

Health Insurance Rate Review Grant Program Cycle IV Quarterly Report Template

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Organization Information	
State	
Project Title	
Grant Project Director (Name and Title)	
Phone/Email	
Grant Authorizing Representative	
Phone/Email	

Grant Information	
Date Grant Awarded	
Amount Granted	
Project Year	
Project Reporting Period (Example Quarter 1 10/1/2014-12/31/2014)	

The purpose of the Cycle IV Quarterly Grant Reports is to:

- Provide the Rate Review Grant Program with a better understanding of the States’ rate review and medical pricing transparency initiatives funded through this grant program
- Provide the Rate Review Grant Program with Quarterly Rate Filing Data
- Describe medical new pricing transparency initiatives at the funded Data Center
- Provide the States participating in the Rate Review Grant Program with the opportunity to share information, highlight successes and reflect upon the progress of their programs

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Grant Performance Period-Cycle IV: TBD

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 2794 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 establish Data Centers that provide medical price information to the public.

The statute indicates that the program serves the following purposes:

- (1) Establish or enhance rate review programs, referred to in the Cycle IV Funding Opportunity Announcement (FOA) as “Rate Review” activities;
- (2) Help states to provide data to the Secretary regarding trends in rate increases as well as recommendations regarding plan participation in the Exchange, denoted as “Required Rate Reporting” activities in the Cycle IV FOA; and
- (3) Establish Data Centers that collect, analyze, and disseminate health care pricing data to the public, denoted as “Data Center” activities in the Cycle IV FOA.

The goals of the Cycle IV Rate Review Grant Program include:

- Establishing or enhancing a meaningful and comprehensive effective rate review program that is transparent to the public, enrollees, policyholders and to the Secretary, and under which rate filings are thoroughly evaluated and, to the extent permitted by applicable State law, approved or disapproved; as well as
- Developing an infrastructure to collect, analyze, and report to the Secretary critical information about rate review decisions and trends, including, to the extent permitted by applicable State law, the approval and disapproval of proposed rate increases.
- Developing and enhancing Data Centers that provide medical pricing data in a transparent, user-friendly way to consumers, employers, researchers, entrepreneurs, non-profit organizations, and other government agencies in order to improve the value of care delivered in the state.

A Data Center, established under subsection (c)(1)(C) of section 2794, must: (A) develop fee schedules and other database tools that fairly and accurately reflect market rates for medical services and the geographic differences in those rates; (B) use the best available statistical methods and data processing technology to develop such fee schedules and other database tools;

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(C) regularly update such fee schedules and other database tools to reflect changes in charges for medical services; (D) make health care cost information readily available to the public through an Internet website that allows consumers to understand the amounts that health care providers in their area charge for particular medical services; and (E) regularly publish information concerning the statistical methodologies used by the center to analyze health charge data and make such data available to researchers and policy makers.

States are required to submit quarterly progress reports to CCIIO's Rate Review Grant Program. The quarterly progress report describes significant advancements towards the State's goal of improving its current health insurance rate review and/or establishing a Data Center from the beginning from the time of approval through completion of the grant period.

Each quarterly report is due thirty days following the end of the Federal fiscal quarter. For example the first Cycle IV quarterly report is due by January 30, 2015. All quarterly reports must be submitted electronically through the Health Insurance Oversight System (HIOS).

The following reporting guidelines are intended as a framework and can be modified when agreed upon by the CCIIO Rate Review Grant Program and the State. A complete quarterly progress report must detail how grants funds were utilized, describe program progress, barriers and provide an update on the measurable objectives of the grant program.

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PART I: NARRATIVE REPORT FORMAT

Introduction:

Provide an overview of the project describing the proposed rate review enhancements and/or development of an Effective Rate Review Program.

Program Implementation Status:

Include an update on progress towards the following:

1. *Quarterly Accomplishments to Date:* Describe achieved implementation milestones and outcomes during the current quarter, include progress toward each stated goal, objective and milestone outlined in the Rate Review Work Plan. Please quantify, for example: “Objective 1 was to expand prior approval to the small group market.” “We worked throughout quarter 1 and quarter two to draft such legislation.” “Objective 2 was to establish a value report, presenting medical pricing data in coordination with quality data.” “We created a value report, displaying the intersection of prices and quality in health care on our website.” Please also feel free to use charts and graphs to highlight progress.
2. *Quarterly Progress as, or toward, an Effective Rate Review Program (***Applies only to states that applied for funds for Rate Review or Required Rate Reporting Activities***):* States that currently do not have effective rate review programs in the individual and/or small group market must achieve status as an effective rate review program by the end of the first year of the grant program. Please discuss in detail, progress over the last grant quarter toward an effective rate review program in the relevant market/s and include progress toward meeting each of the criteria of an “effective rate review program. States that have not achieved status as an Effective Rate Review Program in either or both markets must describe the barriers and challenges faced. Per #1 above, include detailed progress toward each stated goal, objective and milestone outlined in the original grant application and the proposed Rate Review Work Plan toward an *Effective Rate Review Program*. HHS may restrict future grant funds for certain grant activities if proposed milestones are not met.
3. *Challenges and Responses faced this year:* Provide a detailed description of any challenges encountered in implementing your program, the response and the outcome. What, if any proposed grant activities were not completed during the prior twelve months? Describe future plans to complete the originally proposed grant activities.
4. Describe any required variations from the original Work Plan and companion timeline.

