submission ID in the textbox (optional).
8. Select one or multiple Status indicated within the menu (optional).
9. Enter the From Submitted Date in the textbox using the appropriate format of MM/DD/YYYY (optional).

Health Insurance Oversight System – Rate Review System Technical Instructions

10. Enter the To Submitted Date in the textbox using the appropriate format of MM/DD/YYYY (optional).
11. Enter the From Attested Date in the textbox using the appropriate format of MM/DD/YYYY (optional).
12. Enter the To Attested Date in the textbox using the appropriate format of MM/DD/YYYY (optional).
13. Click on the **Search** button. Once loaded, the search results are sorted in order of Submitted Date/Time from most recent to least recent.
14. Click on any of the column headers to sort on that column. One click will sort the column in descending order. Two clicks will sort the column in ascending order; three clicks will clear the sort.
15. Clicking on any other column headers while an existing sort exists will create a second hierarchical sort.
16. Click on the **Search** button to reload the search results without defined sorts or page sizes
17. Click on the **Submission ID** link (optional) to access a particular submission.

Figure 4-12 Submission Status Report example: Submission ID sorted within Issuer/State

Search Results:

(Select a Submission below to access the appropriate review page for more information on the rate submission. Search results may be sorted by selecting the column headings. Sorting options may be reset by selecting the Search button.)

Submission ID	ST	Issuer/ST	Effective Date	Submitted Date/Time	Attested Date/Time	Days Since Attestation	Status	Days in Status	Submission Type
937870004	CO	AAA - CO	11/07/2016	11/7/2016 3:08:54 PM	11/7/2016 3:13:20 PM	7	Review In Progress	4	HHS Primary
937870003	CO	AAA - CO	11/07/2016	11/7/2016 10:32:29 AM	11/7/2016 10:35:17 AM	7	Modified	6	State Primary
937870002	CO	AAA - CO	11/07/2016	11/7/2016 10:15:53 AM	11/7/2016 10:31:50 AM	7	Rate Filing Accepted	7	State Primary

4.4 Review Rate Data

The Issuer view of the Review Rate Data page is accessed by clicking the **Review Rate Data** link on the **Rate Review System Home Page**. The **Review Rate Data** page is an alternative way to search and locate submissions, as well as serve as the primary way to view submission summaries in the Rate Review System.

Health Insurance Oversight System – Rate Review System Technical Instructions

The Issuer user will use this page to review submission data, including the Rate Summary Form. The Attester user will use this page to attest to the completeness and accuracy of the submission data. The Issuer user may use this page to delete or modify the submission. Issuer users with the role of Submitter and Attester will be able to access the Review Rate Data page.

Once on the Review Rate Data page, the user can select a submission by selecting from the following dropdown:

- Issuer/State
- Product
- Effective Date
- Date/Time Submitted

When the filters have been selected, the user will click the **View Data** button to view the Review Rate Data page. The Submission Summary displays the following data regarding the selected submission:

- Date/Time Submitted for Review
- Submission ID
- Status
- Submitter
- NAIC Company Code
- Submission Type
- Market Type
- Association Type
- Filing Tracking Number
- Product(s)
- Total Number of Products
- Policy Form ID(s)
- Total Number of Policy Form IDs

The user can view/download for the following submission parts:

- Rate Summary Form
- Written Description Justifying the Rate Increase
- Public Rate Filing (HHS Primary submissions only)
- HHS Review Only (HHS Primary submissions only)
- Supplemental Material(s) (HHS Primary submissions only)
- Issuer Final Justification for an Unreasonable Rate Increase (if applicable)

Health Insurance Oversight System – Rate Review System Technical Instructions

The user is able to delete the submission when it is in the Pre-Attestation status by clicking the **Delete Submission** button.

NOTE: This is the only point in the submission process where an Issuer may suppress information from being posted on the HealthCare.gov. Following attestation, CMS reviewers will determine if a submission is deemed suitable for web posting, regardless of the final disposition of the rate review.

Once deleted, the submission will be in the Pre-Attestation Deleted status. The RateReviewIssuerAttester user has the ability to attest to the submission by selecting the **Attestation** check box and clicking the **Save** button. Once attested, the submission will be placed in Record Attested status. The system will display the user who attested the submission and the date/time the attestation took place. The user may click the **Modify Submission** button after the attestation has been made, but before final determination to submit Modification Materials (see Section 4.5).

The submission summary also provides links to the following pages:

- Submission Data
- Modification Materials (if applicable)
- Upload Supplemental Materials (if applicable)
- Submission Status Report

To view the data captured from the Rate Summary Form, the user will select the View Submission Data link. The Submission Data – Rate Increase Summary page will display the following fields:

- Issuer/State
- Product
- Effective Date
- Date/Time Submitted for Review

The page will also display the Rate Summary Form, submitted in .xls format. The RateReviewIssuerAttester user will have access to attest the submission from the Submission Data page if the submission has not yet been attested. The user will click the View Submission Summary link to navigate back to the Submission Summary page. Please refer to Figure 4-13 and Figure 4-14.

The following is a step-by-step navigation guide for the Review Rate Data pages once the Issuer user is signed into the Rate Review System.

1. Click the **Review Rate Data** link on the Rate Review Home Page.

NOTE: This is an alternative way to navigate to the submission data. The preferred approach would be to access the submission via the **Submission Status Report**.

2. Review Rate Data submission selection page displays.

Health Insurance Oversight System – Rate Review System Technical Instructions

3. Select an Issuer/State, Product, Effective Date, and Date/Time Submitted for Review for desired submission from the dropdowns.
4. Click the **View Data** button.
5. The submission summary portion of the **Review Rate Data** page displays.

Figure 4-13 Review Rate Data (Issuer) – Submission Summary page

Rate Review Submission **Review Rate Data** Submission Status Report

Review Rate Data

PRINT

(*)Indicates a required field

*Issuer/State:

*Product:

*Effective Date:

*Date/Time Submitted for Review:

[View Data](#)

Submission Summary

Date/Time Submitted for Review:	11/7/2016 3:08:54 PM
Submission ID:	937870004
Status:	Review In Progress
Submitter:	Will Parkerson
NAIC Company Code:	
Submission Type:	HHS Primary
Market Type:	Individual
Association Type:	Association
Filing Tracking Number:	N/A
Product(s):	93787CO011-AAA Idemnity 11-Individual-Indemnity
Total Number of Products:	1
Policy Form ID(s):	12345
Total Number of Policy Form IDs:	1

Health Insurance Oversight System – Rate Review System Technical Instructions

Figure 4-14 Review Rate Data (Issuer) - Submission Summary page (Cont.)

