

# Health Insurance Rate Review Grant Program Cycle II Quarterly Report Template

**Report Date**

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

Grant Information	
<b>Date Grant Awarded</b>	
<b>Amount Granted</b>	
<b>Project Year</b>	
<b>Phase (Phase I or Phase II)</b>	
<b>Project Reporting Period (Example Quarter 1 10/1/2011-12/31/2011)</b>	

**The purpose of the Cycle II Quarterly Grant Reports are to:**

- Provide the Rate Review Grant Program with a better understanding of the States' Department of Insurance Rate Review Program and the rate review initiatives funded through this grant program
- Provide the Rate Review Grant Program with Quarterly Rate Filing Data
- 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 II:** Date of award through September 30, 2014

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.

The goals of the Cycle II 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.

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 reporting process 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 II quarterly report is due by January 31, 2012. 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.” Please also feel free to use charts and graphs to highlight progress.
2. *Quarterly Progress as, or toward, an Effective Rate Review Program:* 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 Rate Review Work Plan and companion timeline.

### **Significant Activities: Undertaken and Planned**

Discuss activities that occurred during the quarter, or anticipated to occur in the near future, that

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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. Please also describe any products produced during this reporting cycle, for example an update to the DOI website, consumer materials, and/or any developed 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 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 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.

## **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

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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.

## **Updated Evaluation Plan**

Please provide an updates to the evaluation plan originally described in the Cycle II 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 II 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)
- Enhanced IT for Rate Review: (Yes/No)
- Submitted Rate Filing Data to HHS: (Yes/No)
- Enhanced Consumer Protections: (Yes/No)
  - Consumer-Friendly Website: (Yes/No)
  - Rate Filings on Website: (Yes/No)

## **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 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					

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

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

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

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

**Rate Filing Detailed Data Elements:** Please refer to the Enclosure for the updated **Rate Filing Detailed Data Elements**. Please note all the data collected for the Rate Filing Detailed Data Elements will be collected at the level of the *rate filing*.