

**America's Health
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February 25, 2014

The Centers for Medicare and Medicaid Services
CMS Office of Strategic Operations and Regulatory Affairs
Attention: Document Identifier/OMB Control Number CMS-10379
Room C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Sent via E-mail to: <http://www.regulations.gov>

RE: Information Collection Request on the Rate Increase Disclosure and Review
Reporting Requirements for "Transitional Policy Non-Grandfathered Coverage Renewals'
Rates" (CMS-10379)

Dear CMS Office of Strategic Operations and Regulatory Affairs Desk Officer:

America's Health Insurance Plans (AHIP) appreciates the opportunity to submit comments on the Information Collection Request (ICR) on Rate Increase Disclosure and Review Reporting Requirements for "Transitional Policy Non-Grandfathered Coverage Renewals' Rates" published in the Federal Register on December 27, 2013.

This ICR proposes the reinstatement "with change" of the previous reporting format for submitting rates that exceed the "subject to review" threshold specified in the Final Rate Review Regulation published in the Federal Register on May 23, 2011 – which implements Section 2794 of the Public Health Service Act (PHSA), as enacted in the Patient Protection and Affordable Care Act (ACA) signed into law March 23, 2010.

Our comments on the ICR's proposed approach are brief. We understand and agree that these "transitional policy" coverage renewals of non-grandfathered individual and small group policies in effect prior to the 2014 market rules changes (in sections 2701, 2702, 2704, 2705 and 2702) are not subject to the single risk pool, and in fact cannot utilize the Unified Rate Review Template and System created for the 2014 ACA compliant rates.

We also understand and agree that the provision of Section 2794 for plan years beginning in 2014 will have the Secretary monitor increases of health insurance coverage offered through an Exchange and outside of an Exchange - and the Unified Rate Review Template (URRT) and System created for the 2014 ACA-compliant rates is the means by which that is achieved.

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Because these transitional policy plan renewals' rates are not subject to the single risk pool and URRT, these transitional policy renewals for pre-2014 ACA-compliant non-grandfathered policies cannot meet the standards of review of 2014-ACA compliant rates and should therefore not be subject to the assumption that all rates will be submitted to the Secretary for monitoring as 2014 plans.

They should be subject to filing with the Secretary through the prior Rate Review Justification System and Templates in two instances only:

- 1) if the proposed rate increase is 10% or greater and subject to review pursuant to 45 CFR Part 154 (§ 154.200); or
- 2) if the state in which the rate is filed is deemed to be a state without an Effective Rate Review Program, per § 154.301, and is therefore a state where insurers must submit rates to the Rate Review Division of the Center for Consumer Information and Insurance Oversight for review (currently 5 states).

We thus recommend that the reporting required to CMS and information collected under this ICR should be limited to rate increases as specified above utilizing the previous Rate Review Reporting forms as noted; and for all other instances of filing renewals of the transitional policy plans, issuers shall continue to submit these filings in the states which have determined to permit such transitional policy plan renewals.

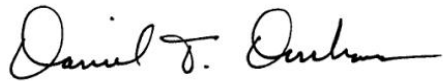
Longer-term market reform goals are best served by minimizing investments in administrative infrastructure for transitional policies. Continuing to follow existing state processes (where they have been deemed effective) for rate filing on transitional plans will allow issuers, states and the Secretary to focus resources on optimizing rate review processes for ACA-compliant products. This recommendation preserves oversight for large rate increases and for rates in states that are not deemed to have an effective rate review program while eliminating the need for new short-term administrative processes that would add administrative burden for health plans, states and the Secretary.

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AHIP appreciates the opportunity to provide comments regarding this Information Collection Request. Please feel free to contact us if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel T. Durham". The signature is fluid and cursive, with a large initial "D" and a long, sweeping underline.

Daniel T. Durham
Executive Vice President
Policy and Regulatory Affairs