

Health Insurance Rate Review Grant Program Cycle II Quarterly Report Template

Report Date	October 25, 2017
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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, Project Director
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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 2017
Phase (Phase I, II, or III)	Phase II
Project Reporting Period (Example Quarter 1 10/1/2011-12/31/2011)	Quarter 4 Report 07/01/2017 through 9/30/2017

The purpose of the Cycle II Quarterly Grant Reports are to:

- Provide the Rate Review Grant Program with a better understanding of the States' Department of Insurance Rate Review Program and the rate review initiatives funded through this grant program
- Provide the Rate Review Grant Program with Quarterly Rate Filing Data
- 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

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Cycle II Rate Review Grants

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 quarterly progress reports to CCIIO's Rate Review Grant Program. The quarterly progress report describes significant advancements towards the State's goal of improving its current health insurance rate review and reporting process beginning from the time of approval through completion of the grant period.

Each quarterly report is due thirty days following the end of the Federal fiscal quarter. For example the first Cycle II quarterly report is due by January 31, 2012. All quarterly reports must be submitted electronically through the Health Insurance Oversight System (HIOS).

The following reporting guidelines are intended as a framework and can be modified when agreed upon by the CCIIO Rate Review Grant Program and the State. A complete quarterly progress report must detail how grants funds were utilized, describe program progress, barriers and provide an update on the measurable objectives of the grant program.

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PART I: 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.

The Illinois Department of Insurance (DOI) has made significant enhancements to its rate review program since first awarded the Cycle II grant. On July 1, 2011, Illinois was found to have an Effective Rate Review Program as outlined in the Final Rule. DOI sought to improve the performance, transparency, and accountability of the private health insurance (non-government health insurance policies) market in our state, by collecting and publishing major medical health insurance rates offered to consumers in Illinois. To provide increased accessibility to the public regarding their own health premium rate increases so that they could easily compare those rates among the health premium rates of other issuers for comparison purposes. 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 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 to inform consumers and State policymakers. Specifically, the DOI invested in resources and in 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. As the Cycle II Grant has entered its final No-Cost Extension, the focus has been to enhance the public's access to rate information through the Department's website. Excellent premium data analysis and close monitoring of developments at the federal level for those changes that may affect health premium rates are important for the maximum presentation of health premium data on the website. Maintaining current health rate filings in a consumer-friendly format allows consumers and stakeholders to also comment on the health rate 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. Striving for better design for 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.

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Program Implementation Status:

Include an update on progress towards the following:

1. *Quarterly Accomplishments to Date:* Describe achieved implementation milestones and outcomes during the current quarter, 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.” Please also feel free to use charts and graphs to highlight progress.

Within this quarter the DOI continued its efforts to improve DOI Web Portal for data extraction capabilities, and to increase 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. DOI reviews of the dedicated health rates inbox emails and makes recommendations to other health staff for efficient and timely responses to those emails. Useful insight can be obtained by tracking the concerns of consumers regarding specific issuers' rate increases, or regarding market wide rate increases in general. Providing responses to consumers regarding their concerns related to health premiums, and providing useful, meaningful feedback to stakeholders that represent consumers, and even having conversations with filers from the health issuers provides valuable insight into the ongoing dynamic of Illinois' health care economy, and factors affecting those health premiums. DOI is working to design and implement reporting and data extraction capabilities 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. The DOI provides intake functions for the Actuarial section, but also works with the carriers' filers to assure the premium data was complete in the web portal from the carriers' data entry. The DOI performs reconciliations between the health portal data and data submitted through SERFF within the rate filings. The DOI 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 DOI is working to update the online health premiums and Medical Loss Ratios fact sheets on the website as well. Actuarial staff persons participate in the National Association of Insurance Commissioners (NAIC) health 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. Staff is also monitoring ongoing reporting and discussions in Congress regarding the Affordable Care Act to obtain as much information as possible as we strive to keep our website information as current and correct as possible as changes to the ACA law are implemented.

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2. *Quarterly 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 discuss in detail, progress over the last grant quarter 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 challenges encountered 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.

Challenges continue to arise from the uncertainty of the existence of the Affordable Care Act, if it will continue in its current form, or what kind of incarnation it will assume as Congress moves to change the ACA. This uncertainty affects the insurance carriers’ ability to determine rates for the health plans they plan to offer to consumers in our State. Uncertainty in regards to cost sharing reductions and transitional reinsurance payments and transfers continues to weigh upon carriers’ participating in the health market in our state. It appears that the Trump administration has determined that cost sharing reductions may not be made to the carriers any longer. DOI is monitoring the situation closely via periodic calls with the NAIC and reading the updates from CCIIO, to continue to try to understanding changes to the health care law as it law undergoes any transformation.

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

No variations that we are aware of at this time as the DOI has striven to follow the work plan and companion timeline.

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Significant Activities: Undertaken and Planned

Discuss activities that occurred during the quarter, 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. Please also describe any products produced during this reporting cycle, for example an update to the DOI website, consumer materials, and/or any developed legislative materials.

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.

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 format that is easy to understand. 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 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. DOI 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.

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Operational/Policy Developments/Issues

Identify all significant program developments/issues/problems that have occurred in the current quarter, including legislative activity and proposed ways to rectify the barriers.

