

Health Insurance Rate Review Grant Program Cycle II Annual Report Template

Report Date	10/28/2016
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Organization Information	
State	Illinois
Project Title	Grants to Support States in Health Insurance Rate Review Grant Cycle II
Grant Project Director (Name and Title)	Amy Stuart
Phone/Email	(217) 782-9694 amy.stuart@illinois.gov
Grant Authorizing Representative	Anne Melissa Dowling, Acting Director of Insurance
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Grant Information	
Date Grant Awarded	10/01/2011 ; Post Award Amendment 9/27/2016
Amount Granted	\$3,531,085.00
Project Year	FFY 2016
Phase (Phase I or Phase II)	Phase II
Project Reporting Period (Example: Annual Report 10/1/2011-9/30/2012)	Annual Report 10/1/2015 – 9/30/2016

The purpose of the Annual Grant Reports is to:

- Summarize the rate review initiatives funded through the grant program over the prior year
- Describe the establishment and enhancement of an Effective Rate Review Program over the prior year
- 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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1121**. The time required to complete the application associated with this information collection is estimated to **average 40 hours per response**, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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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 annual progress reports to CCIIO's Rate Review Grant Program. The annual progress report describes significant advancements towards the State's goal of improving its current health insurance rate review and reporting process, including progress toward an effective rate review program, over the prior twelve month period.

Each annual report is due thirty days following the end of the Federal fiscal year. For example, for Phase I awardees the first Cycle II annual report are due by October 30, 2012. All annual reports must be submitted electronically through the Health Insurance Oversight System (HIOS). For the final grant year, the Cycle II Final Report will replace the Cycle II Annual Report.

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 annual progress report must detail how grant 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, clearly articulating annual progress toward the goals, measurable objectives, and milestones for each proposed rate review enhancement. Provide updates to the original grant proposal where necessary.

Since being awarded the Cycle II grant, the Illinois Department of Insurance (DOI) made significant enhancements to its rate review program. On July 1, 2011, Illinois was found to have an Effective Rate Review Program as outlined in the Final Rule. In order to improve the performance, transparency, and accountability of the private health insurance marketplace in our state, the DOI collected and publicly disclosed health insurance rates. Health insurance consumers—families and small businesses in particular were to have an increased accessibility to be able to scrutinize proposed health premium rate increases. Carriers that pursued rate increases that the DOI deemed to be unreasonable had to publicly disclose such determination on their website. Providing an environment for a more functional, transparent private health insurance marketplace through the implementation and improvement of consumer friendly web-based tools and publications on the DOI website is of utmost importance to this endeavor.

The DOI was approved for the first No-Cost Extension Grant which covered the period of October 1, 2014 to September 30, 2015 in order to continue to improve and expand the Effective Rate Review Program; was granted the second No-Cost Extension Grant under Grant # PRPPR120017-01-05 for the period of October 1, 2015 through September 30, 2016; and was awarded a third No-Cost Extension request to extend the grant period from October 1, 2016 through September 30, 2017 to complete remaining allowable objectives under this grant.

Since receiving the Cycle II grant, the DOI has utilized the grant funds to develop the infrastructure required for an effective rate review process, including new tools and procedures to collect, analyze, and publish premium information in order to inform consumers and State policymakers. Specifically, the DOI invested in resources and in the technology necessary for enhanced collection and analysis of premium data; and developed better protocols for the collection, analysis, and publication of premium rates. The original goals of the DOI's Premium Review Program were to provide a thorough review of premium rates and to significantly enhance consumer protections, including effective engagement and education of the public and policymakers on the issue of health insurance premium rates.

In addition, the DOI has made significant progress in its effort to enhance the public's access to rate information through its website. The DOI developed and continues to improve its health premiums webpages and documents to provide information on current health rate filings in a consumer-friendly format and to allow consumers and stakeholders to comment on those filings. The web portal that the DOI created is the repository of specific health premium rate data and supplies the health premium data for the health report card on the DOI website. Improvements are being designed for inclusion on the web portal to add better reporting capabilities to its design so that trends analysis and other reporting can be done more efficiently for our overall health marketplace analysis, and to provide better information for consumers and stakeholders.

Annual Program Implementation Status: Include an update on progress towards the following:

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1. *Annual Accomplishments to Date:* Describe achieved implementation milestones and outcomes, 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, which passed both the House and Senate in March 2012.” Please also feel free to use charts and graphs to highlight progress.