Record Materials

Rate Summary Form: [2k10_Rate_Summary_Template_With_Valid_Data.xls \(69.5KB\)](#)

Written Description Justifying the Rate Increase:
08/11/2011

Public Rate Filing: [test4.docx \(10.0KB\)](#)

HHS Review Only: [test4.docx \(10.0KB\)](#)

Supplemental Material(s): N/A

Issuer Response Submitter: N/A

Issuer Response Date: N/A

Issuer Final Justification for an Unreasonable Rate Increase Justification:

[View Submission Data](#) Delete Submission

[View Modification Materials](#)

[Upload Supplemental Materials](#)

[Submission Status Report](#)

[Enter Unreasonable Rate Increase Justification](#)

Attestation: I certify that all files submitted for this Record are complete and accurate.

[Save](#)

Files submitted into this system may not be 508 compliant.

[Accessibility](#) | [Rules of Behavior](#) | [Web Policies](#) | [File Formats and Plug-Ins](#)

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201

Health Insurance Oversight System – Rate Review System Technical Instructions

NOTE: Steps 6 and 7 provide the Optional functionality to delete submission within the Pre-Attestation Status.

6. Click the **Delete Submission** button to delete a submission in the Pre-Attestation Status. Please refer to Figure 4-15.
7. A pop-up box will ask if the user would like to delete the submission. Click the **OK** button and the submission will be deleted. The submission status will be changed to Pre-Attestation Deleted and will no longer be editable.

Figure 4-15 Delete Submission Pop-Up

The screenshot displays a web application interface for the Health Insurance Oversight System. At the top, there are fields for 'Issuer Response Submitter:' (N/A), 'Issuer Response Date:' (N/A), and 'Issuer Final Justification for an Unreasonable Rate Increase Justification:'. Below these fields is a large empty text area. A 'Delete Submission' button is visible on the right side of the page. A 'Windows Internet Explorer' dialog box is overlaid on the page, asking 'Are you sure you want to Delete submission?' with 'OK' and 'Cancel' buttons. Below the dialog box, there are links for 'View Submission Data', 'View Modification Materials', and 'Submission Status Report'. A green bar contains the text 'Attestation: I certify that all files submitted for this Record are complete and accurate.' with a 'Save' button. At the bottom of the page, there is a footer with links for 'Accessibility', 'Rules of Behavior', 'Web Policies', and 'File Formats and Plug-Ins', and the text 'U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201'.

NOTE: Steps 8 – 11 provide a systematic guide allowing Issuer-Attester users to attest a submission within the Pre-Attestation Status.

Health Insurance Oversight System – Rate Review System Technical Instructions

8. An Issuer/Attester user may select the **Attestation** check box to attest the submission after review.
9. Click the **Save** button to save the attestation. The submission will be placed in the Record Attested status.
10. Click the **View Submission Data** link to navigate to the **Review Rate Data – Submission Data** page. Information from the submitted Rate Summary Form is displayed in Figure 4-16 and 4-17.
11. Click the **View Submission Summary** link to navigate back to the Submission Summary Page.
12. Click the **Modify Submission** button to navigate to the **Upload Modification Materials** page (available after attestation, but before State/HHS review).

Health Insurance Oversight System – Rate Review System Technical Instructions

Figure 4-16 Review Rate Data (Issuer) – Submission Data page

Health Insurance Oversight System Rate Review System

Tuesday, August 16, 2011

[HIOS MAIN PAGE](#)
[HOME](#)
[FAQ](#)
[CONTACT US](#)
[SIGN OUT](#)

Rate Review
Submission

**Review Rate
Data**

Submission Status
Report

Rate Review Data

Issuer/State: Greg's HMO-IL [PRINT](#)
 Product: HMO 1-Small Group-HMO
 Effective Date: 08/24/2011
 Date/Time Submitted for Review: 8/15/2011 3:37:31 PM

Submission Data - Rate Increase Summary

A. Base Period Data
 Start Period: 7/23/2007 End Period: 7/25/2007

Service Categories	Member Months	Total Allowed	Net Claims	Cost Sharing	Cost Sharing PMPM	Net PMPM	Allowed PMPM
Inpatient	5	\$15.00	\$10.00	\$5.00	\$1.00	\$2.00	\$3.00
Outpatient	2	\$234.00	\$12.00	\$222.00	\$111.00	\$6.00	\$117.00
Professional	5	\$645.00	\$234.00	\$411.00	\$82.20	\$46.80	\$129.00
Prescription Drugs	7	\$234.00	\$124.00	\$110.00	\$15.71	\$17.71	\$33.43
Other	2	\$478.00	\$231.00	\$247.00	\$123.50	\$115.50	\$239.00
Capitation	8	\$7,856.00	\$234.00	\$7,622.00	\$952.75	\$29.25	\$982.00
Total	33	\$9,462.00	\$845.00	\$8,617.00	\$261.12	\$25.61	\$286.73

B. Claim Projections

B.1 Adjustment to the Current Rate
 Start Period: 8/25/2008 End Period: 8/25/2009

Service Categories	Overall Medical Trend	Projected Allowed PMPM	Net Claims	Cost Sharing
Inpatient	6	\$18.00	\$3.60	0.8
Outpatient	2	\$234.00	\$117.00	0.5
Professional	293	\$37,797.00	\$28,801.31	0.238
Prescription Drugs	9	\$300.86	\$154.67	0.4859
Other	1,123	\$268,397.00	\$204,786.91	0.237
Capitation	1	\$982.00	\$303.93	0.6905
Total		\$307,728.86	\$234,167.42	0.24

B.2 Claims Projection for Future Rate
 Start Period: 9/5/2011 End Period: 9/5/2012

Service Categories	Overall Medical Trend	Projected Allowed PMPM	Net Claims	Cost Sharing
Inpatient	0.984	\$17.71	\$17.71	0.0002
Outpatient	0.8923	\$208.81	\$193.69	0.0724
Professional	0.1274	\$4,814.62	\$4,813.51	0.0002
Prescription Drugs	0.2398	\$72.16	\$71.27	0.0123
Other	0.8948	\$240,167.00	\$234,441.42	0.0238
Capitation	0.928	\$911.30	\$792.98	0.1298
Total		\$246,191.60	\$240,330.59	0.02

