Unified Rate Review Issuer Training

April 2015

For Single Risk Pool Compliant Plans
Qualified Health Plans (QHPs) and Non-QHPs



Agenda

- Introduction
- Rate Filing Process Overview
- Technical Demonstration
- Key Dates
- CMS and State Coordination
- Resubmissions
- Mapping Terminating Plans
- Contact Information
- Resources



Introduction

The purpose of this presentation is to provide a high-level overview of the **Unified Rate Review** (**URR) Module** of the CMS Health Insurance Oversight System (HIOS) and discuss best practices for working with templates.

It is intended as a refresher for issuers already familiar with the system.



Rate Filing Process Overview



URR Data Submission

Steps to submit Rate Filing Justifications:

Get Access

- Get HIOS user ID (for support, contact XOSC: 855-267-1515)
- Assign user roles
- Get HIOS Product and Standard Component Plan IDs

Submit Data

- Submit Rate Filing Justification in the URR module through HIOS
- Submit rate filing in SERFF, if required by state regulators

Validate Data

- Review submissions for accuracy
- Validate submissions

For QHPs

- □ For submissions with a qualified health plan (QHP) in the single risk pool, ensure data integrity across templates and modules required for QHP submission
- Complete QHP application by making final submission for all sections of Issuer, Rating, and Benefits and Service Area modules



Technical Demonstration: Accessing HIOS



System Considerations

- Disable pop-up blockers prior to attempting access to the system
- Internet Explorer, Versions 9 and 10
- Firefox, Version 28
- Chrome, Version 33
- Excel, 2007 and 2010



CMS Enterprise Portal

Access HIOS at https://portal.cms.gov

If you have an Enterprise ID, click "Login to CMS Secure Portal"

If you do not have an Enterprise ID, click "New User Registration"



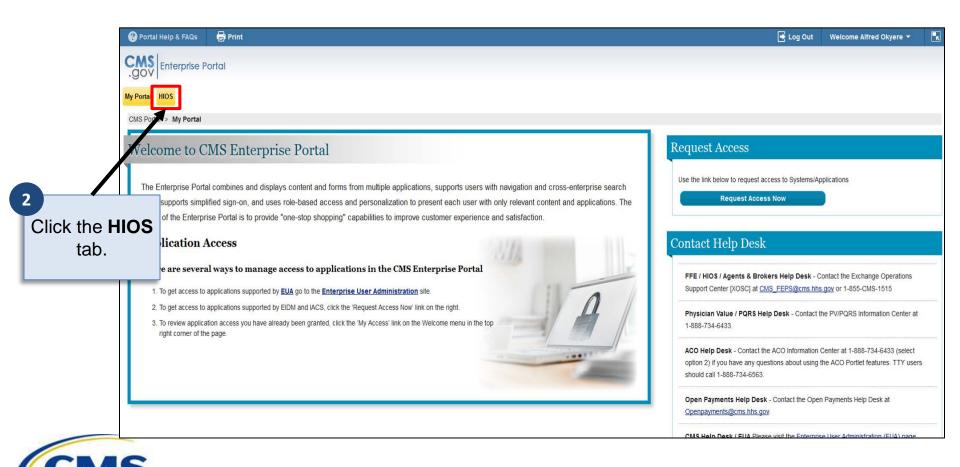
Find the HIOS User Guide on the CCIIO website:

http://www.cms.gov/cciio/Resources/Training-Resources/index.html#Review of Insurance Rates



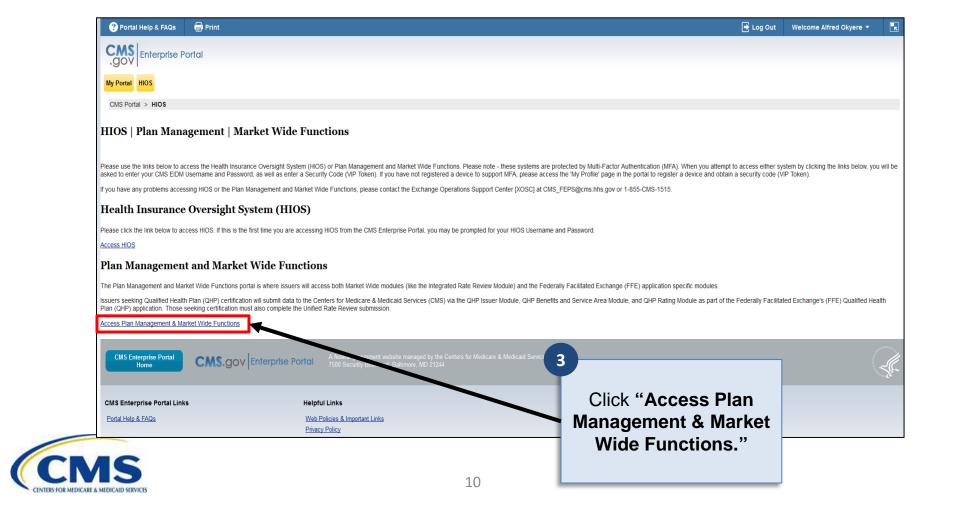
HIOS Tab in the CMS Portal

Access HIOS at https://portal.cms.gov



Plan Management and Market Wide Functions

Access HIOS at https://portal.cms.gov



HIOS Modules

Access the Rate Review module via the Health Insurance Oversight System (HIOS).

