

**Crosswalk for Changes to the
2016 Unified Rate Review Template Instructions (CMS 10379) Following the
60 Day Comment Period**

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A. Introduction

CMS received 5 public comments regarding the notice of the revised Unified Rate Review Template (URRT) PRA package published in the Federal Register on February 19, 2016 (81 FR 8498). The 60-day comment period closed on April 19, 2016. The PRA package contains a collection of information known as the Rate Filing Justification that issuers must file with the state and CMS each year. The PRA package modifies the 2015 Instructions to the URRT (Part I of a Rate Filing Justification), which were previously approved by OMB under OMB Control Number 0938-1141. The other parts of the Rate Filing Justification, which were also previously approved under the same OMB Control Number, are not being revised at this time.

B. Changes to URRT Instructions

Most of the comments on the URRT Instructions requested clarification of the instructions and correction of errors and inconsistencies. The following table contains the list of changes made to the 2016 URRT Instructions as a result of internal review and in response to comments received following the 60-day public comment period.

2016 URRT Instructions
Changes Following the 60-Day Comment Period

| | Section Edited | Revision (Red indicates modified language) | Rationale |
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| 1 | Title Page | Date changed to January 20, 2015 May 25, 2016 | In response to comments; to correct typographical error |
| 2 | Page 4 | Updated language to clarify that Part III is required for all QHP filings and whenever a state or CMS requires it for non-QHP filings | In response to a comment; to correct typographical error |
| 3 | Page 5 | Revised the instructions to insert the due date for proposed rate filings. New language is: Issuers must submit annual rate filings for both QHPs and non-QHPs in the single risk pool by the earlier of: (i) July 15, 2016 or (ii) the date the State requires. | In response to a comment requesting clarification of due dates in accordance with CCIIO Bulletin that was issued after 60-day comment period. |
| 4 | Page 8 | Revised the definition of “index rate” to include the word “allowed.” Definition now reads: The Index Rate is the allowed claims costs for providing Essential Health Benefits (EHBs) within the single risk pool of that market expressed on a per member per month basis. | In response to a comment; to correctly capture definition of “index rate.” |
| 5 | Page 8 | Revised the fourth bullet under Plan Adjusted Index Rate to read: Administrative costs, excluding Exchange user fees and Risk Adjustment user fees (which are already accounted for in the Market-Wide Adjusted Index Rate). | In response to a comment. |
| 6 | Page 9 | In the first sentence of the second paragraph regarding Calibration, added the phrase “each of.” The sentence now reads: “For each of the allowable rating factors of age and geography, there is only one calibration allowed.” | In response to a comment requesting clarification on permissible calibration for rating factors. |
| 7 | Page 11 | Added a new “tip box” to remind issuers to make sure any formatting of copied and pasted cells into the URRT uses the correct formatting | In response to a comment requesting a reminder of the important of correctly formatting the |

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| | | | URRT. |
| 8 | Page 12 | Revised language in last paragraph as follows: Effective Date: This is the effective date for which rates are being submitted. This field is automatically populated based on the Effective Date entered in Row 24 25 of Worksheet 2. All products and plans must have the same effective date. | In response to a comment; to correct typographical error |
| 9 | Page 13 | Revised language throughout first paragraph of 2.1.2. to use the term “joint” policy rather than “wrap” policy. | In response to comments that expressed confusion around the term “wrap” policy; changed the language to use the term “joint” policy. |
| 10 | Page 14 | In the first full paragraph on Page 14, revised language to read as follows: Start with premiums earned during the experience period, including the expected Risk Adjustment and Risk Corridor receivables or payables. Subtract the actual or estimated MLR rebates incurred during the experience period. | In response to comments, to clarify how issuers should report premiums (net of MLR rebate) in the experience period. |
| 11 | Page 15 | Added a “tip box” to highlight the fact that The index rate of experience period must be entered as a whole dollar value. The URRT will not accept decimal places in this field. | In response to a comment; to remind issuers to enter the index rate as a whole dollar value without decimal places. |
| 12 | Page 25 | Edited instructions in last full paragraph on page 25: In prior years, CMS allowed issuers to use a plan averaging option, but that option is no longer available because the trigger for a product being subject to a threshold increase review occurs at the plan level. | In response to a comment; to clarify that issuers cannot use a plan average and should use plan specific projections. |
| 13 | Page 28 | Edited instructions in (1)(b)(iii) to add: The largest terminating plan should be determined based on the experience period member months. | In response to comments; to clarify how issuers should determine the “largest terminating Plan |
| 14 | Page 28 | Edited instructions in (3)(b) to read: Each single risk pool plan that was effective during the experience period, terminated prior to | In response to a comment; to clarify which plans should be included in |

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| | | <p>in the rating period, and not mapped into another single risk pool plan should be included in Worksheet 2 in its own column. Information associated with the experience period should be included in Section III but Section IV should be entered as 0 or other appropriate value. See the Actuarial Memorandum instructions under “Terminated Plans and Products” for more information.</p> | Worksheet 2 |
| 15 | Page 29 | <p>Edited instructions in 2.2.1 to read: The list of single risk pool plans that are terminated in the projection period prior to the projection period should be included in the Actuarial Memorandum.</p> | In response to a comment; to correct typographical error |
| 16 | Page 29 | <p>Added a “tip box” to highlight that HIOS does not report product names containing special characters. Consider spelling out name of special characters, e.g. “20Percent Coinsurance” rather than “20% Coinsurance.”</p> | In response to a comment; to provide clarification on how issuers should enter product names to avoid any HIOS errors. |
| 17 | Page 31 | <p>Edited instructions for AV Pricing Value: For non-single risk pool products that are reported on a combined basis as terminated products prior to the Projection Period, enter a value of 0 0.01.</p> | In response to a comment; to correct typographical error |
| 18 | Page 35 | <p>Revised language in the “Plan ID” section and throughout to correctly reflect that Plan IDs contain 14 digits. On Page 35 revised language: Plan IDs include four multiple digits</p> | In response to a comment; to correct typographical error |
| 19 | Page 37 | <p>Revised language after “Cumulative Rate Change Percent (over 12 months prior): This should be measured as the change in premium rates tables over the 12 month prior rate table using the plan’s current distribution of enrollment by age, geographic area, and tobacco status.</p> | In response to a comment; to correct typographical error |
| 20 | Page 39 | <p>Revised language after “Average Current Rate PMPM”: "In the case of small group rates where a trend is</p> | Language was updated in response to a comment; for consistency |

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| | | <p>filed and approved, the Average Current Rate PMPM should reflect the latest approved rate, or the latest rates that are currently under review by the applicable regulatory agency, or are anticipated to be submitted.</p> | |
| 21 | Page 50 | <p>Revised language in The Net Amount of Reinsurance Section:</p> <p>As proposed in the 2017 Payment Notice, the reinsurance program will end with the 2016 benefit year, it is expected issuers will populate this field will be populated with “0.”</p> | In response to a comment; to correct typographical error |
| 22 | Page 51 | <p>Revised language in fifth bullet:</p> <p>Administrative costs and anticipated profits margins.</p> | In response to comment |
| 23 | Page 59 | <p>Revised language at top of Page 59:</p> <p>As proposed in the 2017 Payment Notice, the reinsurance program will end with the 2016 benefit year, it is expected issuers will populate this field will be populated with “0” for the 2017 plan year.</p> | In response to comment |