Rate Specialist, Health Actuary and actuarial consultants continue to perform the rigorous reviews of health rate filings. Continuance of consumer oriented health rate document improvements, monitoring consumer DOI efforts are focusing on refinements to the DOI Web Portal for data extraction capabilities, and to increasing the responsiveness to consumer inquiries and complaints to the health rate email inbox. Consumers' concerns and feedback expressed in the emails are being considered in our constant endeavors to improve our DOI's consumer fact sheets, web portal, Frequently Asked Questions, and the Health Rate Report Card, and any other related documents or webpages. Since the departure of the former project director, the Rate Specialist (heretofore referenced as the Health Specialist) receives the health rate review inbox emails and staff reviews those emails thoroughly to glean insight into the concerns of consumers regarding specific issuers' rate increases, or regarding market wide rate increases in general. With the departure of the former Project Director in May of 2016, the grant reporting and coordinating efforts have been reassigned to Amy Stuart. Consumer complaints and emails regarding health rates. The No-Cost Extension for the Cycle II Grant for the period of October 1, 2016 through September 30, 2017 was awarded to the DOI on September 28, 2016. Within this quarter the DOI worked to improve data collection, and capture the suggested improvements gleaned from the analysis of the numerous rate increase emails DOI received in our dedicated health rate email box and received in written correspondence through the mail. Providing responses to consumers regarding their concerns related to health premiums, and providing useful, meaningful feedback to stakeholders that represent consumers is of utmost importance. The health specialist and the actuaries are taking each email into consideration in our efforts to provide more transparent and accurate, easily accessible and useful information to the public regarding health premiums in the Illinois health care economy, and factors affecting those premiums. The health specialist worked to perform rate intake functions, but also worked to make sure premium data was complete in the web portal from the carriers' data entry. The health specialist also researched other states' insurance department websites to obtain information about their health markets and the data provided to consumers about health premiums in other states. The health specialist is working to update the online health premiums and Medical Loss Ratios fact sheets on the website as well. Staff participation in calls, webinars and meetings on emerging issues affecting health premiums, and monitors changes in laws and rules that may have a material impact on health premiums and the health insurance market in Illinois. Engagement with consumers through our website and being responsive to their concerns and questions about health premiums and the factors that affect those premiums is of utmost importance. Efforts are underway with I/T to enable reporting and data extraction capabilities in the website's online databases such as the web portal and the health company report card. This functionality will bring added capabilities to staff, consumers, and stakeholders when extraction of aggregated data is necessary and will aid in providing trend analysis capabilities.

2. *Annual 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

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discuss in detail progress over the last grant year 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.

On July 1, 2011, Illinois was deemed to have an Effective Review Program as outlined in the Final Rule.

3. *Challenges and Responses faced this year:* Provide a detailed description of any encountered challenges 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.

Although legislation has been proposed in four separate proposed legislative bills in the past regarding obtaining health rate approval authority, explicit rate approval authority has not yet been statutorily granted to the DOI. This does not deter the DOI from evaluating each health premium rate increase filing for reasonableness and compliance with medical loss ratios and other standards.

4. Describe any required variations from the original Rate Review Work Plan and companion timeline.

The DOI has utilized the actuarial consulting services of Oliver Wyman once again during the past year to supplement the actuarial review of the DOI Health Actuary and the Health Specialist. The DOI’s original intention at the onset of the grant was to hire several actuaries utilizing this grant but that has not occurred and the usage of Oliver Wyman has supplemented the on staff reviewers and Health Actuary effectively and efficiently.

Significant Activities: Undertaken and Planned

Discuss activities that occurred during the past year and/or anticipated to occur in the near future, that 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.

DOI has collected and publicly disclosed health insurance rates. Health insurance consumers— families and small business are able to scrutinize proposed health premium rate increases. Carriers that have pursued health premium rate increases that the DOI deemed to be unreasonable are to publicly disclose this information on their websites. The DOI provides the web link to the federal Healthcare.Gov website at <https://ratereview.healthcare.gov/> regarding any rate increase pursued by a carrier of 10% or more. The link is available to the public at the bottom of the Health Policy Rate Filing Report.

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Health premium rate filings must include rating documentation called “Rate Justification”. Rate Justification is a federally-developed form that enables consumers to see a summary of certain factors underlying a proposed rate increase and an explanation, provided by the insurance company, for the proposed increase. DOI analyzes the data provided by insurers to identify marketplace trends and data points that could be improved. The DOI will continue to engage stakeholders and the people of Illinois in a collaborative effort to address the rising cost of health insurance coverage.

On the DOI website, the Premium Rate Review and Medical Loss Ratio publications are kept current and designed in a very consumer friendly manner. This includes Fact Sheets, FAQ’s, Power Point Presentations, etc. The DOI health premium rate brochures and the Medical Loss Ratio publications are translated into other languages to make this information available to persons speaking Polish, Spanish, Korean, and Chinese.

The DOI monitors feedback from the public to glean insight into improvements to its consumer friendly Health Report Card which is currently online and fully functioning. DOI efforts are focusing on refinements to the DOI Web Portal for data extraction capabilities, and to increasing the responsiveness to consumer inquiries and complaints to the health rate email inbox. Consumers' concerns and feedback expressed in the emails are being considered in our constant endeavors to improve our DOI's consumer fact sheets, web portal, Frequently Asked Questions, and the Health Rate Report Card, and any other related documents or webpages. The Rate Specialist (heretofore referenced as the Health Specialist) receives the health rate review inbox emails and staff reviews those emails thoroughly to glean insight into the concerns of consumers regarding specific issuers' rate increases, or regarding market wide rate increases in general.

Operational/Policy Developments/Issues

Identify all significant program developments/issues/problems that have occurred during Cycle II, including legislative activity and proposed ways to rectify the barriers.

Throughout the utilization of the Cycle II grant, the DOI has made significant progress to establish an I/T infrastructure and an improved process for premium rate review in Illinois. This I/T aspect of the project is crucial to ensure the health web portal can be maintained and updated over time.