4

Click "Unified Rate Review System"





Unified Rate Review System

Access the Rate Review module via the Health Insurance Oversight System (HIOS).

5

Click "Access the Unified Rate Review System"





Technical Demonstration: Module Organization and Navigation



Rate Review Sections

- Rate Review Overview
- Create Submission
- View/Edit Submission
- 4 Review Reports



Overview Page

This page provides a home for Issuer Submitter and Issuer Validator users.

From this page, you can:

Read an overview of the system.

Access **instructional materials** to help you complete your submission.

Download the **Unified Rate Review Template.**

RATE REVIEW

Text Size:

Welcome, urrsubVA | Logout

Rate Review System

The Rate Review System is a system that provides the Issuer with the ability to enter Rate Filing information for Exchange and Non-Exchange plans in an integrated location for review and adjudication.

Rate Review Overview

Create Submission

View/Edit Submission

Issuers are required to submit a Rate Filing Justification (RFJ) to CMS for the entire risk pool when any product in the single risk pool in the individual or small group (or merged) market is subject to a rate increase. Issuers must also submit the RFJ for any products that will be sold on the Marketplace as a Qualified Health Plan, regardless of whether the product is subject to a rate increase. Issuers must use the Unified Rate Review (URR) HIOS module to submit the RFJ to CMS and to make modifications (if applicable) subsequent to the initial submission.

The RFJ consists of three parts

- Part I the Unified Rate Review Template (URRT)
- Part II Written Description Justifying the Rate Increase. (Only required for proposed rate increases of 10% or greater.)
- Part III Actuarial Memorandum.

* Starting in 2015 for the 2016 plan year, issuers must submit two versions of the Actuarial Memorandum. The first version should be an un-redacted document for CMS review ("CMS version"). The second version should be a redacted document that will be made available to the public ("public version"), as required by 45 (CFR § 154.215(h)(2). The CMS version should contain all the data elements and information described in the URR instructions. The public version should redact any information that is a trade secret or confidential commercial or financial information. Issuers should upload the redacted version as a supplemental document with the following naming convention: [HIOS Issuer ID]_[Product Effective Date]_RedactedAM. For example, "12345_01012016_RedactedAM.pdf".

Unified Rate Review Instructions and Template

Please use the following resources to complete your URR submission.

- . 2016 URR Instructions (Parts I, II, & III)
- 2016 URR
- . Technical Manual for using the URR HIOS module

RATE REVIEW

A federal government website managed by the Centers for Medicare & Medicaid Services

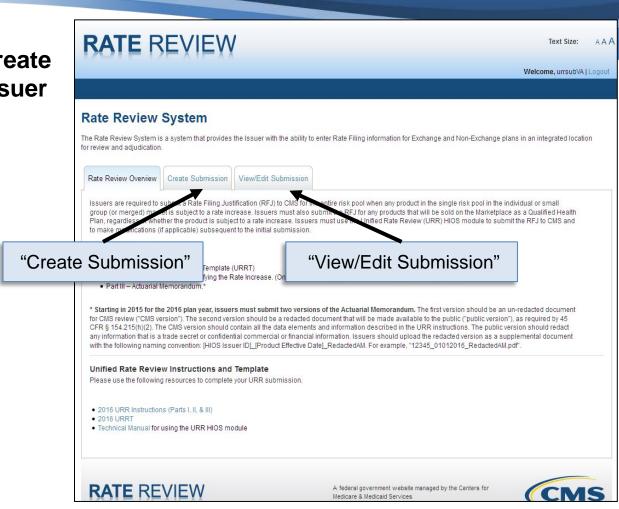




Overview Roles

Issuer Submitters may create and edit submissions; Issuer Validators may view submissions.