B.3 Medical Trend Breakout

Factor	Impact
Utilization	50%
Unit Cost	50%
Other Factors	0%

Health Insurance Oversight System – Rate Review System Technical Instructions

Figure 4-17 Review Rate Data (Issuer) - Submission Data Page (Continued)

C. Components of Current and Future Rates						
	Future Rate		Prior Estimate of Current Rate		Difference	
	PMPM	%	PMPM	%	PMPM	%
1. Projected Net Claims	\$240,330.59	41.17%	\$29.00	0.94%	\$240,301.59	41.38%
2. Administrative Costs	\$2.00	0%	\$234.00	7.55%	-\$232.00	-0.04%
3. Underwriting Gain/Loss	\$343,458.00	58.83%	\$2,837.00	91.52%	\$340,621.00	58.66%
4. Total Rate	\$583,790.59	100%	\$3,100.00	100%	\$580,690.59	100%
5. Overall Rate Increase		18,731.95%				

D. Components of Rate Increase			
Claims Components	Impact on Rate	Percent	
1. Inpatient	-\$0.06	0%	
2. Outpatient	-\$12.60	-0.01%	
3. Professional	-\$25,132.57	-10.46%	
4. Prescription Drugs	-\$117.57	-0.05%	
5. Other	-\$21,539.49	-8.96%	
6. Capitation	-\$21.88	-0.01%	
7. Cost Share Change	\$52,987.34	22.05%	
8. Correction of Prior Net Claims Estimate	\$234,138.42	97.44%	
9. Total	\$240,301.59	100%	
Claims Restatement for Current Rate Period			
8.a. Prior Net Claims Estimate for Current Rate Period			\$29.00
8.b. Re-Estimate of Net Claims PMPM for Current Rate Period			\$234,167.42

E. List of Annual Average Rate Changes Requested and Implemented in the Past Three Calendar Years			
Calendar Year	New Form	Requested	Implemented
2009	Y	0%	0%
2008	Y	0%	0%
2007	Y	0%	0%

F. Range and Scope of Proposed Increase	
Number of Covered Individuals	Threshold Rate Increase
82,472,934	56%

	Range of Rate Increase
Minimum % Increase	28%
Maximum % Increase	59%

Attested by Lauren Jones on 8/15/2011 3:39:13 PM

Files submitted into this system may not be 508 compliant.

[View Submission Summary](#)

[Accessibility](#) | [Rules of Behavior](#) | [Web Policies](#) | [File Formats and Plug-Ins](#)
 U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201

4.5 Upload Supplemental Materials

The Upload Supplemental Materials page is provided for Issuer users to respond to requests from HHS for additional information needed to complete a review. The Upload Supplemental Materials page is accessible via the **Upload Supplemental Materials** link on the **Review Rate Data** page on the **Rate Review System Home Page**. It is also accessible via the **Upload Supplemental Materials** link under the **Rate Review Submission** tab on the **Rate Review System Home Page** for Issuer users. Only users with the role of Submitter will be able to access this page.

Health Insurance Oversight System – Rate Review System Technical Instructions

Upon entering the Upload Supplemental Materials page, the user can select the following fields:

- Issuer/State
- Product
- Effective Date of the Submission
- Date/Time Submitted for Review.

All fields are required to confirm the selection. Only submissions that a HHS Reviewer has identified as needing supplemental materials will be displayed within the selection criteria. Once the user has completed this section, the **View Data** button may be selected to display the selected criteria.

On the Upload Supplemental Materials page, the Issuer will be able to view comments made by a HHS Reviewer for the selected submission and be provided the ability to upload one or multiple supplemental documents meeting the required criteria. The required criteria for supplemental uploads restrict the document(s) to .xls, .xlsx, .doc, .docx, .pdf, or .txt formats with file sizes smaller than 20 megabytes. When the user has selected the supplemental materials, the user may select the **Upload** button to upload the files to the system or the **Reset** button to remove all selected files.

The following is a step-by-step guide of uploading supplemental materials on the Upload Supplemental Materials Page once the Issuer user is signed into the Rate Review System.

1. Click on the **Upload Supplemental Materials** link on the Rate Review Home Page.
2. **Upload Supplemental Materials** page displays as shown in Figure 4-18.
3. Select Issuer/State, Product, Effective Date, and Date/Time Submitted for Review for desired submission from the dropdowns.
4. Click on the **View Data** button.
5. Click on the **Browse** button to select the file to upload in the Supplemental Materials textbox.
6. Click on the **Add** button to upload additional files in the Supplemental Materials textbox.
7. Click on the **Reset** button to remove all files selected within the Supplemental Materials textbox(s).
8. Click on the **Upload** button to upload files into the system.
9. A message confirming a successful upload appears when a document is successfully uploaded.

Health Insurance Oversight System – Rate Review System Technical Instructions

Figure 4-18 Upload Supplemental Materials

Health Insurance Oversight System Rate Review System

Tuesday, August 16, 2011 [HIOS MAIN PAGE](#) [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Welcome Jake Perrone

Rate Review Submission | [Review Rate Data](#) | [Submission Status Report](#)

[Download Rate Increase Summary Template](#) | [Upload Preliminary Justification](#) | **[Upload Supplemental Materials](#)** | [Upload Modification Materials](#) | [Enter Unreasonable Rate Increase Justification](#)

Upload Supplemental Materials

(*) Indicates a required field

*Issuer/State:

*Product:

*Effective Date:

*Date/Time Submitted for Review:

[View Data](#)

Submission Summary

Date/Time Submitted for Review: 8/16/2011 10:48:30 AM
Status: Pending Supplemental Submission
HHS Request Date: 8/16/2011
Submission Deadline: 8/30/2011

HHS Comments:

Upload Supplemental Materials

Please note that file(s) must be in .xls, .xlsx, .doc, .docx, .pdf or .txt format and cannot exceed 20MB.

[Browse...](#) [Add](#)

[View Review Rate Data](#)

Please select the Upload button to submit. Click the Reset button to clear all the files that have been selected in the fields above.

[Upload](#) [Reset](#)

[Accessibility](#) | [Rules of Behavior](#) | [Web Policies](#) | [File Formats and Plug-Ins](#)

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201

Health Insurance Oversight System – Rate Review System Technical Instructions

4.6 Upload Modification Materials

The Upload Modification Materials page is accessible by clicking on the **Modify** button on the Review Rate Data page. It is also accessible by clicking the **Upload Modification Materials** link under the **Rate Review Submission** tab on the Rate Review System Home Page for Issuer users. This feature should only be used when the submission is under review.