The Web Portal permits carriers to submit information through specific drop-down menus, but primarily it leverages text boxes. In an effort to ensure the database is easily queried for individual product information as well as marketplace-wide assessments there will be further capabilities added to its design to improve functionality and reporting/exporting capabilities for DOI staff. DOI has added features to the Web Portal which enables filers to give a more accurate report of their rate changes. The features added include

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selecting if the block of business is “Open” or “Closed” as well as if the filing is for a “Grandfathered” or “Non-Grandfathered” policy. In addition, an option for an extra decimal place in the “Rate Change %” section has been added. ACA QHPs issuers/filers can now select from new Policy Forms when searching “Form Selection” by their SERFF filings.

In the Web Portal, design fixes were implemented such as the “Rate %” has been removed from the Experience Assumption tab once the box is checked that the filing is for a new policy. A “Loss Ratio” column was added to the Experience Year List tab, which is calculated by the Web Portal based on the input of the filer for “Earned Premium” and “Incurred Claims” for each “Calendar Year”. Additions were made to the Web Portal that pertains to ACA filings, as well as keeping the option for pre-ACA products to file as before. The features added include Interrogatory items that give more helpful information for ACA products than the previous items would have given.

The Rate Review Checklist for insurers is utilized to aid issuers in completing accurate rate filings for Qualified Health Plans with the DOI. The checklist was compiled based on both DOI and insurer comments and provided a basis for complete and consistent premium rate filings.

Real-time Updates to Rate Increase Information

The DOI continues to work on improvement of the interactive web tool currently on the DOI’s website, allowing consumers to have immediate access to the most up- to-date individual health premium information.

Marketplace Analysis. The DOI is developing ways to analyze the premium rate data to identify trends in the marketplace. Some trends the DOI is interested in understanding on a regular basis include: pricing in each of the respective markets (individual, small group, large group), pricing by policy type, the number of individuals affected by specific premium rate increases, seasonal changes or trends in premium rates, and others as determined by the Director. There appears to be a correlation between special enrollment period utilization and an overall increase in health premiums.

Procedures Manual. The DOI has completed a Procedure Manual on rate review to assist staff members in understanding the rate review process. The manual outlines the step-by-step procedures required by the DOI to ensure accuracy and consistency. The manual has been posted to the DOI’s internal webpage. It was updated to reflect the regulations that have subsequently been released by HHS regarding rate review. The Procedures Manual is a living document and will continue to be updated to reflect the changes in law and rule and to constantly improve the workflow and communication internally.

Public Access Activities

Summarize activities and/or promising practices undertaken during Cycle II 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.

DOI efforts of expanding statewide understanding through transparency and accessibility of health premium data are evident in the data available to the public through the DOI’s Health Report Card on the DOI Website at <http://insurance.illinois.gov/applications/RegEntPortal/> . Additionally, the link to the SERFF public access page is found on the DOI website at the following location on the DOI FOIA webpage at <https://filingaccess.serff.com/sfa/home/il>

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Materials Produced:

Discuss any materials produced or developed during over the past year, including website upgrades, consumer materials, reports/studies, drafted legislation, and any other relevant documents. 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). Website materials were maintained and the Web Portal was maintained; staff is continuing to evaluate feedback received in emails from the public to our dedicated Health Rate email address to prepare updates or new publications in response to the interactions with the public and the health insurance carriers.

Annual Impact:

Summarize the overall impact Cycle II grant funds had on the rate review process in the State over the past twelve months. 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 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. The Cycle II grant funds have enabled the DOI to put an infrastructure in place to operate as an Effective Rate Review State, investing in resources and in the technology necessary for enhanced collection and analysis of premium data; and developed better protocols for the collection, analysis, and publication of premium rates.

Collaborative efforts

Describe any collaborative efforts in place that that are advancing the objectives of the Rate Review Program in your State. The DOI participates in the NAIC health calls, and keeps apprised of other updates on SERFF and HIOS as well from the NAIC and from CCIIO, respectively. The federal website WWW.Healthcare.gov is a valuable resource for our health team to obtain updated information regarding the Affordable Care Act and changes to rule and law, in addition to excellent data reports that are available about rates and the Exchanges. The DOI also engages with other state agencies such as the Illinois Department of Healthcare and Family Services (the State's Medicaid Agency) regarding Medicaid premiums and programs that affect our health carriers participating in the Medicaid managed care programs. There is a dynamic involved This interaction with ILHFS is beneficial to both agencies in obtaining a clearer perspective of the health insurance market, both government and commercial in our state.

Annual Lessons Learned

Provide additional information on lessons learned and any promising practices. For example, what approaches in your implementation strategy worked/are working and why?

The Health Rates Group email address has proven to be an excellent communication source for receiving and corresponding with consumers and interested parties regarding health rates in Illinois and we have gleaned some useful feedback from interested parties and the public about how to further improve our health webpages appearance and format to increase their transparency and accessibility for the public. The health group email box address is DOI.HealthRateReview@Illinois.gov .

During FFY 2016, the DOI Health Specialist detected deficiencies in some of the rate filings with incomplete fields. The Health Specialist contacted the carriers' rates filing persons to reiterate the

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importance and necessity of each rate filing containing a full and complete set of data when submitted via SERFF. Of utmost importance is the reporting of the “Number of Policy Holders Affected for this Program” on the Rate/Rule Schedule Tab; and the reporting of the “Number of Covered Lives” reporting on the View Rate Review Detail document within the Rate/Rule Schedule Tab. These two data fields are extremely useful to us for analysis of how many policyholders and how many actual lives are affected by health insurance rate changes submitted to our Department and reviewed by the actuaries.