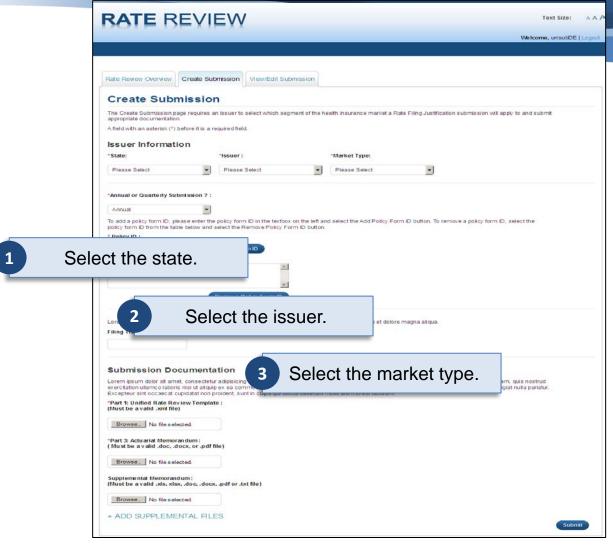
Only Submitters will have access to the "Create Submission" tab.





Create Submission Page

This page is where Issuer Submitters can submit rate filings into the system.

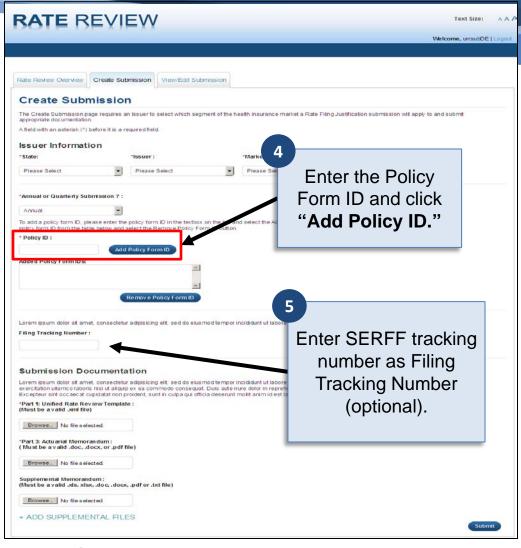




Create Submission Page (Policy ID)

Click the "Add Policy ID" button to display the added policy ID in the list box below.

To remove a Policy Form ID, select it and click the "Remove Policy Form ID" button.





Create Submission Page (Upload)

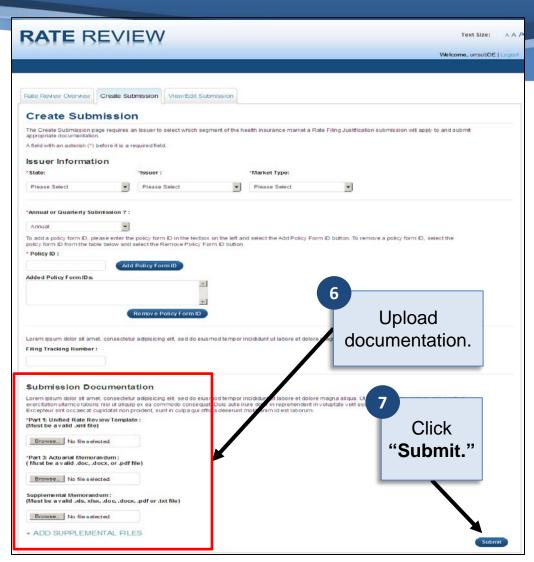
Upload the Unified Rate Review template, Actuarial Memorandum and supplemental materials.

Use Supplemental Files to report any rate changes.

Every submission requires an .xml extract from a finalized Unified Rate Review template.

NOTE: If errors are found during the validation process, an appropriate error message is displayed at the top of the page.



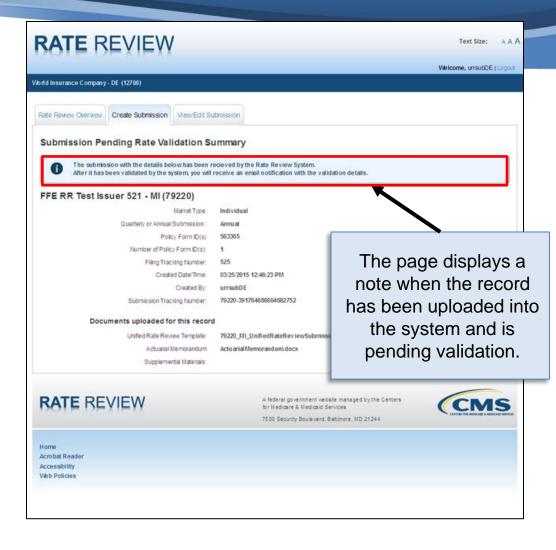


Submission Pending Rate Validation Summary Page

This is where the Issuer Submitter can review all submission data and submitted files.

Both Submitters and Validators receive email notifications when submission and validation are complete.