Issuers should only use the modification feature to provide information explaining any change in the rate increase or submitted rate filing documentation that would have a material impact on the CMS/State review of the rate increase. This feature may not be used to resubmit Parts I and II of the Preliminary Justification.

An Issuer will be allowed to modify a submission after the submission has been attested and before either a HHS or a State reviewer has made a determination. If the submission is not attested or a determination has been made, the **Modify** button will not appear on the **Review Rate Data** page and the submission will not appear in the four-dropdown filters at the top of the **Upload Modification Materials** page.

Once on this page, the user can select the below filters for the submission desired using the filters at the top of the page and click the **View Data** button:

- Issuer/State
- Product
- Effective Date
- Date/Time Submitted for Review

The user must explain the modification in the comments box and describe attached files, if applicable. The user may upload files providing detailed information or exhibits related to the modification and these documents should provide information that would have a material impact of the CMS review of the rate increase. The system will allow multiple files to be uploaded and the total file size of the modification materials may not exceed 20MB. The required criteria for Modification Files restrict the document(s) to the following formats:

- .xls
- .xlsx
- .doc
- .docx
- .pdf
- .txt

When the Issuer is ready to submit their modification, they will click on the **Upload** button. The modification will then be displayed in the Previously Uploaded Materials section.

To view Previously Uploaded Materials, click on the links under the Previously Uploaded Materials section to view the explanation and any documents submitted.

Health Insurance Oversight System – Rate Review System Technical Instructions

To return to the Rate Review Home Page from Upload Modification Materials page, click on the **Home** button in the top right hand corner of the page. To return to the Review Rate Data page, click on the **View Review Rate Data** link.

The following is a systematic guide of how to Upload Modification Materials once the Issuer user is signed into the Rate Review System:

1. Click the **Upload Modification Materials** link on the Rate Review Home Page.
2. **Upload Modification Materials** page displays in Figure 4-19.

Figure 4-19 Upload Modification Materials Page

Health Insurance Oversight System
Rate Review System

Tuesday, August 16, 2011 [HIOS MAIN PAGE](#) [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)
Welcome Jake Perrone

Rate Review Submission | **Review Rate Data** | **Submission Status Report**

[Download Rate Increase Summary Template](#) | [Upload Preliminary Justification](#) | [Upload Supplemental Materials](#) | **Upload Modification Materials** | [Enter Unreasonable Rate Increase Justification](#)

Upload Modification Materials

(*) Indicates a required field

*Issuer/State:

*Product:

*Effective Date:

*Date/Time Submitted for Review:

Date/Time Submitted for Review: 8/11/2011 12:33:20 PM
Status: Modified

Previously Uploaded Materials

Please click the Modifications Submitted link to view the previously submitted Explanation of Modification.

[Modifications Submitted](#) 8/15/2011 1:27:32 PM [RR_Test.docx \(9.7KB\)](#)
[RR_Test.pdf \(43.2KB\)](#)

*Explanation of Modification

Enter comments to explain the modification. There is a 2000 character limit.

Explanation of Modification text

Upload Modification Materials

Please note that file(s) must be in .xls, .xlsx, .doc, .docx, .pdf, or .txt format and cannot exceed 20MB.

[View Review Rate Data](#)

Select the Upload button to submit Explanation of Modification, and Modification Materials (when included). Select the Reset button to clear all the files that have been selected in the fields above.

[Accessibility](#) | [Rules of Behavior](#) | [Web Policies](#) | [File Formats and Plug-Ins](#)

U.S. Department of Health & Human Services - 200 Independence Avenue, S.W. - Washington, D.C. 20201

3. Select an Issuer/State from the Dropdown Menu.
4. Select a Product from the Dropdown Menu.

Health Insurance Oversight System – Rate Review System Technical Instructions

5. Select an Effective Date from the Dropdown Menu.
6. Select a Date/Time Submitted for Review from the Dropdown Menu.
7. Click on the **View Data** button.
8. Enter an Explanation of Modification. There is a 2000 character limit.
9. Click on the **Browse** button to select a Modification Material to upload.
10. Click on the **Add** button to upload additional Modification Materials.
11. Click on the **Reset** button to remove all files uploaded in page so far.
12. Click on the **Upload** button to upload files into the system.
13. To view previously uploaded materials, click on the links below the Previously Uploaded Materials section to access either the explanation or uploaded documents.
14. To return to Rate Review Home Page, click on the **Home** button.
15. To return to the Review Rate Data Page, click on the **Review Rate Data** link.

4.7 Enter Unreasonable Rate Increase Final Justification

The Enter Unreasonable Rate Increase Final Justification page is accessible by clicking on the link in the Review Rate Data page. It is also accessible via the **Enter Unreasonable Rate Increase Justification** link under the **Rate Review Submission** tab on the **Rate Review System Home Page** for Issuer users. The Issuer user will use this page to submit an unreasonable rate increase justification for submissions determined to be unreasonable. Issuer users will be able to access this page when the submission is in an ‘unreasonable’ status.

Once on the Enter Unreasonable Rate Increase Justification page, the user can select a submission in an unreasonable status by selecting from the following dropdowns:

- Issuer/State
- Product
- Effective Date
- Date/Time Submitted

Once the filters have been selected, the user will click the **View Data** button to view the submission summary data. The Submission Summary displays the following data regarding the selected submission:

- Date/Time Submitted for Review
- Review Date
- Submission Type
- Status
- Submission Deadline
- Reviewer Comments

Health Insurance Oversight System – Rate Review System Technical Instructions

The user can enter Unreasonable Rate Increase Justification comments (fewer than 16000 characters) in the textbox provided within the system. The user is able to withdraw the submission via the Enter Unreasonable Rate Increase Justification page by clicking the **Withdraw Submission** button. Once the submission is withdrawn, it will be associated to a withdrawn status. The page also provides a link back to the Review Rate Data page.

The following is a systematic guide of uploading Unreasonable Rate Increase Justification once the Issuer user is signed into the Rate Review System.

1. Click the **Enter Unreasonable Rate Increase Justification** link and select desired submission to Upload Unreasonable Rate Increase Justification.
2. Click the **View Data** button.
3. The Enter Unreasonable Rate Increase Justification page will display as shown in Figure 4-20.
4. Select the **Enter Unreasonable Rate Increase Justification** textbox and enter your comments. Note that there is a 16000-character limit for this field.
5. Click the **Save Comments** button to upload your comments. A confirmation message will display.
6. Click the **Withdraw Submission** button and a confirmation pop-up will appear.
7. Click the **OK** button to withdraw the submission.
8. The submission will now be in a withdrawn status.