Although the grant no longer provides funding in FFY 2017 for rate review for the future year, the grant enabled us to have the Health Specialist and the health premium infrastructure in place to detect these and other rate filing data deficiencies in the past year for overall improvement of data collected for the DOI’s overall health analysis. DOI will monitor this compliance with data reporting in each rate filing as they are submitted and will contact the carriers’ filers if those fields are incomplete.

During FFY 2016, the DOI enhanced rate review activities by conducting in- depth analysis of proposed rate increases and then compiled and published proposed rate increases in order to engage and educate the public, stakeholders, and policymakers about the cost of health insurance, the cost of health care, and the impact of benefit design. Work on gathering additional data points such as enrollment data in the individual and the small group markets of our state, and cost data derived from data calls about costs of insureds in open enrollment periods versus costs of insureds in special enrollment periods to the carriers are being utilized as analytical tools by staff to produce better snapshots for the public of the factors affecting the health insurance market in our state.

Annual Report Summary Statistics:

Please fill in the data as available below for grant activity occurring over the past year.

- Total Funds Expended to date: \$ 1,207,406.73
- Total Staff Hired (new this quarter and hired to date with grant funds): (2)
- Total Contracts in Place (new this quarter and established to date): (2)
- Introduced Legislation: (Yes)
- Enhanced IT for Rate Review: (Yes)
- Submitted Rate Filing Data to HHS: (Yes)
- Enhanced Consumer Protections: (Yes)
 - Consumer-Friendly Website: (Yes)
 - Rate Filings on Website: (Yes)

Enclosures/Attachments

Identify by title any attachments along with a brief description of the information the document/s Contain.



SF-424A.pdf

Annual Updated Budget

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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 A as necessary, with the State's annual report submission. For States receiving new "Performance" funds please update the programmatic budget accordingly.

	Budget Allocation	5 Year 10/1/11 – 9/30/2016	09/16/2016 Balance
Salaries and Wages	\$1,186,909.52	\$69,656.89	\$1,117,252.63
Fringe Benefits	\$111,530.98	\$20,603.54	\$90,927.44
Travel	\$3,000.00	\$0.00	\$3,000.00
Equipment	\$28,000.00	\$0.00	\$28,000.00
Supplies	\$14,000.00	\$0.00	\$14,000.00
Contractual	\$2,061,022.50	\$1,090,816.47	\$970,206.03
Other	\$126,622.00	\$26,329.83	\$100,292.17
TO TAL	\$3,531,085.00	\$1,207,406.73	\$2,323,678.27

Updated Rate Review Work Plan and Timeline

If necessary, provide an updated Rate Review Work Plan and timeline to reflect the events of Cycle II. Highlight any additional time frames or items that were not included on the State's original submission as well as completion of milestones.

Premium Rate Review Work Plan **Updated October 28, 2016**

I. Goals of the Premium Rate Review Project are to:

- a. Enhance consumer protections and marketplace efficiency; and
- b. Expand statewide understanding of the Illinois health care economy, including where and how premiums pay for health care.

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II. Evaluation Plan:

- a. The DOI will gauge the success of its rate review program based upon the average time it takes for the DOI to review rates and issue a determination.
 - i. With actuarial consultants assisting with the rate filings, this review is estimated to be completed within 30 days after all information from the issuer has been received.
 - ii. After the contract/contract extensions are completed with the actuarial consulting firm, the DOI intends to maintain this average review time.
- b. The DOI can obtain its reach to consumers by the observation and analysis of the following data points:
 - i. Health Rates Webpage hits on the DOI Website: From October 1, 2015 through September 30, 2016, the DOI health webpages experienced **835,876** hits.
 - ii. Consumer comments: DOI has received numerous emails submitted to the DOI email account for consumer comments in regards to health premiums rates and the review process. As we refine some reporting capabilities to the health premium and related webpages, we will look for feedback from consumers to gauge how effective the improvements to the website were perceived to be.
 - iii. The number of policyholders impacted by a proposed health rate change: according to data derived from the DOI's Health Rate Review Web Portal, the number of lives impacted by health rate changes with filing dates occurring from October 1, 2015 through September 30, 2016 was **293,927**.

III. Deliverables of the Enhanced Premium Rate Review Project

- a. Produce reports that identify market trends in the Illinois insurance marketplace and include comprehensive assessment of premium increases.
Webinars about health rates are completed. Additionally, the DOI Web Portal enables DOI to extract data for updates to health rate reports in a more expedited manner.
- b. An updated and consumer-friendly webpage dedicated to premium rate review enables consumers to easily access information on health rate increases and justifications provided. DOI has established the "health company report card" located at the following link: <http://insurance.illinois.gov/applications/RegEntPortal/> allowing persons to search and review rate filings submitted to the Illinois DOI of Insurance. Transparency of health rate filings for consumers is obtained through more DOI website accessible health rate information in conjunction with the SERFF Public Access available on the DOI Website FOIA webpage at <https://filingaccess.serff.com/sfa/home/il>
- c. **The Enhanced Premium Rate Review Project was conducted by the DOI's actuaries, the actuarial consulting firm, and the health specialist.** As the DOI Web Portal came online, it provided the health rate data from the issuers that could be extrapolated by DOI. The production, maintenance and improvement of the web portal

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allows data to be collected in a manner that extracts better data so that information can be provided to the public in a clear and concise representation. Data calls collecting health premium data and identifying trends in the Illinois health insurance marketplace such as loss ratios, rate increases, actuarial assumptions, aging by company and lapse by company, enrollment data and enrollment period cost differences and trends are components of the analyses.