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Significant Activities: Undertaken and Planned

Discuss activities that occurred during the quarter, or anticipated to occur in the near future, that affect the progression of comprehensive rate review for your state. For states proposing legislative or regulatory enhancements to expand the scope of rate review or Data Center activities, please provide a detailed status update on the progress of the grant activities that related to the new legislation or regulation. Please also describe any products produced during this reporting cycle, for example an update to the website, consumer materials, and/or any legislative materials.

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.

Public Access Activities

Summarize activities and/or promising practices undertaken during the previous quarter working towards increased public access to rate review and medical price information for your state. Identify all barriers associated with increasing public access to rates and medical price information and proposed ways to rectify the barriers.

Collaborative efforts

Describe collaborative efforts in place that are advancing the objectives of the Rate Review Program or pricing transparency in your state. Those states funded for pricing transparency should describe the following (as applicable): efforts to collaborate with state and federal partners; efforts to support data collection standards; and efforts to integrate datasets.

Lessons Learned

Provide additional information on lessons learned and any promising practices.

Updated Budget

Provide a detailed account of expenditures 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 expense and a brief description of the event that led to its occurrence. Attach an updated detailed budget, including an updated SF 424 as necessary, with the State's quarterly report submission.

Updated Rate Review Work Plan and Timeline

If necessary, provide an updated Rate Review 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.

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Data Collection and Analysis

The required rate filing data due on a quarterly basis are described in Part II: Health Insurance Rate Data Collection, as part of the quarterly report narrative, please discuss the following:

1. Highlight important trends in the quarterly reported data
2. Provide additional context for any denied rate filings, for example if a rate filing was initially denied, or renegotiated please discuss the rate review process and final rate filing disposition, and
3. If using SERFF, describe any discrepancies between the SERFF reported data and state rate filing collection, review and approval data for the quarter.

Pricing Data Collection and Analysis

Please provide an overview of the analysis performed on medical claims data collected by the state.

1. Identify medical claims/price data sets collected.
2. Describe quality control and cleaning methodologies applied to the data.
3. Describe analytical and statistical methodologies applied to the data.
4. Highlight important trends and findings in the reported data.
5. Describe the use of data by external partners.

Updated Evaluation Plan

Please provide an updates to the evaluation plan originally described in the Cycle IV Rate Review Grant application, including updates to the established measurable objectives, key indicators, and methods to monitor progress. If planning to contract for a Cycle IV evaluation, please provide a quarterly update.

Quarterly Report Summary Statistics:

Please provide the data as available below include activities new this quarter and occurring to date with Rate Review Grant Funds:

- Total Funds Expended to date: (Insert Number)
- Total Staff Hired (new this quarter and hired to date with grant funds): (Insert Number)
- Total Contracts in Place (new this quarter and established to date): (Insert Number)
- Introduced Legislation: (Yes/No)
- Money saved for consumers through rate review during the federal fiscal year: (Number, if available)
- Enhanced IT for Rate Review: (Yes/No)
- Submitted Rate Filing Data to HHS: (Yes/No)

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- Enhanced Consumer Protections in Rate Review Processes: (Yes/No)
 - Consumer-Friendly Rate Review Website: (Yes/No)
 - Rate Filings on Website: (Yes/No)
 - Medical Pricing data on Website: (Yes/No)

Data Center Activities

- Total Staff Hired for Data Center (new this quarter and hired to date with grant funds): (Insert Number)
- Total Contracts in Place for Data Center (new this quarter and established to date): (Insert Numbers for: 1) New Hires; and 2) To-Date Hire Total.)
- Enhanced IT for Data Center: (Yes/No)
- Gained access to new or more comprehensive data sets: (Yes/No)
- Enhanced public availability of price data for medical services: (Yes/No)
 - Provided new data regarding the prices of medical services on website: (Yes/No)
 - Integrated medical pricing data with other health care data sets: (Yes/No)
 - Tested new website applications and reports with consumers and/or through usability testing: (Yes/No)
 - Number of website hits (Provide dates for the period from which the new visitor count was taken): Number
 - Total (Provide dates): Number
 - New visitors (Provide dates for the period from which the new visitor count was taken from): Number

Enclosures/Attachments

Identify by title any attachments along with a brief description of what information the documents contain.

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PART II: HEALTH INSURANCE RATE DATA COLLECTION

The data for Tables A-E (provided below) and the Rate Filing Detailed Data Elements will be submitted through the Health Insurance Oversight System (HIOS). The rate filing data can either be downloaded through the SERFF system or uploaded directly by the States (for states not employing SERFF) into the HIOS system. States *do not need* to also input the data into the programmatic narrative report template displayed here.

Tables A-E: Rate Volume Tables

If using SERFF to import your data into the HIOS System, please discuss any discrepancies between the imported data and State records.

Table A. Rate Review Volume

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Number of submitted products with rate information					
Number of products requesting increase in premiums					
Number of products reviewed for approval, denial, acceptance etc.					
Number of products approved					
Number of products denied					
Number of products deferred					

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Table B. Number and Percentage of Products Reviewed – Individual Group

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Number of covered lives affected					

Table C. Number and Percentage of Products Reviewed – Small Group

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Number of covered lives affected					

Table D. Number and Percentage of Products Reviewed – Large Group

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Number of covered lives affected					

Table E. (SERFF Users): Number and Percentage of Products Reviewed –Combined

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Number of covered lives affected					

Rate Filing Detailed Data Elements: Please refer to the Enclosure for the updated **Rate Filing Detailed Data Elements**.