Health Insurance Oversight System – Rate Review System Technical Instructions

Figure 4-20 Enter Unreasonable Rate Increase Justification page

Health Insurance Oversight System Rate Review System

Tuesday, August 16, 2011 [HIOS MAIN PAGE](#) [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Welcome Jake Perrone

Rate Review Submission | [Review Rate Data](#) | [Submission Status Report](#)

[Download Rate Increase Summary Template](#) | [Upload Preliminary Justification](#) | [Upload Supplemental Materials](#) | [Upload Modification Materials](#) | **[Enter Unreasonable Rate Increase Justification](#)**

Enter Unreasonable Rate Increase Justification

(*)Indicates a required field

*Issuer/State:

*Product:

*Effective Date:

*Date/Time Submitted for Review:

[View Data](#)

Submission Summary

Date/Time Submitted for Review: 8/16/2011 10:48:30 AM
Review Date: 8/16/2011 11:09:47 AM
Submission Type: HHS Primary
Status: Unreasonable Pre-Final Justification
Submission Deadline: 8/26/2011 11:59:00 PM
Reviewer Comments:

External Comments text

***Enter Unreasonable Rate Increase Justification:**
Insert comments to respond to Unreasonable status. There is a 16000 character limit.

Unreasonable Rate Increase text

[View Review Rate Data](#)

Click the Save Comments button to submit comments. Click the Withdraw Submission button to withdraw this Record.

[Save Comments](#) [Withdraw Submission](#)

[Accessibility](#) | [Rules of Behavior](#) | [Web Policies](#) | [File Formats and Plug-Ins](#)

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201

Health Insurance Oversight System – Rate Review System Technical Instructions

5 State User

Within the Rate Review System, the State user can review submission data and make determinations on a submission, if applicable. Furthermore, they can search for submissions using the Submission Status Report. Lastly, the State user has access to a variety of reports. The following sections provide a description of the pages for the State Reviewer Functionality.

Below is a screenshot of the State Rate Review Home Page in Figure 5-1. This page will display after the State Reviewer user logs into HIOS and clicks on the **Rate Review System** button.

Health Insurance Oversight System – Rate Review System Technical Instructions

Figure 5-1 State Rate Review Home Page

Health Insurance Oversight System
Rate Review System

Wednesday, March 30, 2016

HIOS MAIN PAGE HOME FAQ CONTACT US SIGN OUT

Welcome xxxon xxxxxxxr

Review Rate Data Submission Status Report State Rate Review

Announcements

Welcome to the Rate Review Justification (RRJ) HIOS Module for non-single risk pool compliant plans (i.e. transitional policies and Student Health Insurance Plans).

Use the following resources to complete your RRJ submission for non-single risk pool compliant plans:

- [Preliminary Justification Instructions](#)
- [Preliminary Justification Template](#)
- [HIOS Manual for the RRJ Module](#)

For technical questions about the RRJ Module, please send an email to CMS_FEPS@cms.hhs.gov. For questions about the Rate Review program, policies, and reporting requirements, submit questions to ratereview@hhs.gov.

ACA Compliant Plans: If you need to submit a Rate Filing Justification for an ACA single-risk pool compliant plan, please use the Unified Rate Review (URR) HIOS Module. The URR module is accessible from the Plan Management and Market Wide Functions portal after logging into the CMS Secure Portal.

Documents in XLS or XLSX format require Microsoft Excel versions 2003, 2007 or 2010 for Microsoft Windows. Additional training materials housed on the CCIIO website are in the PDF format. If you experience problems viewing these PDF files, please [download a free version of Adobe Reader](#).

Rate Review Records on HealthCare.gov

This XML file provides the URLs for all of the rate review records that are currently posted on Healthcare.gov for your State.

- [TN PostedRateReviewRecords](#)

Information on the format of this file is provided at [XmlDataDefinition.xsd](#). The .xsd file can be viewed using notepad or Visual Studio.

Registered Issuers and Products Report

This Excel report provides information on all of the issuers that have registered for the HIOS Rate Review module in your State (i.e., these are the issuers that can submit rate review records in HIOS). Issuers are required to register separately for the Rate Review and Plan Finder HIOS modules and there may be differences between the issuers that are registered for each module in your State.

This report contains two tabs labeled "Registered Issuers and Products" and "Registered Users". The tab labeled "Registered Issuers and Products" shows all of the issuers and products that are registered in the Rate Review module. The following information is provided for each product: HIOS issuer and product ID, HIOS issuer and product name, market type, product type, and association product (yes/no).

The second tab labeled "Registered Users" provides phone and email contact information for all of the registered rate review issuer users in your State. Note that each rate review record in HIOS shows the name of the record attester. States can find contact information for the record attesters shown in HIOS in this report.

- [TN Issuer and Product Report](#)

Accessability | Rules of Behavior | Web Policies | File Formats and Plug-Ins

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201

Health Insurance Oversight System – Rate Review System Technical Instructions

5.1 State Reports

Upon logging into the Rate Review system, State Reviewers will be taken to a splash page that contains a series of files relevant to states. These include:

1. **Posted Rate Review Records XML Document:** Policy requirements dictate that all submissions from the Rate Review system that are posted on HealthCare.gov must be linked to from a State website. To help a State reach compliance for this policy requirement, CCIIO is now providing an XML file for State developers to integrate into their website that will provide this list of links to eligible submissions located on HealthCare.gov.

Note: As of April 2015, HealthCare.gov has re-activated the display of Public Rate Information with updated URL formats. As a result, URL links contained within the XML document are not currently active.

2. **XSD Document:** The .xsd file is a Data Detail of the XML document.
3. **Issuers and Products Report:** The Issuer-Product report provides State Reviewer information about the Issuers in their state, as well as the relevant products for each Issuer. This report additionally provides information about the registered Issuer-Submitter and Issuer-Attester user's active in the State Reviewer's state. Product data contained within the Issuer and Products Report references issuer information submitted within the HIOS Plan Finder modules for the associated state.

5.2 Submission Status Report

The **Submission Status Report** Page allows States to quickly search and select submitted data within the Rate Review System and should be used primarily to locate a submission in the system. The Submission Status Report page is accessible by clicking on the **Submission Status Report** link on the Rate Review System Home Page. Only users with the appropriate State user role will be able to access this view of the page.

Upon entering the Submission Status Report page, the user is provided with the option of the following search filters:

- Submission Type
- State
- Issuer / State
- Effective Date
- Submission ID
- Status field
- Submitted Date
- Attested Date information.