IV. Management of the Enhanced Premium Rate Review Project

Project Director – Amy Stuart, Supervisor, Life Accident & Health Corporate Regulation
 Amy Stuart will serve as the Project Director working on logistics, coordination, contracting and outreach of the project. Amy Stuart had the HIOS Submitter and Confirmer Roles as well regarding this grant’s reporting. Recording and reporting on progress made on key decision points, ensuring that consumer outreach is a priority, and that consumer materials are transparent, accurate, and accessible on the DOI website. The adherence to and mindfulness of federal reporting requirements of this grant and meeting those requirements will be of the utmost importance.

V. The Enhanced Premium Rate Review Project will take place:

- October 1, 2014 through September 30, 2015
 - The second No Cost Extension Premium Rate Review Project is underway from:
 October 1, 2015 through September 30, 2016
 - The third No Cost Extension was approved and will take place from:
 October 1, 2016 through September 30, 2017
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Milestones/Deliverables and Timeline

The goals and objectives of the Rate Review Cycle II Project have been accomplished according to the following timeline which should illustrate completion of objectives and progress on unfinished items. The most recent information is shown within the twentieth quarter (FFY2016 Fourth Quarter) at the end of the timeline.

Activity	Goal - Objective
First Quarter (October, 2011 - December 2011)	
October 2011	
Prepare webinar on the new Illinois Enhanced Rate Review Program.	Completed

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Develop new content for the rate review page of the DOI's website including updates on the Cycle II funding.	Continues. The Cycles II Grant Application and the Quarterly and Annual Reports have been posted to the DOI's website. More detailed information regarding Federal Regulations and Guidance from May 2011 through February 2013 was also posted. On the Premium Rate Review webpage the Federal Rate Review Annual Reports from 2012, 2013 and 2014 were also posted, and the Medical Loss Ratio webpage had also been updated to include the annual reports.
Provide a direct link to the HHS website for consumers.	Completed. DOI has been complying with this requirement since the beginning of this program as we have included the direct link to the HHS website on the DOI website and within the FAQs, How Rate Review Works in Illinois, the rates brochure, and the presentations.
Provide consumers with a public comments section on the DOI's rate review page	Completed. Multiple emails have been submitted to the email account for consumer comments in regards to health rates since the inception of the dedicated email box.
Evaluate the specific reporting requirements of the grant and immediately amend the DOI's existing program to accommodate these reporting requirements	Completed
Begin the procurement process for new computers and I/T equipment.	I/T equipment of existing staff utilized for preparation of documents and web based applications.
Post preliminary justifications on the DOI's website or provide a link to the CMS website.	Completed. As per federal regulations, the DOI has changed the wording of "Preliminary Justification" to "Rate Justification" on all of our documents that include direction on justifications.
Develop job descriptions for research economist and I/T Staffing	The research economist is working on data reporting. DOI continues to pursue hiring of I/T staff, to assist in among other tasks, the Rate Review Report Card. All I/T staff must be certified.
Review public comments submitted through the DOI's website (monthly).	From the onset of the dedicated email box, staff received the emails from the Rate Review page on the DOI website and reviewed the contents of those emails for perspective on how consumers are affected by premium increases.

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Update Rate Review content on the DOI's website (monthly).	The rate chart on the website is updated frequently. Changes to the DOI Web Portal allowed for the implementation of the Rate Report Card. DOI staff met with I/T in regards to the implementation and placement of the Rate Report Card on the DOI website. This was a project in addition to the enhancement of rate reviews submitted by private health insurers to improve overall marketplace efficiency and to provide greater consumer protections. Fact sheets, webinars, brochures and power point slides have been provided on the website to assist the consumers in Illinois with understanding how premiums pay for health care. These documents will continue to be updated as necessary so that information provided is current and accurate. Web Portal and report card completed.
November 2011	
Develop the I/T infrastructure necessary to automatically post rate increases to the DOI's website as they are filed.	While the DOI has made significant progress to establish an I/T infrastructure and process for premium rate review in Illinois, the DOI intends to utilize Cycle II grant funding to refine this infrastructure to further enhance the DOI's ability to collect information, analyze this information, make a reasonableness determination, and provide transparency in the process and results to the public. The DOI continues its efforts to hire I/T personnel, including as well, the development of job descriptions. This aspect of the project is crucial to ensure the portal can be maintained and updated over time. There have been additional I/T staff hired, not specifically just for rate review -- with one I/T staff person spending significant time working on the Rate Review Report Card.
Implement a new process to produce consumer-friendly reports regarding the health insurance rate information and update rate comparison technology.	Completed.
Finalize development of - Frequently Asked Questions of the DOI's website.	Further updates to the Frequently Asked Questions have been made. These updates have been posted to the Premium Rate Review website. Translations of the Frequently Asked Questions are complete and posted. Links in the <i>How Rate Review Works in Illinois</i> document on the website have been translated. Completed.
Second Quarter (January 2012 - March 2012)	
Conduct the webinar on new Illinois Enhanced Rate Review Program	Completed.
January 2012	

