

Health Insurance Rate Review Grant Program Cycle I Final Report Template

Submission Date:

State:

Project Title:

Project Reporting Period:

Example: Final Report (08/09/2010-9/30/2011)

Grant Project Director (name and title):

Email:

Phone:

Grant Authorizing Representative:

Email:

Phone:

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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 |
| Final Report: | August 9, 2010 through September 30, 2011 |

Timeframe for Delivery:

January 31, 2011-February, 28, 2011
April 30, 2011
July 31, 2011
October 31, 2011
December 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 and a final report to OCIO. The final 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 final report must be submitted by December 31, 2011 and 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 OCIO grant project officer and the State. A complete final 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: FINAL NARRATIVE REPORT FORMAT

Introduction:

The Final Narrative Report represents the culmination of Cycle I activity and accomplishments. In the Final Narrative Report please support your explanations of grant progress with quantitative data when available and other evidence to support the success of your Rate Review Program.

Final Progress Summary:

Please provide final information on the below categories.

- Total Funds Expended: (Insert Number)
- Total Staff Hired: (Insert Number)
- Total Contracts in Place: (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)

Program Implementation Status:

As relevant to your project, include a discussion and update on progress towards:

1. *Accomplishments of Cycle I:* List the objectivities originally established in grant application and describe the extent to which you achieved the established objectives and goals in Cycle I (please refer back to your original application submission and describe in detail). Describe how you measured your success for each objective, including the indicators established to track your progress.
2. *Challenges and Responses:* Describe major challenges in implementing Cycle I grant activities and responses to such challenges.

Significant Activities Undertaken:

Discuss activities that occurred during Cycle I that affected the progression of comprehensive rate review for your state. For States that proposed 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.

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Significant Activities Unmet:

Discuss activities that were originally planned in the Cycle I grant application and were not achieved during Cycle I. Identify whether the State plans to continue to strive to meet such activities through the use of a no-cost extension, Cycle II grant funds, or not at all.

Operational/Policy Developments/Issues:

Identify all significant program developments/issues/problems that occurred during Cycle I, including an explanation of why certain activities may not have been met and how you plan (if applicable) to overcome these obstacles through the use of a No Cost Extension or Cycle II grant funds.

Final Rate Filing Data Summary:

Highlight important trends in the reported rate filing data from Cycle I, for example as part of the final report narrative, please discuss the following:

1. Increase/s in the number of rate filings accepted, reviewed and reported
2. Provide additional context for any denied rate filings over the past twelve months, for example if a rate filing was initially denied, or renegotiated please discuss the process and final disposition
3. Describe the impact of the program on rising health insurance rates

Public Access Activities:

Summarize activities and/or promising practices undertaken during Cycle I 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 established during Cycle I that advanced the objectives of the Rate Review Program in your State.

Materials Produced During Cycle I:

Discuss any materials produced or developed during Cycle I, including website upgrades, consumer materials, reports/studies, drafted legislation, and any other relevant products. Please provide detail where available. For example, if a new website or rate review webpage was developed, please provide the link, date the website went live, number of visitors to the website (total or monthly).

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Impact:

Summarize the overall impact of Cycle I grant funds on the rate review process in your State. Include how the grant program enhanced the public's understanding of the rate review process, the impact of the program on the number of filings reviewed, the degree to which the state established a more meaningful and comprehensive rate review process, and finally, how the grant funds improved and enhanced the overall mission of the Department of Insurance. Provide evidence when available. Examples may include personal stories, anecdotal evidence, media articles/mentions, etc.

Lessons Learned:

Provide additional information on lessons learned and any practices that would enable continued enhancement of the Rate Review program.

Final Budget Summary:

Provide a detailed account of expenditures to date and describe whether the current allocation of funds followed 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 a final detailed budget with the State's final report submission.

Final Work Plan and Timeline:

Provide a final work plan and/or timeline reflecting events that took place during Cycle I and when such activities were completed. Note planned events that were not completed.

Enclosures/Attachments:

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

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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 working with SERFF) into the HIOS system. States *do not need* 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-D: 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, 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 |
|----------------------------------|-----------|-----------|-----------|-----------|--------------|
| 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 |
|----------------------------------|-----------|-----------|-----------|-----------|--------------|
| 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 |
|----------------------------------|-----------|-----------|-----------|-----------|--------------|
| 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 | 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** (originally Attachment C the “Data Dictionary”).