Submission Date:
State:
Project Title:
<b>Project Quarter Reporting Period:</b>
Example: Quarter 1 (08/09/2010-12/31/2010)
Grant Project Director (name and title):
Email:
Phone:
Grant Authorizing Representative:
Email:
Phone:

Grant Performance Period-Cycle I: August 9, 2010 to September 30, 2011

**Reporting Period:** 

Quarterly Report 1: August 9, 2010 through December 31, 2010
Quarterly Report 2: January 1, 2011 through March 31, 2011
Quarterly Report 3: April 1, 2011 through June 30, 2011
Quarterly Report 4: July 1, 2011 through September 30, 2011

**Timeframe for Delivery:** January 31, 2011-February, 28, 2011

April 30, 2011-TBD July 31, 2011-TBD October 31, 2011-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 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 first quarterly report must be submitted between January 31, 2011 and February 28, 2011 and must be submitted electronically through the Health Insurance Oversight System (HIOS). Each state will be trained individually on the use of this system in January, 2011.

The following reporting guidelines are intended as a 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, barriers and provide an update on the measurable objectives of the grant program.

## PART I: 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. Provide updates to the original grant proposal where necessary.

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

- 1. Accomplishments to Date: implementation milestones, early outcomes, 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; and
- 3. Describe any required variations from the original timeline.

## 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 enhancements to expand the 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.

### **Public Access Activities**

Summarize activities and/or promising practices undertaken during the previous quarter working towards 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 that are advancing the objectives of the Rate Review Program in your state.

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#### PRA Disclosure Statement

### **Lessons Learned**

Provide additional information on lessons learned and any initial 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 expenses and a brief description of the event that led to 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.

## 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 working with SERFF) into the HIOS system. States <u>do not need</u> to also input the data into the programmatic narrative report template displayed here.

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

#### Tables A-E: Rate Volume Tables

**Table A. Rate Review Volume** 

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,					
acceptance etc.					
Number of					
filings					
approved					
Number of					
filings denied					
Number of					
filings deferred					

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1121**. The time required to complete this information collection is estimated to average 24 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Table B. Number and Percentage of Rate Filings Reviewed – Individual Group

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	<b>Annual Total</b>
Number of					
covered lives					
affected					

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

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	<b>Annual Total</b>
Number of					
covered lives					
affected					

Table D. Number and Percentage of Rate Filings Reviewed – Large Group

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	<b>Annual Total</b>
Number of					
covered lives					
affected					

Table E. (SERFF Users): Number and Percentage of Rate Filings Reviewed -Combined

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	<b>Annual Total</b>
Number of					
covered lives					
affected					

**Rate Filing Detailed Data Elements:** Please refer to the Enclosure for the updated **Rate Filing Detailed Data Elements** (originally Attachment C the "Data Dictionary").