



# Health Insurance Issuer Rate Review Training

*Module 1: Rate Review Reporting  
Requirements and Web-Based Data  
Submission Training*

**Module 1: Rate Review Reporting Requirements and  
Web-Based Data Submission Training**



# Information About the Issuer Training

- Issuer training includes three modules:
  - Module 1: Rate Review Reporting Requirements and Web-based Data Submission Training
  - Module 2: Technical Instructions for Completing the Preliminary Justification
  - Module 3: Technical Instructions for Calculating the Subject to Review Threshold
- Additional training materials are available on the CCIO website: <http://cciio.cms.gov/>



# Rate Review Program

- Established by Section 2794 of the Public Health Service Act (as amended by the Patient Protection and Affordable Care Act)
- Rate Increase Disclosure and Review Regulation (45 CFR §§ 154.101-154.301)
  - Published on May 23, 2011
  - Effective on September 1, 2011



# Overview of the Rate Review Program

- Issuers report on rate increases at or above “Subject to Review” threshold
- Issuers submit a Preliminary Justification
- Rate Review conducted by States or CMS
- Preliminary Justification and review determinations posted on [healthcare.gov](http://healthcare.gov)



# The Applicability

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



# The Preliminary Justification

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



# Timing of Preliminary Justification Submissions

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



# HIOS Rate Review Module

- All Rate Review issuer reporting requirements must be submitted in HIOS
- Training announcement included HIOS registration information
- Issuers should review the technical HIOS instructions manual





# HIOS Sign-In

## Health Insurance Oversight System

Tuesday, July 26, 2011

### Sign-In

\* Indicates required fields.

User Name:\*   
Password:\*

[Forgot Password?](#)

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

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



[Can't read it?](#)  
[Generate New Image](#)



\*



# HIOS Main Page Menu

The screenshot shows the HIOS main page menu. At the top, there is a green header with the text "Health Insurance Oversight System". Below the header, there is a navigation bar with a date "Thursday, July 21, 2011" on the left and four buttons: "HIOS MAIN PAGE", "FAQ", "CONTACT US", and "SIGN OUT" on the right. Below the navigation bar, there is a "Welcome Beverly" message. The main content area is titled "HIOS Portal Home Page" and contains three large green buttons: "Manage Account", "HIOS Plan Finder Product Data Collection", and "Rate Review System". At the bottom of the page, there is a footer with a dashed line above it, containing links for "Accessibility", "Rules of Behavior", "Web Policies", and "File Formats and Plug-Ins". Below the footer, there is a copyright notice: "U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201".

## Health Insurance Oversight System

Thursday, July 21, 2011

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

Welcome Beverly

### HIOS Portal Home Page

- Manage Account
- HIOS Plan Finder Product Data Collection
- Rate Review System

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

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# Rate Review System

## Health Insurance Oversight System Rate Review System

Monday, July 25, 2011

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

<a href="#">Rate Review Submission</a>	<a href="#">Review Rate Data</a>	<a href="#">Submission Status Report</a>
--	----------------------------------	--

### Announcements

Here is a placeholder for announcements.

#### Related Links

- [Link 1](#)
- [Link 2](#)
- [Link 3](#)
- [Link 4](#)
- [Link 5](#)

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

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# Rate Review Submission Tab

## Health Insurance Oversight System Rate Review System

Thursday, July 14, 2011

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Lauren Jones

**Rate Review Submission**

Review Rate Data

Submission Status Report

HHS Rate Review

Submission Type Administrator

Download Rate Increase Summary Template

Upload Preliminary Justification

Upload Supplemental Materials

Upload Modification Materials

Enter Unreasonable Rate Increase Justification

### Issuer Tools

Here is a place to add some instructional text.

