

Centers for Medicare and Medicaid Services (CMS)

Effective Rate Review Survey Instructions

The purpose of the Effective Rate Review (ERR) Survey is to collect information for the CMS to determine whether states are maintaining their Effective Rate Review Programs, pursuant to the authority set forth in 45 CFR §154.301(d). Survey responses should identify the source(s) of a state's authority to review rates and describe a state's review process including how it meets the federal requirements.

Please complete the Effective Rate Review Survey and submit it to CMS via the Health Insurance Oversight System (HIOS) State Document Collection (SDC) Module no later than February 20, 2015. The instructions on how to access and upload the documents into the HIOS SDC Module were provided via email. If you have not received the instructions or have any questions about the survey, please contact RateReview@cms.hhs.gov. If you need assistance regarding your HIOS username or login information, please contact CMS_FEPS@cms.hhs.gov.

Please note that:

- The Effective Rate Review Survey is labeled as the Rate Review Annual State Report within the HIOS SDC Module.
- Responses to Questions 14 - 22 are not mandatory.

Survey Instructions

The following instructions are intended to supplement the instructions already included in the survey questionnaire.

State Authority to Review Rates and State Definitions

Question 1

Please provide the citation(s) for the specific authority under which the state collects the information required to comply with the requirements of 45 C.F.R. §154.301(a)(1). Please include links, provide relevant excerpts, and/or upload supporting documentation through the HIOS State Document Collection Module.

Question 2

Explain how the state's definition of the individual and small group markets compares to the federal definition of these markets in 45 C.F.R. §154.102, which specifies that coverage not sold through an association is subject to rate review as individual or small group market coverage and that the definition of the individual and small group markets has the meaning given in section 2791(e)(1)(A) and 2791(e)(5) of the PHS Act when State law does not define the terms.

Review of Unreasonable Rate Increases and Authority to Require Changes

Question 3

Indicate how the state complies with the requirements of 45 C.F.R. §154.210(b)(2) for single risk pool submissions that are subject to review (i.e., for submissions with an average rate increase for all enrollees weighted by premium that meets or exceeds the 10% threshold).

Question 4

Explain how the state uses the Unified Rate Review Template (Part I), the Actuarial Memorandum (Part III) and, when the state accepts the submission, the (Part II) Final Determination to comply with the requirements set forth by 45 C.F.R. §154.215(b) when issuers propose rate increases for single risk pool submissions that are subject to review.

Question 5

If your state adopted the transitional policy, indicate whether the state complies with the requirements of 45 C.F.R. §154.103 for transitional plan submissions that are subject to review.

Question 6

If your state adopted the transitional policy, explain how the state uses the Preliminary Justification Parts I and II (or other equivalent documents) when issuers propose rate increases for transitional plans that are subject to review.

Question 7

Explain how the state complies with the requirement of 45 C.F.R. §154.301(a)(5) that the state's determination of whether a rate increase is unreasonable be made under a standard that is set forth in State statute or regulation. Please include links to citations, provide relevant excerpts, and/or upload supporting documentation through the HIOS State Document Collection Module.

Question 8

Describe the state authority as it pertains to modification of an issuer's unreasonable rate increases or an issuer's rates that do not comply with Federal or state rating rules. Please provide links, citations, or bulletins to support your response.

Review of All Rate Increases

Question 9

Describe the state's review procedures and standards and how they comply with the requirements of 45 C.F.R. §154.301. Please upload supporting documentation into the HIOS SDC Module.

Question 10

Provide additional details on how the state complies with the requirements of 45 C.F.R. §154.301(a)(3)(iii) and (iv). Explain how the state ensures issuer compliance with federal requirements regarding the elements listed during the state review process. Please note that Question 10e regarding merged markets applies only to Vermont.

Question 11

Explain how the state complies with 45 C.F.R. §154.215(c), which requires issuers to submit the

URRT, Consumer Justification Narrative (when applicable), and Actuarial Memorandum to the state and to CMS. Also explain how the state complies with 45 C.F.R. §154.220(a), which requires issuers to submit to CMS the Rate Filing Justification on the date the issuer submits the proposed rate increase to the state.

Question 12

12a. Please provide the citation(s) regarding the timeframe for the state to perform timely reviews of rate submissions. Include links, provide relevant excerpts, and/or upload supporting documentation through the HIOS State Document Collection Module.

12b-d. Describe how long it takes to conduct reviews of rate submissions and the factors that impact the length of the review. Estimates for the number of days to conduct a review are acceptable when actual numbers are not readily available.

Question 13

Describe how the state complies with the requirement of 45 C.F.R. §154.301(b) to post rate submissions on the state website and to accept public comments.

Total Rate Submissions Received and Reviewed by the State in the Previous Calendar Year

Questions 14 – 22

Questions 14 -22 are optional. CMS will use the responses to gain a more complete understanding of the activities that the state undertakes to review rate filings. Estimates are allowable when actual numbers are not readily available.