Health Insurance Oversight System – Rate Review System Technical Instructions

One or multiple fields may be selected or have data entered when defining search criteria. Once the user has defined the desired search criteria, results will be provided after clicking the **Search** button.

When a user requests a search, the following information will be provided in the Search Results table. A link is provided within the Submission ID column that will allow the user to navigate directly to the State Rate Review page displaying additional information on the selected submission. The following fields are presented within the search functionality:

- **Submission ID** - Provides information regarding the Identification number of the submission. The Submission ID number provides a link that will navigate the user to the referenced submission.
- **Effective Date** - A date will be provided in the Month/Day/Year format designating the date the submission is to take effect.
- **Issuer / State** - The requesting Issuer name and providing state is displayed.
- **State** - The State for the Rate Review submission is displayed.
- **Submitted Date / Time** - The date and time when the submission was received, displayed in the 'MM/DD/YYYY HH:MM:SS' format.
- **Attested Date / Time** - The date and time denoting when the submission was attested, displayed in the 'MM/DD/YYYY HH:MM:SS' format.
- **Days Since Attestation** - A number will appear providing the length of time in days since the submission has been attested.
- **Status** – Displays the current status of the submission as one of the following status indicators:
 - Deleted by CMS
 - Modified
 - Not Compliant
 - Not Unreasonable
 - Not Unreasonable (Modified)
 - Pending Supplemental Submission
 - Pre-Attestation
 - Pre-Attestation Deleted
 - Rate Filing Accepted
 - Rate Filing Accepted (Modified)
 - Record Attested
 - Review Complete
 - Review in Progress
 - Supplemental Materials Received
 - Unreasonable (Rejected by State)
 - Unreasonable Final Justification Submitted
 - Unreasonable Final Justification Submitted (Modified)

Health Insurance Oversight System – Rate Review System Technical Instructions

- Unreasonable Pre-Final Justification
- Unreasonable Pre-Final Justification (Modified)
- Withdrawn – Not Compliant
- Withdrawn – Not Unreasonable
- Withdrawn – Not Unreasonable (Modified)
- Withdrawn - Prior to Determination
- Withdrawn – Rate Filing Accepted
- Withdrawn – Rate Filing Accepted (Modified)
- Withdrawn – Unreasonable Final Justification Submitted
- Withdrawn – Unreasonable Final Justification Submitted (Modified)
- Withdrawn – Unreasonable Pre-Final Justification
- Withdrawn – Unreasonable Pre-Final Justification (Modified)
-
- **Web** – A Y or N will appear depending on if the Preliminary Justification has been web posted on HealthCare.gov or not.
- **Days in Status** - A number will appear providing the length of time in days since the submission has been placed in its status.
- **Contractor Assigned** - A Y or N will appear depending if the submission has been assigned to a contractor organization.
- **Submission Type** - The type of submission will be identified as a HHS Primary or State Primary type.

The following is a systematic navigation guide of using the Submission Status Report once the State Reviewer is signed into the Rate Review System:

1. Click the **Submission Status Report** link on the Rate Review Home Page.
2. **Submission Status Report** page displays as shown in Figure 5-2.
3. Select a State from the Dropdown menu.
4. Select the Issuer / State Type from the Dropdown menu.
5. Enter the Effective Date in the textbox using the appropriate format of MM/DD/YYYY. Enter the Submission ID in the textbox.
6. Select one or multiple Status indicated within the menu.
7. Enter the From Submitted Date in the textbox using the appropriate format of MM/DD/YYYY.
8. Enter the To Submitted Date in the textbox using the appropriate format of MM/DD/YYYY.
9. Enter the From Attested Date in the textbox using the appropriate format of MM/DD/YYYY.
10. Enter the To Attested Date in the textbox using the appropriate format of MM/DD/YYYY.

Health Insurance Oversight System – Rate Review System Technical Instructions

11. Click on the **Search** button.
12. Click on the **Select** link to access appropriate submission. Once loaded, the search results are sorted in order of Submitted Date/Time from most recent to least recent.

Figure 5-2 Submission Status Report

Review Rate Data
Submission Status Report
State Rate Review

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. Search results may be sorted by selecting the column headings. Sorting options may be reset by selecting the Search button.)

Submission ID	ST	Issuer/ST	Effective Date	Submitted Date/Time	Attested Date/Time	Days Since Attestation	Status	Web	Days in Status	Contractor Assigned	Submission Type
937870004	CO	AAA - CO	11/07/2016	11/7/2016 3:08:54 PM	11/7/2016 3:13:20 PM	7	Review In Progress	Y	4	Y	HHS Primary
563020003	DE	AAA - DE	11/07/2016	11/7/2016 2:37:05 PM	11/7/2016 2:37:49 PM	7	Review In Progress	N	7	N	State Primary
937870003	CO	AAA - CO	11/07/2016	11/7/2016 10:32:29 AM	11/7/2016 10:35:17 AM	7	Modified	N	6	N	State Primary
937870002	CO	AAA - CO	11/07/2016	11/7/2016 10:15:53 AM	11/7/2016 10:31:50 AM	7	Rate Filing Accepted	Y	7	N	State Primary
325310001	CO	American Family Insurance - CO	10/31/2016	10/31/2016 2:35:43 PM	10/31/2016 2:36:50 PM	14	Rate Filing Accepted	Y	13	N	State Primary
396700001	CO	Aetna Health Inc. (a PA corp.) - CO	10/31/2016	10/31/2016 2:26:22 PM	10/31/2016 2:27:59 PM	14	Withdrawn - Unreasonable Pre-Final Justification	N	13	N	State Primary
563020002	DE	AAA - DE	07/20/2016	7/19/2016 3:30:24 PM			Pre-Attestation	N	118	N	State Primary
563020001	DE	AAA - DE	07/20/2016	7/19/2016 3:13:15 PM	7/19/2016 3:14:36 PM	118	Withdrawn - Prior to Determination	Y	11	N	State Primary
881680002	CO	Aetna Life Insurance Company - CO	10/23/2015	10/23/2015 10:58:16 AM	10/23/2015 11:19:41 AM	388	Pending State Decision	Y	388	N	State Primary
110820002	AK	Aetna Life Insurance Company - AK	05/01/2013	2/7/2013 4:18:15 PM	2/7/2013 4:20:16 PM	1376	Modified	N	12	N	State Primary

Health Insurance Oversight System – Rate Review System Technical Instructions

13. Click on any of the column headers to sort on that column. One click will sort on a column in descending order. Two clicks will sort on it in ascending order. Three clicks will clear the sort. Refer to Figure 5-3.
14. Clicking on any other column headers while an existing sort exists will create a second hierarchical sort.
15. Click on the **Search** button to reload the search results without defined sorts or page sizes
16. Click on the **Submission ID** link (optional) to access a particular submission.