[Accessibility](#)

[Rules of Behavior](#)

[Web Policies](#)

[File Formats and Plug-Ins](#)



# Uploading the Preliminary Justification

## Health Insurance Oversight System Rate Review System

Thursday, July 21, 2011 
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Welcome Jason Lunsford

### Upload Preliminary Justification

(\*) Indicates a required field

#### Issuer Information

**\*Issuer/State:**

**\*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):**

[Add Product\(s\)](#)

[Remove Product\(s\)](#)

**Selected Product(s):**

Number of Products = 0

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

---

**\*Policy Form ID(s):** (on record with applicable State)

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

**Enter Policy Form ID(s):**

[Add Policy Form ID](#)

[Remove Policy Form ID](#)

Number of Policy Form IDs = 0

---

**Filing Tracking Number** (SERFF or State ID, if no SERFF ID exists for this filing):

[Continue](#)

---

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

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# Uploading the Preliminary Justification (continued)

## Health Insurance Oversight System Rate Review System

Thursday, July 21, 2011

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

Welcome Jason Lunsford

### Upload Preliminary Justification

#### Issuer Data Entered

You are about to upload the following Rate Review Record:

**abcd-OR**

<b>Product(s):</b>	74330OR001-skldskl-Individual-POS
<b>Total Number of Products:</b>	1
<b>Effective Date:</b>	09/15/2011
<b>Filing Tracking Number:</b>	12345
<b>Policy Form ID(s):</b>	12345
<b>Total number of Policy Form IDs:</b>	1

[Edit Data on Previous Page](#)

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).

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.

[Browse...](#)



# Uploading the Preliminary Justification (continued)

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

## \*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 file must be in .xls, .xlsx, .doc, .docx, .pdf or .txt format and cannot exceed 10MB.

Browse...

[Add Rate Filing Document](#)

### \*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.

Browse...

[Add HHS Only Document](#)

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

[Upload](#)

[Reset](#)



# Preliminary Justification Submission Confirmation

## Health Insurance Oversight System Rate Review System

Monday, June 27, 2011

[HOME](#)

[FAQ](#)

[CONTACT US](#)

[SIGN OUT](#)

Tiffany Kavanaugh

### Process Pending

The following Case has been uploaded to the system and is pending further validation:

#### State Ins. Co.-KY

<b>Product(s):</b>	28281KY001-Basic Hosp/Surgical-Individual-Indemnity
<b>Total Number of Products:</b>	1
<b>Effective Date:</b>	09/01/2011
<b>Filing Tracking Number:</b>	ABC
<b>Policy Form ID(s):</b>	123
<b>Total Number of Policy Form IDs:</b>	1
<b>Date/Time Submitted for Review:</b>	6/27/2011 6:50:18 PM
<b>Submission ID:</b>	000002

#### Documents Uploaded for this Case:

<b>Rate Summary Form:</b>	RateSummaryTemplateNewEdition.xls
<b>Written Description Justifying the Rate Increase:</b>	RR Test.docx
<b>Public Rate Filing Documentation:</b>	RR Test.pdf
<b>HHS Review Only Documentation:</b>	RR Test.doc

You will receive an email notification with the validation details.

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





# Email Confirmation of Submission

## Successful Email Notification

You have been identified as either an Issuer Submitter or Issuer Attester. Thank you for submitting your Preliminary Justification through the Rate Review System. We have received the submission listed below:

Rate Review Record  
Issuer Name: Health, Inc.  
Effective Date: 07/21/2011  
Submission ID: 000006  
Product(s): 31317AL015-SG80-Small Group-HMO Policy Form Id(s): 1

The Rate Summary Worksheet (Part I of the Preliminary Justification) has been uploaded without errors. You will now be able to access the Rate Review System at [www.insuranceoversight.hhs.gov](http://www.insuranceoversight.hhs.gov) to review and/or attest to the submitted data. If you have any questions regarding this email notification, please contact the help desk at [insuranceoversight@hhs.gov](mailto:insuranceoversight@hhs.gov) or 1-877-343-6507.

Thank you,  
The Rate Review System Team



# Accessing Submitted Records

## Health Insurance Oversight System Rate Review System

Monday, July 25, 2011

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

<a href="#">Rate Review Submission</a>	<a href="#">Review Rate Data</a>	<a href="#">Submission Status Report</a>
--	----------------------------------	--

### Announcements

Here is a placeholder for announcements.