If the template fails system validation, the submission will not be created in the system.





Submission Search Page

Use this page to search a submission based on one or more of the available search criteria.

Available search criteria include:

- State
- Issuer
- Market Type
- Review Type
- Tracking Number
- Frequency
- Status
- Created Date
- Validated Date



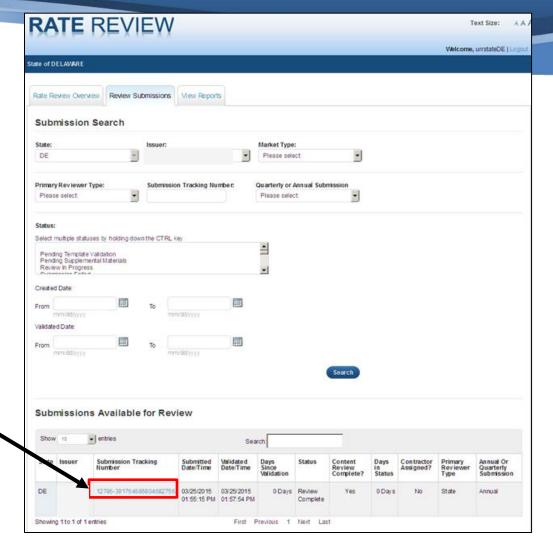


Submission Search Results Page

The system will display data table of all submissions based on selected search criteria.

Access the Submission
Summary Page for a particular submission by clicking the hyperlink name of the submission.

Click the submission link.



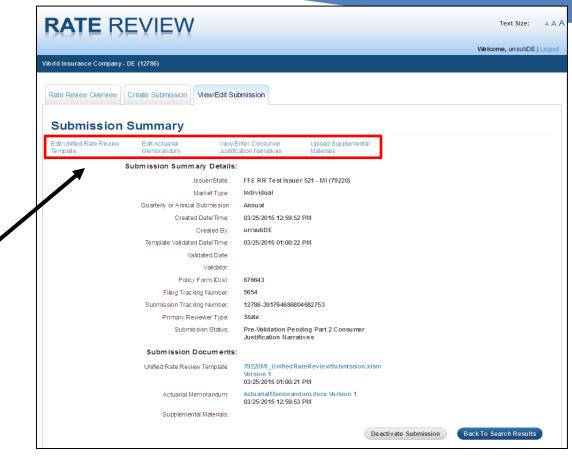


Submission Summary Page

This page allows Submitters and Validators to View/Edit a submission and displays a summary of all submission level data and documents.

Hyperlinks to the functionality for which you have permission:

- Edit Unified Rate Review Template
- Edit Actuarial Memorandum
- View/Enter Consumer Narrative
- Upload Supplemental Materials

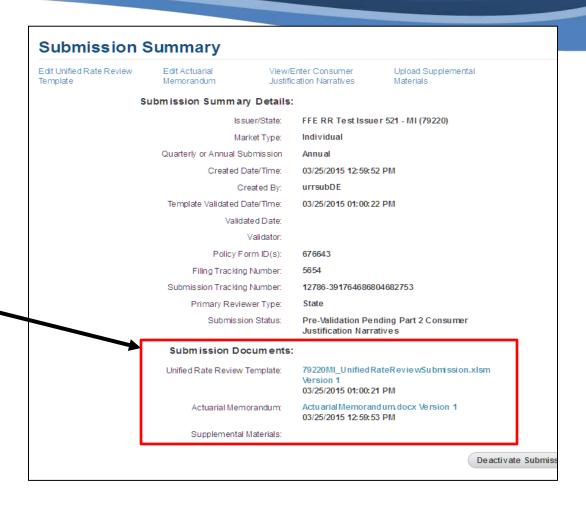




Submission Summary Page – Download Documents

The "Submission Documents" section includes links to templates, memoranda and supplemental material.

Click the links to download.

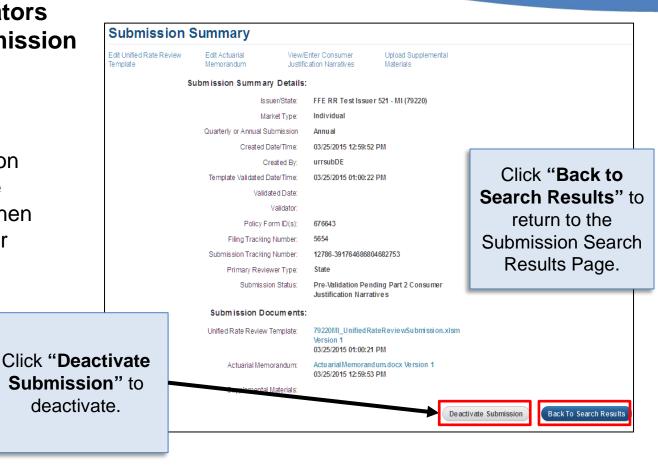




Submission Summary Page – Deactivate

Submitters and Validators can deactivate a submission from the Submission Summary Page.