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<p>Refine the Frequently Asked Questions on the DOI's website.</p>	<p>Further updates to the Frequently Asked Questions have been made. These updates have been posted to the Premium Rate Review website. Translations of the Frequently Asked Questions documents are complete and posted. Links in the <i>How Rate Review Works in Illinois</i> have also been translated. Completed.</p>
<p>February 2012</p>	
<p>Begin preparing for the transition of complete review of the filings to internal Health Actuaries in preparation for departure of the actuarial consultants.</p>	<p>The DOI has procured an external actuarial consulting firm to provide rate review services for health insurance premium filings. The Health Actuary will also determine compliance with applicable state and federal statutory requirements consistent with accepted actuarial ratemaking techniques.</p>
<p>Retain outside actuarial consulting firm until the internal health actuaries are hired.</p>	<p>DOI continues to utilize the services of the external actuarial consulting firm, Oliver Wyman. The contract with Oliver Wyman expired in February of 2014 so the DOI undertook an RFP process and procured a new contract with Oliver Wyman for Unreasonable Rate Review, which has two renewal options. The other contract with Oliver Wyman, the ACA Actuarial Services contract, was entered into in April of 2013, and was renewed. The services were originally designated to be performed by State staff to be hired through funds of this grant but there were difficulties in obtaining state headcount; therefore it was agreed that an outside firm such as in this case Oliver Wyman would provide these services and work in tandem with the DOI actuaries. Completed.</p>
<p>Post positions/ begin interviewing for the Research Economist and the I/T staff</p>	<p>Completed.</p>
<p>Third Quarter (April 2012 - June 2012)</p>	
<p>Monitor rate review process to ensure that transition from outside actuarial consultants to internal actuarial staff has been successful.</p>	<p>The external actuarial consulting firm Oliver Wyman continues to provide rate review services and monitoring of health insurance premium filings. The staff actuaries will also determine compliance with applicable state and federal statutory requirements consistent with accepted ratemaking techniques. DOI will continue to utilize Oliver Wyman through the two renewal options as DOI continues to try to hire qualified staff health actuaries.</p>
<p>Fourth Quarter (July 2012 - September 2012)</p>	
<p>July and August 2012</p>	

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Update the Frequently Asked Questions portion of the DOI website to explain rate making and the rate review process.	Complete. Updates will be made as changes to law and rule and federal guidance arises.
September 2012	
Begin the evaluation of state-specific threshold for evaluating rates that reflects the insurance and health care cost trends in Illinois.	Completed.
Fifth Quarter (October 2012 - December 2012)	
October and November 2012	
Develop a publicly available annual report <i>Premium Increases in Illinois</i>	Completed
Review metrics for success of the Enhanced Rate Review Program.	Completed
December 2012	
Post 2012 Annual Report to the DOI website	Completed
Sixth Quarter (January 2013 - March 2013)	
Develop an updated webinar on Illinois Rate Review activities.	Completed
March 2013	
Update the Frequently Asked Questions section of the DOI's rate review page.	Further updates to the Frequently Asked Questions have been made.
Seventh Quarter (April 2013 - June 2013)	
May and June 2013	

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<p>Finalize the process which includes all policies, business requirements, and legal relationships (contracts, Memorandum of Agreement) with the Illinois Exchange for sharing DOI recommendations on issuer and plan participation on Exchange. This includes a launch of beta testing for all I/T technology leveraged to share information securely and only as appropriate.</p>	<p>DOI has shared all QHP recommendations with the Illinois Health Insurance Marketplace (the Exchange) and will continue to share the data as it becomes available. We have had reports posted on the DOI website showing both rates and QHP plans. A summary of Filed Health Plans as of 9/30/2013 and Rate Levels has been posted on the website. On 5/1/2013, the contractual Rate Specialist was hired to collect and perform an initial in house analysis of the premium rate filings and coordinate with actuarial staff and policy form filing staff in the review and evaluation of health rate filings. Rate Specialist will also work on fact sheets regarding health premiums, and will communicate with issuers regarding any documentation required to determine completeness of a health rate filing and then will assign those filings to the health actuary or to the external actuarial consultants. Rate Specialist also receives the consumer inquiries and complaints at the health rate review email inbox, provides insight to staff in formulating responses to the concerns, and utilizes the feedback from the emails to tailor documents available on the DOI website regarding health rate review and health premiums.</p>
<p style="text-align: center;">Eighth Quarter (July 2013 - September 2013)</p>	
<p style="text-align: center;">July 2013</p>	
<p>Begin sharing with information regarding the DOI's recommendations on Issuers with the Illinois Exchange</p>	<p>Completed. All QHP recommendations were shared with the Illinois Health Insurance Marketplace for the 2014 Plan Year.</p>
<p style="text-align: center;">August 2013</p>	
<p>Review metrics for success of the enhanced Rate Review Program.</p>	<p>Completed</p>
<p style="text-align: center;">Ninth Quarter (October 2013 - December 2013)</p>	