#### Related Links

- [Link 1](#)
- [Link 2](#)
- [Link 3](#)
- [Link 4](#)
- [Link 5](#)

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# Accessing Submitted Records (Continued)

## Health Insurance Oversight System Rate Review System

Thursday, July 21, 2011

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Welcome Jason Lunsford

### Submission Status Report

[PRINT](#)

**Submission Type:**

**State:**

**Issuer/State:**

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

**Submission ID:**

---

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

Modified  
 Not Unreasonable  
 Not Unreasonable (Modified)

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

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

[Search](#)

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# Accessing submitted records (Continued)

## Health Insurance Oversight System Rate Review System

Tuesday, July 12, 2011 
[HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Welcome Jason Lunsford

### Submission Status Report

[PRINT](#)

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

---

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

**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.)

4 results found.

	Submission ID	Effective Date	Issuer / State	State	Submitted Date/Time	Attested Date/Time	Days Since Attestation	Status	Days in Status	Submission Type
<a href="#">Select</a>	000001	07/07/2011	Life and Health Insurance Co - NV	NV	7/7/2011 1:35:40 PM	7/7/2011 1:55:43 PM	5	Review In Progress	4	State Primary
<a href="#">Select</a>	000001	08/04/2011	abcd - OR	OR	7/7/2011 2:02:22 PM	7/7/2011 2:03:46 PM	5	Withdrawn - Prior to Determination	5	HHS Primary
<a href="#">Select</a>	000001	09/15/2011	abcd - SC	SC	7/8/2011 12:20:52 PM	7/8/2011 12:21:11 PM	4	Review Complete	4	HHS Primary
<a href="#">Select</a>	000001	07/07/2011	Health Plans Inc - UT	UT	7/7/2011 1:51:39 PM	7/7/2011 1:54:41 PM	5	Unreasonable Final Justification Submitted	5	HHS Primary

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# Accessing submitted records (Continued)

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



# Accessing submitted records (Continued)

## Health Insurance Oversight System Rate Review System

Tuesday, July 12, 2011 
[HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Welcome Jason Lunsford

### Submission Status Report

[PRINT](#)

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

---

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

**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.)

4 results found.

	Submission ID	Effective Date	Issuer / State	State	Submitted Date/Time	Attested Date/Time	Days Since Attestation	Status	Days in Status	Submission Type
<a href="#">Select</a>	000001	07/07/2011	Life and Health Insurance Co - NV	NV	7/7/2011 1:35:40 PM	7/7/2011 1:55:43 PM	5	Review In Progress	4	State Primary
<a href="#">Select</a>	000001	08/04/2011	abcd - OR	OR	7/7/2011 2:02:22 PM	7/7/2011 2:03:46 PM	5	Withdrawn - Prior to Determination	5	HHS Primary
<a href="#">Select</a>	000001	09/15/2011	abcd - SC	SC	7/8/2011 12:20:52 PM	7/8/2011 12:21:11 PM	4	Review Complete	4	HHS Primary
<a href="#">Select</a>	000001	07/07/2011	Health Plans Inc - UT	UT	7/7/2011 1:51:39 PM	7/7/2011 1:54:41 PM	5	Unreasonable Final Justification Submitted	5	HHS Primary

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# Accessing submitted records (Continued)

## Health Insurance Oversight System Rate Review System

Friday, July 22, 2011

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

Welcome Jason Lunsford

### Review Rate Data

[PRINT](#)

(\*)Indicates a required field

*Issuer/State:	<input type="text" value="abcd-OR"/>
*Product:	<input type="text" value="74330OR001-skifdskl-Individual-POS"/>
*Effective Date:	<input type="text" value="08/15/2011"/>
*Date/Time Submitted for Review:	<input type="text" value="7/22/2011 10:08:34 AM"/>

[View Data](#)

---

### Submission Summary

<b>Date/Time Submitted for Review:</b>	7/22/2011 10:08:34 AM
<b>Submission ID:</b>	000002
<b>Status:</b>	Pre-Attestation
<b>Submitter:</b>	Jason Lunsford
<b>NAIC Company Code:</b>	
<b>Submission Type:</b>	HHS Primary
<b>Filing Tracking Number:</b>	N/A
<b>Product(s):</b>	74330OR001-skifdskl-Individual-POS
<b>Policy Form ID(s):</b>	1234