The Deactivate Submission button is enabled until the submission is validated, then disabled after validation or deactivation.





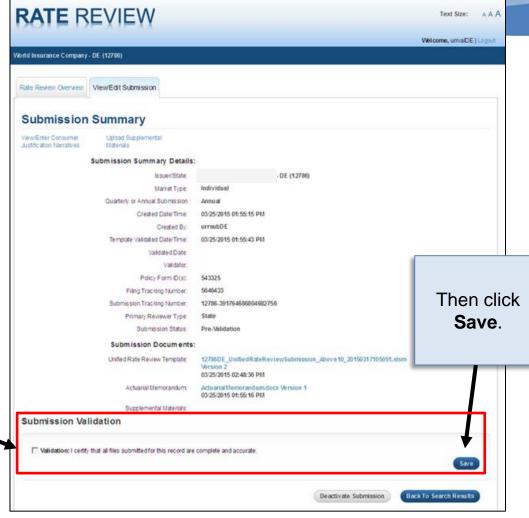
Submission Summary Page – Issuer Validator

Issuer Validators can validate a submission from the Submission Summary Page once the submission has a status of "Pre-Validation."

First, certify that all files submitted for this record are complete and accurate.

Then, use the Submission Validation section to validate the submission.

Check the box to validate submission.





Edit Unified Rate Review Template

This page allows you to browse and upload a new version of the Unified Rate Review template.

An edited Unified Rate Review template will not be added to a submission until it passes backend validation.

Click **Browse** and select your file.



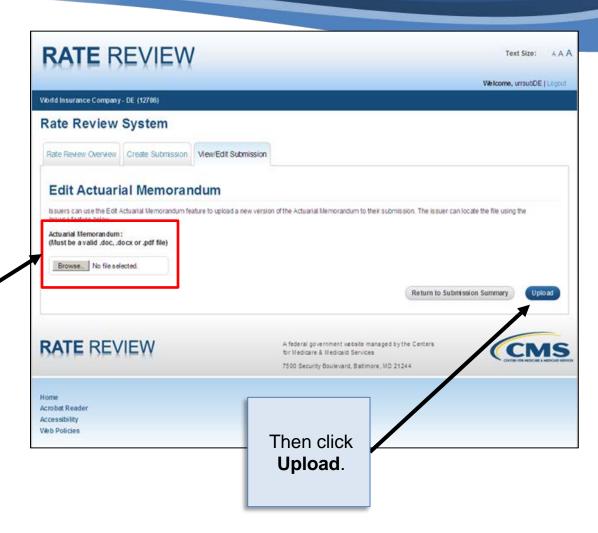


Edit Actuarial Memorandum

This page allows you to browse and upload a new Actuarial Memorandum.

You will receive a confirmation message once the upload is successful.

Click **Browse** and select your file.





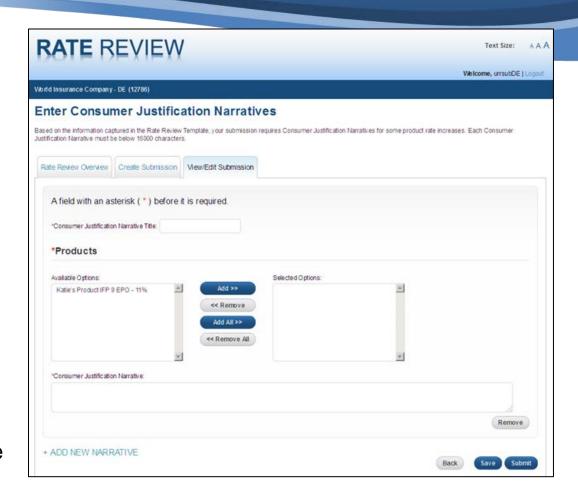
Consumer Justification Narratives

This page allows you to enter a Consumer Justification Narrative for a group of selected products.

A Consumer Justification Narrative is required for every product rate increase at or above a 10% threshold.

If multiple products have the same rate increase, these products can be bundled together to share the same Narrative.