Figure 5-3 Submission Status Report example: Submission ID sorted within Issuer/State

Search Results:

(Select a Submission below to access the appropriate review page for more information on the rate submission. Search results may be sorted by selecting the column headings. Sorting options may be reset by selecting the Search button.)

Submission ID	ST	Issuer/ST	Effective Date	Submitted Date/Time	Attested Date/Time	Days Since Attestation	Status	Web	Days in Status	Contractor Assigned	Submission Type
881680002	CO	Aetna Life Insurance Company - CO	10/23/2015	10/23/2015 10:58:16 AM	10/23/2015 11:19:41 AM	388	Pending State Decision	Y	388	N	State Primary
937870002	CO	AAA - CO	11/07/2016	11/7/2016 10:15:53 AM	11/7/2016 10:31:50 AM	7	Rate Filing Accepted	Y	7	N	State Primary
937870003	CO	AAA - CO	11/07/2016	11/7/2016 10:32:29 AM	11/7/2016 10:35:17 AM	7	Modified	N	6	N	State Primary
937870004	CO	AAA - CO	11/07/2016	11/7/2016 3:08:54 PM	11/7/2016 3:13:20 PM	7	Review In Progress	Y	4	Y	HHS Primary
563020001	DE	AAA - DE	07/20/2016	7/19/2016 3:13:15 PM	7/19/2016 3:14:36 PM	118	Withdrawn - Prior to Determination	Y	11	N	State Primary
563020002	DE	AAA - DE	07/20/2016	7/19/2016 3:30:24 PM			Pre-Attestation	N	118	N	State Primary
563020003	DE	AAA - DE	11/07/2016	11/7/2016 2:37:05 PM	11/7/2016 2:37:49 PM	7	Review In Progress	N	7	N	State Primary
396700001	CO	Aetna Health Inc. (a PA corp.) - CO	10/31/2016	10/31/2016 2:26:22 PM	10/31/2016 2:27:59 PM	14	Withdrawn - Unreasonable Pre-Final Justification	N	13	N	State Primary
671900001	DE	Aetna Health Inc. (a PA corp.) - DE	07/01/2012	5/1/2012 1:17:12 PM	5/1/2012 1:27:33 PM	1658	Not Unreasonable	N	1424	N	State Primary
110820001	AK	Aetna Life Insurance Company - AK	04/01/2013	10/24/2012 2:13:54 PM	10/24/2012 2:16:51 PM	1482	Unreasonable (Rejected by State)	N	1427	N	State Primary

5.3 State Rate Review Page

The user can navigate to the State Rate Review page by selecting a submission on the **Submission Status Report**. The user can also access the State Review page by clicking on the **State Rate Review** link on the Rate Review System Home Page. From the State review page, the user can view the Review Rate Data Page, review and download the record materials, view modification materials (for State Primary submissions only), and set a determination to submissions in which the State is the primary reviewer.

Health Insurance Oversight System – Rate Review System Technical Instructions

The **Review Rate Data** page (refer to Section 5.4) provides the State with a view of what the Issuer sees in the system for a given record. This page provides an HTML display of the Rate Summary Form data that is not available on the **State Rate Review** page.

The State user will be allowed to make a determination on submissions that are a State Primary Submission Type and have been attested by the Issuer. The State user can also view submission documents for submissions that have yet to be attested, have been deleted or withdrawn, or are an HHS Primary submission within their state. In these cases, the State user will not be able to make a final determination.

Once on this page, the user can select the submission by selecting from the following filters and clicking the **View Data** button:

- Issuer/State
- Product
- Effective Date
- Date/Time Submitted for Review

In order to set a determination to any of the below statuses, external comments must be entered:

- Submissions with Threshold Rate Increases or Modified Rate Change % at 10% or above:
 - Not Unreasonable
 - Not Unreasonable (Modified)
 - Unreasonable (Rejected by State)
 - Unreasonable Pre-Final Justification
 - Unreasonable Pre-Final Justification (Modified)
- Submissions with Threshold Rate Increases or Modified Rate Change % below 10%:
 - Not Compliant
 - Rate Filing Accepted
 - Rate Filing Accepted (Modified)

The external comments will be displayed on the public facing HealthCare.gov. Both the State and HHS reviewers will also be provided an internal comments box that will display comments from both user types. The Modified Rate Change field will require a numeric value if the Issuer submits a modification for that submission.

Note: In order to validate the Modified Rate and display the applicable statuses the state user must press the **Apply Modified Rate** button. Once the Modified Rate has been applied the page will refresh and display any applicable statuses based on if the modified rate is at 10% and above or below 10%.

When the user is ready to assign a determination to the submission, the reviewer will select the determination using the values in the status dropdown menu, provide a modified rate

Health Insurance Oversight System – Rate Review System Technical Instructions

change value and apply (if applicable), provide external comments (if required), and click on the **Save** button. A confirmation message will display stating that the changes have been made for this submission.

If an error is made in entering in any internal or external comments, the user can change the status to Review in Progress, then click on the **Save** button. The comments boxes will be editable again and any changes can be made. Once the reviewer makes those changes, they can change the status to the appropriate determination and click the **Save** button again. If the user makes an error and selects an incorrect status, they can change the status directly to the correct status and click the **Save** button. The status dropdown will always remain enabled for the State Reviewer unless the submission is a HHS primary submission, is in Pre-Attestation status, or has been deleted or withdrawn.

To return to the Rate Review Home Page from the State Rate Review page, click the **Home** button in the top right hand corner of the page. To return to the Submission Status Report, click the **Submission Status Report** link. The most recent search criteria used in the Submission Status Report will display.

The following is a systematic guide on how to use the State Rate Review Page once the State Reviewer user is signed into the Rate Review System and navigates to the State Rate Review Page directly from the Rate Review Home Page:

1. Click the **State Rate Review Page** link on the Rate Review Home Page.
2. The State Rate Review page displays as shown in Figure 5-4 and Figure 5-5.