---

### Record Materials

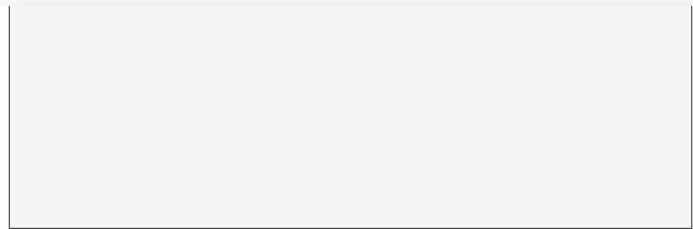
**Rate Summary Form:** [RateSummaryTemplateNewEdition.xls \(58.0KB\)](#)

**Written Description Justifying the Rate Increase:**

Example Text



# Accessing submitted records (Continued)



**Public Rate Filing:** [test.doc \(21.5KB\)](#)

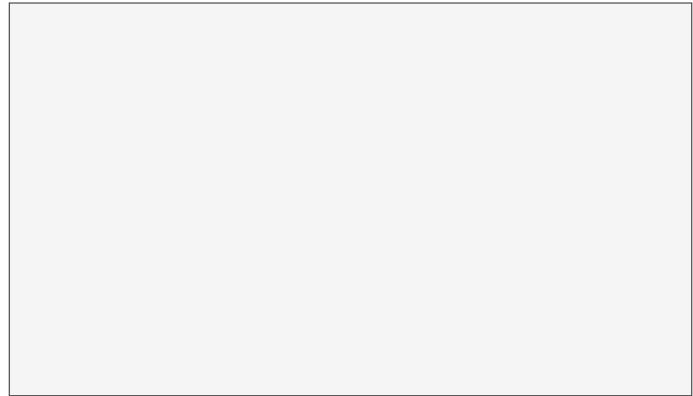
**HHS Review Only:** [test.doc \(21.5KB\)](#)

**Supplemental Material(s):** N/A

**Issuer Response Submitter:**

**Issuer Response Date:**

**Issuer Response to Unreasonable Rate Increase Justification:**



[View Submission Data](#)

[Modify Submission](#)

[View Modification Materials](#)

[Upload Supplemental Materials](#)

[Submission Status Report](#)

Attested by Zach Arritt on 7/19/2011 10:59:18 AM

Files submitted into this system may not be 508 compliant.





# Reviewing Data Submissions

## Health Insurance Oversight System Rate Review System

Friday, July 22, 2011

[HIOS MAIN PAGE](#)

[HOME](#)

[FAQ](#)

[CONTACT US](#)

[SIGN OUT](#)

Welcome Jason Lunsford

### Rate Review Data

Issuer/State: abcd - SC  
Product: 87629SC001-skldfsl-Individual-POS  
Effective Date: 09/15/2011  
Date/Time Submitted for Review: 7/8/2011 12:20:52 PM

[PRINT](#)

### Submission Data - Rate Increase Summary

#### A. Base Period Data

Start Period: 1/1/2011 End Period: 12/31/2011

Service Categories	Member Months	Total Allowed	Net Claims	Cost Sharing	Cost Sharing PMPM	Net PMPM	Allowed PMPM
Inpatient	10,000	\$313,250.00	\$244,355.00	\$68,895.00	\$6.89	\$24.44	\$31.33
Outpatient	10,000	\$311,000.00	\$242,560.00	\$68,420.00	\$6.84	\$24.26	\$31.10
Professional	10,000	\$774,000.00	\$603,720.00	\$170,280.00	\$17.03	\$60.37	\$77.40
Prescription Drugs	10,000	\$498,000.00	\$368,500.00	\$129,500.00	\$12.95	\$36.85	\$49.80
Other	10,000	\$45,800.00	\$35,700.00	\$10,100.00	\$1.01	\$3.57	\$4.58
Capitation	10,000	\$75,000.00	\$75,000.00			\$7.50	\$7.50
Total	10,000	\$2,017,050.00	\$1,569,855.00	\$447,195.00	\$44.72	\$156.99	\$201.71

#### B. Claim Projections

##### B.1 Adjustment to the Current Rate

Start Period: 1/1/2011 End Period: 12/31/2011

Service Categories	Overall Medical Trend	Projected Allowed PMPM	Net Claims	Cost Sharing
Inpatient	1.0154	\$31.81	\$25.13	0.21
Outpatient	1.0462	\$32.54	\$25.70	0.21
Professional	1.0284	\$79.60	\$62.88	0.21
Prescription Drugs	1.0669	\$53.13	\$39.85	0.25
Other	1.0155	\$4.65	\$3.67	0.21
Capitation	1.01	\$7.58	\$7.58	0
Total		\$209.30	\$164.81	0.21