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<p>Conducted Focus Group type activities around the state to gauge the effectiveness of the DOI's outreach activities.</p>	<p>In addition to the speaking engagements that occurred during this quarter, the DOI collected information from consumers and stakeholders during the Health Reform Implementation Council (HRIC) meetings. Questions and concerns raised by the testifiers and consumers give the DOI an idea of what consumers expect to understand about how the rate review process works in Illinois. Multiple HRIC meetings were attended by DOI staff and more feedback was obtained from consumers and stakeholders. Consumers appeared to need a clearer understanding of health insurance, and regarding which health plans are the best suited for them. The DOI determined from this feedback that making our Premium Rate Review and Medical Loss Ratio web pages more informative and consumer friendly was of high importance. The Health Rate Report Card was developed and was completed in October of 2014. Additionally, adding a link to the SERFF Public Access that allows consumers to physically view SERFF Rate Filings was completed in October of 2014 and can be accessed on the DOI website's FOIA page at this link -- http://insurance.illinois.gov/Main/foia.asp which also contains the SERFF Public Access link -- https://filingaccess.serff.com/sfa/home/il Completed.</p>
<p>Tenth Quarter (January 2014 - March 2014)</p>	
<p>January 2014</p>	
<p>Design a Focus Group to gauge the effectiveness of the DOI's outreach activities.</p>	<p>DOI collected information from consumers and stakeholders during the Health Reform Implementation Council (HRIC) meetings. Questions and concerns raised by the testifiers and consumers give the DOI an idea of what consumers expect to understand about how the rate review process works in Illinois. Multiple HRIC meetings were attended by DOI staff and more feedback was obtained from consumers and stakeholders.</p>
<p>March 2014</p>	
<p>Reviewed metrics for success of the Enhanced Rate Review Program.</p>	<p>Completed.</p>
<p>Develop an updated webinar on the Illinois Rate Review activities.</p>	<p>Completed.</p>
<p>Eleventh Quarter (April 2014 - June 2014)</p>	
<p>April 2014</p>	

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Compile and evaluate information obtained through focus group activities to hone the DOI's outreach efforts to ensure wide understanding of the rate review program.	Completed.
May and June 2014	
Update the Frequently Asked Questions section of the DOI's rate review page.	Completed, and will update as emerging issues occur.
Update the content provided on the DOI website.	Updates have been made to the Premium Rate Review web page to include more recent Federal Regulations and Guidance to assure accuracy of our website's content. A new Section on the Premium Rate Review webpage includes the federal Rate Review Annual Reports for 2012, 2013, and 2014. The medical Loss Ratios webpage has also been updated to include the Federal Annual Reports. Updates to the consumer documents have been made regarding which factors may be used currently by issuers to determine a consumer's health insurance premium for grandfathered plans vs. those QHPs that are effective after January 1, 2014.
Twelfth Quarter (July 2014 - September 2014)	
Begin compiling information for the 2014 Annual Report	Completed on November 3, 2014.
July through September 2014	Applied for and received the No-Cost Extension for the Cycle II Grant from October 1, 2014 through September 30, 2015. Also shared all health rates data with the Illinois Health Insurance Marketplace. Continuance of consumer oriented health rate document improvements, monitoring consumer complaints and emails regarding health rates.
Thirteenth Quarter (October 2014 - December 2014)	Rate Specialist, Health Actuary and actuarial consultants continue to perform the rigorous reviews of health rate filings. Continuance of consumer oriented health rate document improvements, monitoring consumer complaints and emails regarding health rates.
Fourteenth Quarter (January 2015 - March 2015)	Rate Specialist, Health Actuary and actuarial consultants continue to perform the rigorous reviews of health rate filings. Continuance of consumer oriented health rate document improvements, monitoring consumer complaints and emails regarding health rates.
Fifteenth Quarter (April 2015 - June 2015)	Rate Specialist, Health Actuary and actuarial consultants continue to perform the rigorous reviews of health rate filings. Continuance of consumer oriented health rate document improvements, monitoring consumer complaints

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	and emails regarding health rates.
Sixteenth Quarter (July 2015 - September 2015)	Applied for and received the No-Cost Extension for the Cycle II Grant from October 1, 2015 through September 30, 2016. Continuance of consumer oriented health rate document improvements, monitoring consumer complaints and emails regarding health rates.
Seventeenth Quarter (October 2015 - December 2015)	Rate Specialist, Health Actuary and actuarial consultants continue to perform the rigorous reviews of health rate filings. Continuance of consumer oriented health rate document improvements, monitoring consumer complaints and emails regarding health rates.
Eighteenth Quarter (January 2016 - March 2016)	Rate Specialist, Health Actuary and actuarial consultants continue to perform the rigorous reviews of health rate filings. Continuance of consumer oriented health rate document improvements, monitoring consumer complaints and emails regarding health rates.
Nineteenth Quarter (April 2016 - June 2016)	DOI efforts are focusing on refinements to the DOI Web Portal for data extraction capabilities, and to increasing the responsiveness to consumer inquiries and complaints to the health rate email inbox. Consumers' concerns and feedback expressed in the emails are being considered in our constant endeavors to improve our DOI's consumer fact sheets, web portal, Frequently Asked Questions, and the Health Rate Report Card, and any other related documents or webpages. Since the departure of the former project director, the Rate Specialist (heretofore referenced as the Health Specialist) receives the health rate review inbox emails and staff reviews those emails thoroughly to glean insight into the concerns of consumers regarding specific issuers' rate increases, or regarding market wide rate increases in general. With the departure of the former Project Director in May of 2016, the grant reporting and coordinating efforts have been reassigned to Amy Stuart.