If products have different rate increases, each product must have a distinct narrative





Consumer Justification Narratives – Select Products and Submit

The page displays a list RATE REVIEW of all products included Welcome, urrsubDE1Locout World Insurance Company - DE (12786) in your submission. Enter Consumer Justification Narrativ Based on the information captured in the Rate Review Template, your submission some product rate increases. Each Consumer Enter a title Justification Narrative must be below 15000 characters to describe Rate Review Overview | Create Submission | View/Edit Submission the Narrative. Click to select the products A field with an asterisk (*) before it is required associated with the Narrative. *Consumer Justification Narrative Title: *Products Click the Add/Remove or Add allable Options: Selected Options Katle's Product IFP 9 EPO - 11% All/Remove All buttons to add << Remove Click Submit and remove your selected Add All >> to submit the products. << Remove All narrative. *Consumer Justification Narrative: Remove Enter the justification DD NEW NARRATIVE description.

Upload Supplemental Materials

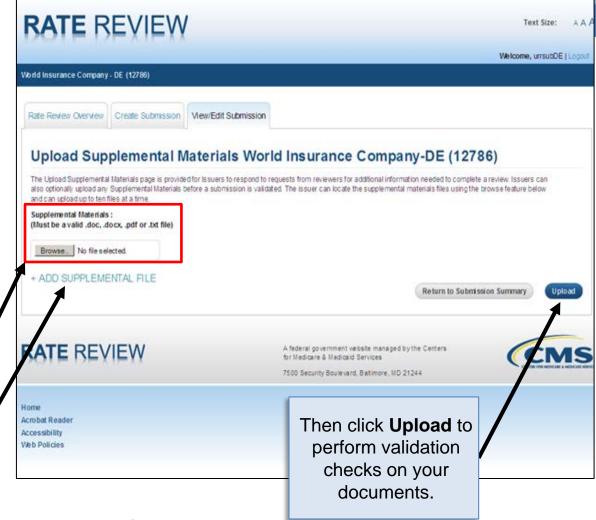
This page allows
Submitters and Validators
to add supplemental
materials to a submission.

You may submit Supplemental Materials at any time before submission is validated.

You may upload up to ten Supplemental Materials at a time.

Click **Browse** and select your file.

Click **Add Supplemental File** to add more files.



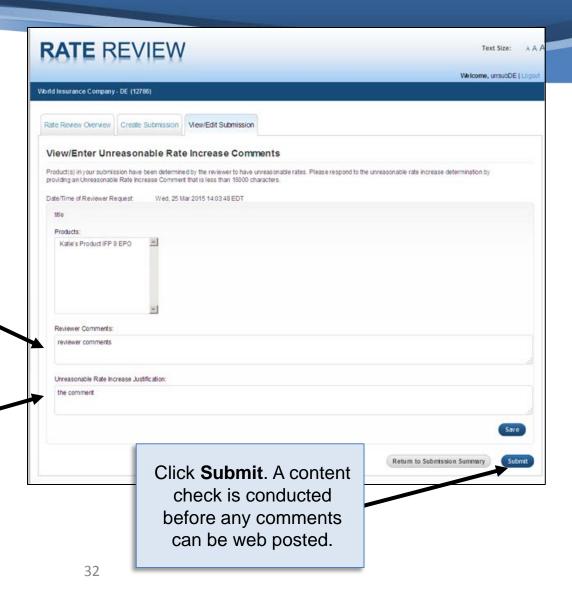


Unreasonable Rate Increase Comments

This page allows you to view and respond to comments explaining why a rate increase was determined unreasonable.

Scroll here to view Reviewer Comments explaining why the Reviewer determined the increase unreasonable.

Provide Unreasonable Rate Increase Justification to further explain the rate increase.





Submitting the Template

Complete the following steps when working with templates:

Complete

Click the Download Template button.

Enable Macros in Microsoft Excel. (See the URR User Guide for instructions.)

Fill out the template and save it to your desktop.

Click the Validate button in the template after filling in all required fields.

Review errors found in the template, if any.

Fix any errors and repeat the validation process until your template is valid.

Click the Finalize button in the template.

Wait for the template to create the .xml file that you will submit.

Save the .xml file to your local computer.

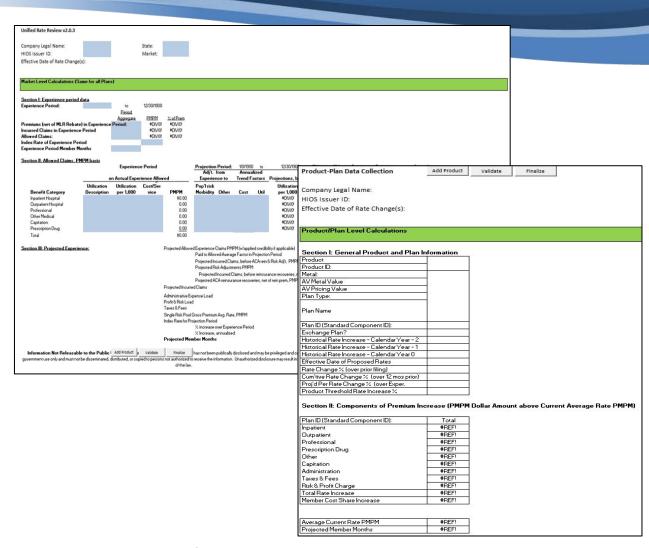
Once your template is validated and finalized, submit the template-generated .xml file in the appropriate section of the URR module.