# Reviewing Data Submissions (Continued)

## B.2 Claims Projection for Future Rate

Start Period: 1/1/2011 End Period: 12/31/2011

Service Categories	Overall Medical Trend	Projected Allowed PMPM	Net Claims	Cost Sharing
Inpatient	1.0783	\$34.30	\$26.75	0.22
Outpatient	1.1185	\$36.39	\$28.39	0.22
Professional	1.0877	\$86.58	\$67.53	0.22
Prescription Drugs	1.1316	\$60.12	\$44.79	0.26
Other	1.0812	\$5.03	\$3.92	0.22
Capitation	1.021	\$7.73	\$7.73	0
<b>Total</b>		<b>\$230.15</b>	<b>\$179.11</b>	<b>0.22</b>

## B.3 Medical Trend Breakout

Factor	Impact
Utilization	50%
Unit Cost	40%
Other Factors	10%

## C. Components of Current and Future Rates

	Future Rate		Prior Estimate of Current Rate		Difference	
	PMPM	%	PMPM	%	PMPM	%
1. Projected Net Claims	\$179.11	76.2%	\$159.20	75.73%	\$19.91	80.22%
2. Administrative Costs	\$45.75	19.46%	\$43.33	20.61%	\$2.42	9.75%
3. Underwriting Gain/Loss	\$10.19	4.34%	\$7.70	3.66%	\$2.49	10.03%
4. Total Rate	\$235.05	100%	\$210.23	100%	\$24.82	100%
5. Overall Rate Increase		11.81%				

## D. Components of Rate Increase

Claims Components	Impact on Rate	Percent
1. Inpatient	\$1.97	9.87%
2. Outpatient	\$3.05	15.3%
3. Professional	\$5.51	27.68%
4. Prescription Drugs	\$5.24	26.32%
5. Other	\$0.30	1.5%
6. Capitation	\$0.16	0.8%
7. Cost Share Change	-\$1.92	-9.66%
8. Correction of Prior Net Claims Estimate	\$5.61	28.18%
9. Total	\$19.91	100%

Claims Restatement for Current Rate Period		
8.a. Prior Net Claims Estimate for Current Rate Period		\$159.20
8.b. Re-Estimate of Net Claims PMPM for Current Rate Period		\$164.81

## E. List of Annual Average Rate Changes Requested and Implemented in the Past Three Calendar Years

Calendar Year	New Form	Requested	Implemented
2010	N	10%	10%
2009	N	8%	8%
2008	N	7%	7%

## F. Range and Scope of Proposed Increase

Number of Covered Individuals  
900

	Range of Rate Increase
Minimum % Increase	5%
Maximum % Increase	13.6%



# Attestation and Deletion

## Health Insurance Oversight System Rate Review System

Friday, July 22, 2011

[HIOS MAIN PAGE](#)
[HOME](#)
[FAQ](#)
[CONTACT US](#)
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Welcome Jason Lunsford

### Review Rate Data

[PRINT](#)

(\*)Indicates a required field

\*Issuer/State:

\*Product:

\*Effective Date:

\*Date/Time Submitted for Review:

[View Data](#)

---

### Submission Summary

<b>Date/Time Submitted for Review:</b>	7/22/2011 10:08:34 AM
<b>Submission ID:</b>	000002
<b>Status:</b>	Pre-Attestation
<b>Submitter:</b>	Jason Lunsford
<b>NAIC Company Code:</b>	
<b>Submission Type:</b>	HHS Primary
<b>Filing Tracking Number:</b>	N/A
<b>Product(s):</b>	74330OR001-skifdskl-Individual-POS
<b>Policy Form ID(s):</b>	1234

---

### Record Materials

**Rate Summary Form:** [RateSummaryTemplateNewEdition.xls \(58.0KB\)](#)

**Written Description Justifying the Rate Increase:**

Example Text



# Attestation and Deletion (Continued)

[View Submission Data](#)

[Delete Submission](#)

[View Modification Materials](#)

[Upload Supplemental Materials](#)

[Submission Status Report](#)

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.