Health Insurance Oversight System – Rate Review System Technical Instructions

Figure 5-4 State Rate Review Page

Review Rate Data	Submission Status Report	State Rate Review
------------------	--------------------------	--------------------------

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:	11/7/2016 3:08:54 PM
Submission ID:	937870004
Attester:	Will Parkerson
Date/Time Attested:	11/7/2016 3:13:20 PM
Filing Tracking Number:	N/A
Product(s):	93787CO011-AAA Idemnity 11-Individual-Indemnity
Total Number of Products:	1
Policy Form ID(s):	12345
Total Number of Policy Form IDs:	1
Submission Type:	HHS Primary
Market Type:	Individual
Association Type:	Association
Current Status:	Review In Progress
Contractor Assigned:	Yes

[View Review Rate Data](#)

Record Materials

Rate Summary Form: [Below_10.xls \(85.0KB\)](#)

Written Description Justifying the Rate Increase:

Sample Justification Statement

Health Insurance Oversight System – Rate Review System Technical Instructions

Figure 5-5 State Rate Review Page (Cont.)

HHS Part II Content Review:
Web-Post Preliminary Justification(Y/N): Yes No
Public Rate Filing: [Above 10.xls \(84.0KB\)](#)
[Below 10.xls \(85.0KB\)](#)
Supplemental Material(s): N/A
Issuer Response Submitter: N/A
Issuer Response Date: N/A
Issuer Final Justification for an Unreasonable Rate Increase Justification:

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

[View Modification Materials](#)

Submission Review

Status:

Modified Rate Change (%):

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

test

Note: There is a 5000 character limit.

[Submission Status Report](#)

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

3. Select an Issuer/State, Product, Effective Date, and Date/Time Submitted for Review from the dropdown menu.
4. Click the **View Data** button.
5. Click the **View Review Rate Data** link to view the Review Rate Data Page.
6. Click the file links to view the record materials in their respective format.

Health Insurance Oversight System – Rate Review System Technical Instructions

7. Click the **View Modification Materials** link if the Issuer submits a modification.
8. To change the status, select the appropriate status from the status dropdown.
9. Update the Modified Rate Change % field and click the Apply Modified Rate button (if applicable).
10. Enter any external comments in the external comments textbox.
11. Enter any internal comments in the internal comments textbox.
12. Click the **Save** button to save updates to submission review.

5.4 Review Rate Data

The **Review Rate Data** page provides the State the opportunity to view an Issuer's information utilizing the Issuer perspective within the Rate Review System. The user can select a submission on the **Review Rate Data** page by selecting from the following dropdowns:

- Issuer/State
- Product
- Effective Date
- Date/Time Submitted

When the filters have been selected, the user will click the **View Data** button to view the submission summary data. The Submission Summary page displays the following data regarding the selected submission:

- Date/Time Submitted for Review
- Submission ID
- Status
- Submitter
- NAIC Company Code
- Submission Type
- Market Type
- Association Type
- Filing Tracking Number
- Product(s)
- Total Number of Products
- Policy Form ID(s)
- Total Number of Policy IDs

The user can download or view the following submitted materials:

- Rate Summary Form
- Written Description Justifying the Rate Increase

Health Insurance Oversight System – Rate Review System Technical Instructions

- Public Rate Filing (HHS Primary submissions only)
- HHS Review Only (HHS Primary submissions only)
- Issuer Response to Unreasonable Rate Increase Justification (if applicable)

The submission summary also provides links to the following pages:

- Submission Data
- Modification Materials
- State Rate Review

To view the data from the submission's Rate Summary Form, the user will click the **View Submission Data** link. The Submission Data page will display the following fields:

- Issuer/State,
- Product,
- Effective Date, and
- Date/Time Submitted for Review

The page will also display the Rate Summary Form submitted in .xls format. The user can click the **View Submission Summary** link to navigate back to the Submission Summary page.

The following is a systematic guide of the Review Rate Data pages once the State user is signed into the Rate Review System:

1. Click the **Review Rate Data** link on the Rate Review Home Page.
2. Review Rate Data submission selection page displays as shown in Figure 5-6 and Figure 5-7.
3. Select Issuer/State, Product, Effective Date, and Date/Time Submitted for Review for desired submission.
4. Click the **View Data** button.
5. The Submission Summary displays.
6. Click the **View Submission Data** link to view the Submission Data – Rate Increase Summary page.
7. Click the **View Submission Summary** link to navigate back to the Submission Summary Page.

Health Insurance Oversight System – Rate Review System Technical Instructions

Figure 5-6 Review Rate Data (State)

Review Rate Data | Submission Status Report | State Rate Review

Review Rate Data

[PRINT](#)

(*)Indicates a required field

*Issuer/State: AAA-CO

*Product: 93787CO011-AAA Idemnity 11-Individual-Indemnity

*Effective Date: 11/07/2016

*Date/Time Submitted for Review: 11/7/2016 3:08:54 PM

[View Data](#)

Submission Summary

Date/Time Submitted for Review:	11/7/2016 3:08:54 PM
Submission ID:	937870004
Status:	Review In Progress
Submitter:	Will Parkerson
NAIC Company Code:	
Submission Type:	HHS Primary
Market Type:	Individual
Association Type:	Association
Filing Tracking Number:	N/A
Product(s):	93787CO011-AAA Idemnity 11-Individual-Indemnity
Total Number of Products:	1
Policy Form ID(s):	12345
Total Number of Policy Form IDs:	1

Health Insurance Oversight System – Rate Review System Technical Instructions

Figure 5-7 Review Rate Data (State) (Cont.)

Record Materials

Rate Summary Form: [Rate_Summary_Template_\(With_Data\).xls \(76.5KB\)](#)

Written Description Justifying the Rate Increase:

asd

Issuer Response Submitter: N/A

Issuer Response Date: N/A

Issuer Final Justification for an Unreasonable Rate Increase Justification:

[View Submission Data](#)

[View Modification Materials](#)

[View State Rate Review](#)

Attested by Jake Perrone on 8/15/2011 1:22:48 PM

Files submitted into this system may not be 508 compliant.

[Accessibility](#) | [Rules of Behavior](#) | [Web Policies](#) | [File Formats and Plug-Ins](#)

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201

Health Insurance Oversight System – Rate Review System Technical Instructions

6 Contact Us/Support

The following section captures support information for questions specifically related to policy, technical installation and downloads.

6.1 Contact Us/ Support Details

If you have questions related to using the application installation or need technical support, please contact the help desk at CMS_FEPS@cms.hhs.gov or at 1-855-267-1515.

- The help desk hours of operation currently are 7:45 AM to 1 AM EST, seven days a week (not including federal government observed holidays or closures).

If you have, questions related to Rate Review Justification policy, please contact ratereview@cms.hhs.gov.