Unified Rate Review Template

The Unified Rate Review template captures information at the market, product and plan level.

This process is consistent with the requirement to set premium rates using a single risk pool Unified Rate Review template.





Key Dates

Milestone	Date	Associated Activities
Submission deadline for single risk pool compliant plans (QHPs & non-QHPs)	5/15	Issuers submit the RFJ if any plan in the single risk pool has a rate increase > 0% or is a QHP
Proposed rate increases ≥ 10% posted on Healthcare.gov	6/1	CMS posts the written description justifying the rate increase (Part II) and the information in the URRT (Part I) and Actuarial Memorandum (Part III) that is not a trade secret or confidential
All QHP submissions must be in final status in HIOS	8/25	Regulators finish reviewing all submissions that contain a QHP and enter final determinations in HIOS.
All non-QHP submissions must be in final status in HIOS	10/9	Regulators finish reviewing all non-QHP submissions and enter final determinations in HIOS.
Final rates posted on Healthcare.gov	10/26 (target)	CMS posts final rates on Healthcare.gov and posts the Public Use File on the CCIIO website
Open Enrollment Begins	11/1	



Redacted Actuarial Memorandum

- CMS must publicly post information in the Actuarial Memorandum (Part III) that is not trade secret or confidential financial or commercial information (45 CFR § 154.215(h))
- Submit two versions of the Actuarial Memorandum (AM):
 - Un-redacted version for regulatory review (Part III)
 - Redacted version that will be made available to the public
- Do not redact information unless it would likely result in specific, reasonably foreseeable, and substantial competitive harm
- File Naming Convention: [HIOS Issuer ID]_[Effective Date]_[Market Abbreviation]_RedactedAM.pdf
 - Example: 12345_01012016_SG_RedactedAM.pdf
 - Use "IND" and "SG" for the market abbreviations
 - Must be PDF

Submit the redacted version as a supplemental document

Improper Redaction or Failure to Submit Redacted Copy

Improper Redaction

If CMS determines that an issuer redacted information that does not constitute trade secrets or confidential commercial or financial information as defined in HHS's FOIA regulations (45 CFR § 5.65), we will provide written notice to the issuer that we will make the inappropriately redacted information public

Failure to Submit Redacted AM:

If an issuer does not submit a redacted AM, CMS will assume that the un-redacted AM does not contain any trade secrets or confidential commercial or financial information and will publicly post the un-redacted version.



State and CMS Coordination

- Submit the URRT to CMS on the same day you file with your state
- In HIOS, enter the applicable SERFF tracking number in the File Tracking Number field
- If you revise your submission with the state, you must also revise your submission with CMS



Resubmissions

- HIOS will be updated on May 21 so that state regulators can unlock submissions
- If you need to resubmit before May 21, email <u>ratereview@cms.hhs.gov</u> with the following info:
 - Submission Tracking Number
 - Description of change
 - Indication that your state approved the change
 - Whether a QHP template is affected
 - Whether the Index Rate is affected
- Remember to validate after resubmitting



Incorrect Warning Message

- Worksheet 2, Row 65: If you enter a number other than zero, you will get an incorrect warning message
- The warning will not prevent the template from being Finalized into an XML file. Simply click "OK" and save the file

Note: There was a separate error on template v2.0.3 that prevented negative values in Worksheet 2, Rows 64 and 90. We fixed it on April 10 and v2.0.4 is on the CCIIO website. You can upload either version into HIOS.



Mapping Terminating Plans



Mapping Terminating Plans (cont.)