# Attestation and Deletion (Continued)

## Review Rate Data

[PRINT](#)

(\*)Indicates a required field

\*Issuer/State:

\*Product:

\*Effective Date:

\*Date/Time Submitted for Review:

[View Data](#)

## Submission Summary

<b>Date/Time Submitted for Review:</b>	7/22/2011 10:08:34 AM
<b>Submission ID:</b>	000002
<b>Status:</b>	Record Attested
<b>Submitter:</b>	Jason Lunsford
<b>NAIC Company Code:</b>	
<b>Submission Type:</b>	HHS Primary
<b>Filing Tracking Number:</b>	N/A
<b>Product(s):</b>	74330OR001-skldskl-Individual-POS
<b>Policy Form ID(s):</b>	1234



# Supplemental Information Requests

- For CMS reviews, CMS may request supplemental information
  
- If supplemental information requested
  - Issuers must respond within ten business days
  - Information must be submitted through HIOS



# Supplemental Information Request Email

## Rate Review Record

Issuer Name: abcd

Effective Date: 08/15/2011

Submission ID: 000002

Product(s): 74330OR001-skldskl-Individual-POS

Policy Form Id(s): 1234

CMS has reviewed your Preliminary Justification and has determined that additional information is needed in order to complete the review of this rate increase.

## HHS Supplemental Information Request:

This is an example of text for requesting Supplemental Materials

HHS Request Date: 7/22/2011 10:21:30 AM

Supplemental Information Submission Deadline: 8/5/2011 11:59:00 PM

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

Thank you,

The Rate Review System Team



# Submission of Supplemental Information Requests

## Review Rate Data

PRINT

(\*)Indicates a required field

\*Issuer/State:

\*Product:

\*Effective Date:

\*Date/Time Submitted for Review:

[View Data](#)

## Submission Summary

<b>Date/Time Submitted for Review:</b>	7/22/2011 10:08:34 AM
<b>Submission ID:</b>	000002
<b>Status:</b>	Pending Supplemental Submission
<b>Submitter:</b>	Jason Lunsford
<b>NAIC Company Code:</b>	
<b>Submission Type:</b>	HHS Primary
<b>Filing Tracking Number:</b>	N/A
<b>Product(s):</b>	74330OR001-skldskl-Individual-POS
<b>Policy Form ID(s):</b>	1234





# Submission of Supplemental Information Requests (Continued)

**Public Rate Filing:** [test.doc \(21.5KB\)](#)

**HHS Review Only:** [test.doc \(21.5KB\)](#)

**Supplemental Material(s):** N/A

**Issuer Response Submitter:**

**Issuer Response Date:**

**Issuer Response to Unreasonable Rate Increase Justification:**

[View Submission Data](#)

View Modification Materials

[Upload Supplemental Materials](#)

[Submission Status Report](#)

[Modify Submission](#)

Attested by Zach Arritt on 7/19/2011 10:59:18 AM

Files submitted into this system may not be 508 compliant.



# Submission of Supplemental Information Requests (Continued)

## Health Insurance Oversight System Rate Review System

Friday, July 22, 2011

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

Welcome Jason Lunsford

### Upload Supplemental Materials

(\*) Indicates a required field

\*Issuer/State:

\*Product:

\*Effective Date:

\*Date/Time Submitted for Review:

[View Data](#)

---

### Submission Summary

<b>Date/Time Submitted for Review:</b>	7/22/2011 10:08:34 AM
<b>Status:</b>	Pending Supplemental Submission
<b>HHS Request Date:</b>	7/22/2011
<b>Submission Deadline:</b>	8/5/2011

**HHS Comments:**

This is an example of text for requesting Supplemental Materials

---

### Upload Supplemental 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](#)

Please select the Upload button to submit. Click 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](#)

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# Submission of Supplemental Information Requests (Continued)

## Upload Supplemental Materials

### Confirmation:

- The files have been successfully uploaded into the system.