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Twentieth Quarter (July 2016 - September 2016)

The No-Cost Extension for the Cycle II Grant for the period of October 1, 2016 through September 30, 2017 was awarded to the DOI on September 28, 2016. Within this quarter the DOI worked to improve data collection, and capture the suggested improvements gleaned from the analysis of the numerous rate increase emails DOI received in our dedicated health rate email box and received in written correspondence through the mail. Providing responses to consumers regarding their concerns related to health premiums, and providing useful, meaningful feedback to stakeholders that represent consumers is of utmost importance. The health specialist and the actuaries are taking each email into consideration in our efforts to provide more transparent and accurate, easily accessible and useful information to the public regarding health premiums in the Illinois health care economy, and factors affecting those premiums. The health specialist worked to perform rate intake functions, but also worked to make sure premium data was complete in the web portal from the carriers' data entry. The health specialist also researched other states' insurance department websites to obtain information about their health markets and the data provided to consumers about health premiums in other states. The health specialist is working to update the online health premiums and Medical Loss Ratios fact sheets on the website as well. Staff participation in calls, webinars and meetings on emerging issues affecting health premiums, and monitors changes in laws and rules that may have a material impact on health premiums and the health insurance market in Illinois. Engagement with consumers through our website and being responsive to their concerns and questions about health premiums and the factors that affect those premiums is of utmost importance. Efforts are underway with I/T to enable reporting and data extraction capabilities in the website's online databases such as the web portal and the health company report card. This functionality will bring added capabilities to staff, consumers, and stakeholders when extraction of aggregated data is necessary and will aid in providing trend analysis capabilities.

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Data Collection and Analysis

The required rate filing data due on a quarterly basis are described below in Part II: Health Insurance Rate Data Collection, as part of the annual report narrative, please discuss the following:

1. Highlight important trends in the reported data
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. If using SERFF, describe any discrepancies between the SERFF reported data and state rate filing collection, review and approval data over the past year

Updated Evaluation Plan

Please provide an update 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 and/or resources to monitor progress.

Annual Report Summary Statistics:

Please fill in the data as available below for grant activity occurring over the past year.

- Total Funds Expended to date: \$ 1,207,406.73
- Total Staff Hired (new this quarter and hired to date with grant funds): (2)
- Total Contracts in Place (new this quarter and established to date): (2)
- Introduced Legislation: (Yes)
- Enhanced IT for Rate Review: (Yes)
- Submitted Rate Filing Data to HHS: (Yes)
- Enhanced Consumer Protections: (Yes)
 - Consumer-Friendly Website: (Yes)
 - Rate Filings on Website: (Yes)

Enclosures/Attachments

Identify by title any attachments along with a brief description of the information the document/s Contain.



SF-424A.pdf

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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 *	110	1	6	17	134
Number of policy rate filings requesting increase in premiums	146	2	9	18	175
Number of filings reviewed for approval, denial, acceptance etc.	213	4	20	23	260
Number of filings approved	213	4	11	21	249
Number of filings denied	0	0	0	2	2
Number of filings deferred	0	0	9	0	9

*We followed the instructions from the annual and quarterly volume market data instructions that this number should be the number of “comprehensive major medical rate filings”.

Note: “Number of filings deferred” refers to rate filings without a final disposition at the end of the reporting period.

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

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Product Type (PPO, HMO, etc.)	27 Maj. Med PPO 20 Maj. Med Other 48 HMO	1 Blanket/Student	0	0	27 Maj. Medical PPO=28 % 20 Maj. Medical Other = 21 % 1 Blanket/Stu.= 1 % 48 HMO = 50 %
Number of Policy Holders	498778	13277	0	0	512055
Number of covered lives affected	391878	13650	0	0	405528

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.)	43 Maj. Med PPO 4 Maj. Med POS 21 Maj. Med Other 49 HMO	1 Maj. Medical 1 HMO	1 Maj. Medical 2 Maj. Med PPO 1 HMO	3 Maj. Medical 2 Maj. Med PPO 1 HMO	5 Maj. Medical=4 % 47 Maj. Medical PPO = 37 % 4 Maj. Medical POS = 3 % 21 Maj. Medical Other = 16 % 52 HMO = 40 %
Number of Policy Holders	129769	1145	4443	44357	179714
Number of covered lives affected	331398	18920	16859	30322	397499

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.)	1 Maj. Medical Other	0	2 Maj. Medical 1 Maj. Med PPO 2 Blanket/Student 2 HMO	4 Maj. Medical 7 Maj. Medical PPO 1 Blanket/Student 2 HMO	6 Maj. Medical = 27 % 1 Maj. Medical Other = 5 % 8 Maj. Medical PPO = 36 % 3 Blanket/Student = 14 % 4 HMO = 18 %
Number of PolicyHolders	3477	0	759	13655	17891
Number of covered lives affected	1	0	64133	266533	330667

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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.)	0	1 blanket/student	0	1 Maj. Medical – Other	1 Maj. Medical Other = 50% 1 blanket/student = 50%
Number of Policy Holders	0	0	0	3246	3246
Number of covered lives affected	0	1	0	1	2

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*.