- The URRT instructions did not address mapping multiple plans
 - Mapping (i.e., auto-enrolling) multiple terminating plans to one new plan
 - Mapping one terminating plan to multiple new plans
- Next three slides provide examples of mapping multiple plans into one plan and vice versa
- Each slide includes:
 - Brief description of the scenario
 - Condensed Worksheet 2 detailing which plan's information should be reflected in each section



Mapping Multiple Terminating Plans to a New Plan

Map largest terminating plan to the new plan

Historical Rate Increases & Experience Period: Use the terminating plan with largest membership

Rate Change: Weighted average change of terminating plans to new plan

List the other terminating plans as terminating plans

 Example: Plans A, B, and C are terminating and being mapped to new Plan D

Year	Plans Available			
2014	Α	В	С	·
2015	Α	В	С	
2016	D	D	D	

Section I: General Product and Plan Information	Plan D	Terminated Plan B	Terminated Plan C
Effective Date of Proposed Rates	01/01/2016	01/01/2016	01/01/2016
Rate Change & (over prior filling)	Plans A, B, C \rightarrow Plan D	0	0
Cum'tive Rate Change & (over 12 mos prior)	Plans A, B, C \rightarrow Plan D	0	0
Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)	Plan A → Plan D	0	0
Section III: Experience Period Information	Plan A	Plan B	Plan C
Section IV: Projected (12 months following effective date)	Plan D	[Blank]	[Blank]



Plan A is shown as mapped to Plan D because Plan A has the highest enrollment of plans mapped to Plan D.

Rate Change is based on weighted average of Plans A, B C to Plan D.

Mapping One Terminating Plan to Multiple New Plans

Map terminating plan to each new plan

Allocate terminating plan experience among new plans in Section III

Example: Terminating Plan A is being Mapped to New Plans B and C

Year	Plans Available
2014	А
2015	A
2016	В С

Section I: General Product and Plan Information	Plan B	Plan C
Effective Date of Proposed Rates	01/01/2016	01/01/2016
Rate Change & (over prior filling)	Plan A → Plan B	Plan A → Plan C
Cum'tive Rate Change & (over 12 mos prior)	Plan A → Plan B	Plan A → Plan C
Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)	Plan A → Plan B	Plan A → Plan C
Section III: Experience Period Information	Weighted Plan A	Weighted Plan A
Section IV: Projected (12 months following effective date)	Plan B	Plan C

Plan A experience is divided in Section II between Plans B and C based on weighting of mapped members.



Mapping Multiple 2014 Plans to Multiple 2015 Plans to New Plan

Map largest terminating 2015 plan to the new 2016 plan

 Historical Rate Increases & Experience Period: Use the 2014 plan that was mapped to the largest terminating 2015 plan

Rate Change: Weighted average change of the 2015 terminating plans to the 2016 new plan

List the other terminating plans as terminating plans

Example: 2014 Terminating Plans A, B, & C are mapped to new 2015
 Plans D, E, & F

-	Terminating 2015 Plans D, E, & F	Fare Mapped to New 2016 Plan G
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Year	Pla	ns A	ailable/	
2014	Α	В	С	
2015	D	Ε	F	
2016	G	G	G	

Section I: General Product and Plan Information	Plan G	Terminated Plan B	Terminated Plan C
Effective Date of Proposed Rates	01/01/2016	01/01/2016	01/01/2016
Rate Change & (over prior filling)	Plans D, E, F → Plan G	0	0
Cum'tive Rate Change & (over 12 mos prior)	Plans D, E, F → Plan G	0	0
Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)	Plan D → Plan G	0	0
Section III: Experience Period Information	Plan A	Plan B	Plan C
Section IV: Projected (12 months following effective date)	Plan G	[Blank]	[Blank]



Plan D is shown as mapped to Plan G because Plan D has the highest enrollment of plans mapped to Plan G

Contacting the Rate Review Staff

- Send questions about the content of URR (or RRJ) submissions to ratereview@cms.hhs.gov
 - Send questions about HIOS or QHP templates (including the QHP rate table template) to CMS_FEPS@cms.hhs.gov
- Include submission tracking number, state, and issuer legal name
- When there is an error or issue with the template:
 - Include screenshots or attach template
 - List steps taken that produced the error
- Please read the instructions before emailing us ©



Troubleshooting and Support

Contact the Exchange Operations Support Desk for support.

Contact	Organization	Phone	Email	Role	Responsibility
Marketplace Operation Support Desk (XOSC)	CMS	855-CMS-1515 (855-267-1515)	CMS_FEPS@cms.hhs.gov	Help desk support	1st level user support & problem reporting



Resources

Resource	Resource Link
Centers for Medicare and Medicaid Services (CMS)	CMS Website: http://www.cms.gov/
CMS Regulations and Guidance	Regulations & Guidance: http://www.cms.gov/Regulations- and-Guidance/Regulations-and- Guidance.html?redirect=/home/regsguidance
URRT and Instructions	http://www.cms.gov/cciio/Resources/Forms-Reports-and-Other-Resources/index.html#Review of Insurance Rates
URR Training Materials	URRT Training: http://www.cms.gov/cciio/Resources/Training- Resources/index
Healthcare.gov Website	Healthcare Website: https://ratereview.healthcare.gov
U.S. Department of Health and Human Services	HHS Website: http://www.hhs.gov/



Questions?