(\*) Indicates a required field

\*Issuer/State:

abcd-OR ▼

\*Product:

74330OR001-sklfdskl-Individual-POS ▼

\*Effective Date:

8/15/2011 ▼

\*Date/Time Submitted for Review:

7/22/2011 10:08:34 AM ▼

[View Data](#)



# Modify Function

- Used by issuers to communicate modifications to rate increase while a rate is under review
- Only for CMS reviews
- Issuers must provide a text description of the modification and may also upload files



# Modify Function (continued)

[View Submission Data](#)

[Modify Submission](#)

[View Modification Materials](#)

[Upload Supplemental Materials](#)

[Submission Status Report](#)

**Attested by Jason Lunsford on 7/22/2011 11:12:12 AM**

Files submitted into this system may not be 508 compliant.

[Accessibility](#)

[Rules of Behavior](#)

[Web Policies](#)

[File Formats and Plug-Ins](#)



# Modify Function (Continued)

## Health Insurance Oversight System Rate Review System

Tuesday, June 28, 2011 
[HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Tiffany Kavanaugh

### Upload Modification Materials

(\*) Indicates a required field

\*Issuer/State:

\*Product:

\*Effective Date:

\*Date/Time Submitted for Review:

[View Data](#)

**Date/ Time Submitted for Review:** 6/28/2011 9:41:51 AM

**Status:** Record Attested

**Previously Uploaded Materials**

There are no previously uploaded materials.

**\*Explanation of Modification**

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

Rate increase modified to 15%

**Upload Modification 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](#)

Click the upload button to submit Explanation of Modification, and Modification Materials (when included). 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](#)

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# Modify Function (Continued)

[View Submission Data](#)

[View Modification Materials](#)

[Upload Supplemental Materials](#)

[Submission Status Report](#)



# Rate Review Determinations

- Review determinations
  - Unreasonable Rate Increase
  - Unreasonable Rate Increase (Modified)
  - Unreasonable Rate Increase (Rejected by State)
  - Not Unreasonable
  - Not Unreasonable (Modified)
  - Withdrawn Prior to Determination





## Final Justification for Unreasonable Rate Increases

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



# Final Justification Submission (Continued)

## Health Insurance Oversight System Rate Review System

Friday, July 22, 2011 
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Welcome Jason Lunsford

### 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:** 7/22/2011 10:08:34 AM  
**Review Date:** 7/22/2011 11:02:37 AM  
**Submission Type:** HHS Primary  
**Status:** Unreasonable Pre-Final Justification  
**Submission Deadline:** 8/1/2011 11:59:00 PM  
**Reviewer Comments:**

-----

**\*Enter Unreasonable Rate Increase Justification:**  
 Insert comments to respond to Unreasonable status. There is a 5000 character limit.

[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](#)



# Withdraw Function

## Health Insurance Oversight System Rate Review System

Friday, July 22, 2011

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Welcome Jason Lunsford

### Enter Unreasonable Rate Increase Justification

(\*)Indicates a required field

\*Issuer/State:

\*Product:

\*Effective Date:

\*Date/Time Submitted for Review:

[View Data](#)

---

### Submission Summary

<b>Date/Time Submitted for Review:</b>	7/22/2011 10:08:34 AM
<b>Review Date:</b>	7/22/2011 11:02:37 AM
<b>Submission Type:</b>	HHS Primary
<b>Status:</b>	Unreasonable Pre-Final Justification
<b>Submission Deadline:</b>	8/1/2011 11:59:00 PM

**Reviewer Comments:**

Example Text

---

**\*Enter Unreasonable Rate Increase Justification:**  
 Insert comments to respond to Unreasonable status. There is a 5000 character limit.

[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



# Documenting Changes to Preliminary Justification Submissions

- **Delete Function:** used prior to attestation
- **Modify Function:** used between attestation and rate review determination (CMS reviews only)
- **Withdraw Function:** used between rate review determination and effective date of the increase



# CMS Web-Posting of Rate Review Information

- Preliminary Justification and rate review determination posted on [Healthcare.gov](http://Healthcare.gov)
- CMS will review Preliminary Justification submission prior to web posting
- CMS reviews content of Final Justification submissions prior to web posting



# Issuer Web-Posting of Unreasonable Rate Increase Information

- For all unreasonable rate increase determinations:
  - Issuers must post the Preliminary Justification and Final Justification on their website in a prominent location
  - Requirement is satisfied by providing a link to Healthcare.gov posting



# Contacts

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