

ATTACHMENT B:

**Grants to States for Health Insurance Premium Review – Cycle I  
Quarterly Report Template**

**Date:**

**State:**

**Project Title:**

**Project Quarter Reporting Period:**

**Example:**

**Quarter 1 (date of award-12/31/2010)**

**Primary Grant Contact (name and title):**

**Email:**

**Phone:**

**Date submitted to OCIO:**

## **Grants to States for Health Insurance Premium Review – Cycle I Quarterly Report Template**

### **Reporting Period:**

Grant Performance Period: November 1, 2010 to September 30, 2011

Reporting Period: Award Date to December 31, 2010  
January 1, 2011 to March 31, 2011  
April 1, 2011 to June 30, 2011  
July 1, 2011 to September 30, 2011

Deadline for Delivery: January 31, 2011  
April 30, 2011  
July 31, 2011  
October 31, 2011

Section 1003 of the Affordable Care Act requires the Secretary of the Department of Health and Human Services (HHS), in conjunction with the States, to establish a process for the annual review of health insurance premiums to protect consumers from unreasonable, unjustified and/or excessive rate increases. Section 2974 of the Public Health Service Act (PPACA Section 1003) provides for a program of grants that enable states to improve the health insurance rate review and reporting processes.

States are required to submit quarterly progress reports to OCIIO. The quarterly progress report describes significant advancements towards the State's goal of improving its current health insurance rate review and reporting process beginning from the time of approval through completion of the grant period.

The reports are due to OCIIO 30 days after the end of each quarter and must be submitted electronically.

The following report guidelines are intended as framework and can be modified when agreed upon by the OCIIO grant project officer and the State. A complete quarterly progress report must detail how grants funds were utilized; describe program progress and barriers in addition to providing an updated on all the measurable objectives of the grant program.

### **NARRATIVE REPORT FORMAT:**

#### **Introduction**

Provide a brief overview of the project describing the proposed rate review enhancements and clearly articulating the goals, measurable objectives and milestones for each proposed enhancement.

**Program Implementation Status.** As relevant to your project, include a discussion and update on progress towards:

1. Accomplishments to Date: implementation milestones, early outcomes, etc, include progress toward stated goals, objectives and milestones.
2. Challenges and Responses: provide a detailed description of any encountered challenges in implementing your program, the response and the outcome
3. Describe any required variations from the original timeline

**Significant Activities – Undertaken and Planned**

Discuss events occurring during the quarter or anticipated to occur in the new future that affect the progression of comprehensive rate review for your state. For States proposing legislative enhancements to expand their scope of rate review activities, please provide a detailed status update on the progress of all proposed grant activities undertaken in support of new legislation.

**Operational/Policy Developments/Issues**

Identify all significant program developments/issues/problems that have occurred in the current quarter, including legislative activity and proposed ways to rectify the barriers.

Please complete the following table that outlines all rate review activity under the grant program. The State should indicate “N/A” where appropriate. If there was no activity under a review category, the State should indicate that by “0.”

**A. Quarterly Rate Review - Progress**

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Number of submitted rate filings					
Number of policy rate filings requesting increase in premiums					
Number of filings reviewed for approval/denial, etc.					
Number of filings approved					
Number of filings denied					
Number of					

filings deferred					
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**B. Number and Percentage of Rate Filings Reviewed - Individual Group**

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Plan Year					
Product Type (PPO, HMO, etc.)					
Number of Policy Holders					
Number of covered lives affected					

**C. Number and Percentage of Rate Filings Reviewed - Small Group**

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Plan Year					
Product Type (PPO, HMO, etc.)					
Number of Policy Holders					
Number of covered lives affected					

**D. Number and Percentage of Rate Filings Reviewed - Large Group**

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Plan Year					
Product Type (PPO, HMO, etc.)					
Number of Policy Holders					
Number of covered lives affected					

## **E. Rate Filing Data**

Provide data for **each rate filing** in the individual, small group and large group markets as defined in Attachment C.

### **Public Access Activities**

Summarize activities and/or promising practices for the current quarter working toward increased public access to rate review information for your state. Identify all barriers associated with increasing public access to rates and rate filing information and proposed ways to rectify the barriers.

### **Collaborative efforts**

Describe any collaborative efforts in place that are advancing the objectives of the Rate Review Program in your state.

### **Lessons Learned**

Provide additional information on lessons learned and any initial promising practices

### **Updated Budget**

Provide a detailed account of expenditures spent to date and describe whether the current allocation of funds follows the progression of the detailed budget provided in your original application. Also provide any unforeseen expenses and a brief description of the event that led its occurrence. Attach an updated detailed budget with the State's quarterly report submission.

### **Updated Work Plan and Timeline**

Provide an updated work plan and timeline to reflect the events of the previous quarter. Highlight any additional time frames or items that were not included on the State's original submission as well as completion of milestones.

### **Enclosures/Attachments**

Identify by title any attachments along with a brief description of what information the document contains.