With the emerging changes to the Affordable Care Act, staff persons are closely monitoring reports, NAIC health calls, regulatory publications and notices and media to be informed and educated about the anticipated changes to the ACA law and to try to discern any proactive items we may need to address effects of the emerging changes as they are codified. With the foreseeable ending of cost sharing reduction payments to the carriers, uncertainty lingers with those carriers. Uncertainty impacts health premiums, the actual health insurance policies offered to consumers and large and small groups in our State and nationwide.

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 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 Health Specialist left the area in June of 2016 to pursue another position of state employment. Existing staff working in these areas handle work items previously performed by the Health Specialist.

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. Our website also provides the public access website link to SERFF's public access interface.

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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 the previous quarter 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>

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. We will be paying close attention to updates regarding changes to or the repeal of the Affordable Care Act. 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 between the government Medicare business, Medicaid business and commercial health insurance which impact carriers' business plans in our State's health market. 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.

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Lessons Learned

Provide additional information on lessons learned and any promising practices.

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 and FFY 2017, the DOI detected deficiencies in some of the rate filings with incomplete fields. The DOI contacted the carriers' rates filing persons to reiterate the 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. The DOI has also noted several issuers have neglected to include their HIOS Issuer ID numbers in the HIOS Issuer ID field, or have inserted their NAIC Company Code as their HIOS Issuer ID number on the Rate Review Detail tab within certain SERFF rate filings. When this is detected, the DOI has notified the issuers of these omissions or erroneous entries.

Although the grant no longer provides funding in FFY 2017 for rate review for the future year, the grant enabled us to have Health Specialist for several years, and to create 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. FFY 2017 4th Quarter period is the final quarter of the Cycle II Rate Review Grant for the DOI.

It still appears that the Affordable Care Act is going to undergo a redesign or a repeal and replacement in the future from Congress, and at a minimum cost sharing reduction payments may be ending to the carriers. Staff persons are striving to be engaged and highly informed as the changes to the ACA law emerge and are implemented. Ongoing study of communications the DOI receives from CCIIO and from the NAIC are of the utmost importance to the DOI in the efforts to be informed and proactive in this changing environment.

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Updated Budget

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 as necessary, with the State's quarterly report submission.

	Budget Allocation	5 Year 10/1/11 – 09/30/2017	09/30/2017 Balance
Salaries and Wages	\$1,186,909.52	\$101,205.18	\$1,085,704.34
Fringe Benefits	\$111,530.98	\$23,016.97	\$88,514.01
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	\$1,289,268.97	\$771,753.53
Other	\$126,622.00	\$26,329.83	\$100,292.17
TO TAL	\$3,531,085.00	\$1,439,820.95	\$2,091,264.05

Updated Rate Review Work Plan and Timeline

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

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Data Collection and Analysis

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

1. Highlight important trends in the quarterly reported data: In Q4, continued to see rate increases among Large and Small group rate filings. Out of 20 rate filings completed in this current quarter, 19 were approved, and of those approved, 17 rate filings requested a rate increase. Only two rate filings showed a rate decrease requested of – 1.86% and of – 3.64%, respectively.
2. Provide additional context for any denied rate filings, for example if a rate filing was initially denied, or renegotiated please discuss the rate review process and final rate filing disposition. One rate filing was withdrawn by the issuer after the Department’s review.
3. If using SERFF, describe any discrepancies between the SERFF reported data and state rate filing collection, review and approval data for the quarter. The Department is not aware of discrepancies in the SERFF data and the state rate filing approval data for this quarter. The Department continues to remind the issuers to include their HIOS Issuer ID numbers in the major medical rate filings – some issuers had been leaving the field blank or inserting their NAIC Company Code five digit number into the “HHS Issuer ID” field on the Rate Review Detail tab in the SERFF filings.

Updated Evaluation Plan

Please provide any updates 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 to monitor progress. If planning to contract for a Cycle II evaluation, please provide a quarterly update.

Quarterly Report Summary Statistics:

Please provide the data as available below include activities new this quarter and occurring to date with Rate Review Grant Funds:

- Total Funds Expended to date: (\$1,439,820.95)
- 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)

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- Consumer-Friendly Website: (Yes)
- Rate Filings on Website: (Yes)

Enclosures/Attachments

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



SF-424A.pdf

documents contain.

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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	30	27	12	20	89
Number of policy rate filings requesting increase in premiums	42	14	4	17	77
Number of filings reviewed for approval, denial, acceptance etc.	61	27	12	20	120
Number of filings approved	48	26	9	19	102
Number of filings denied	2	1	0	1	4
Number of filings deferred	11	0	3	0	14

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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.)	7 Maj Med PPO 1 Maj Med Other 2 Maj Med POS 7 HMO	1 Maj Med PPO	0	0	8 Maj Med PPO 1 Maj Med Other 2 Maj Med POS 7 HMO
Number of Policy Holders	417,340	68	0	0	417,408
Number of covered lives affected	737,079	125	0	0	737,204

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.)	7 Maj Med PPO 4 Maj Med Other 4 Maj Med POS 10 HMO	2 Maj Med PPO 1 Maj Med POS 2 HMO	2 Maj Med PPO	3 Maj Med PPO 4 Maj Med Other 2 HMO	14 Maj Med PPO 8 Maj Med Other 5 Maj Med POS 14 HMO
Number of Policy Holders	99,282	4,548	641	4,370	108,841
Number of covered lives affected	330,283	59,294	10,587	67,687	467,851

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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.)	5 Maj Med PPO 1 HMO	8 Maj Med PPO 6 Maj Med Other 5 HMO 1 Student Blanket	3 Maj Med Other 3 Maj Med PPO 1 Student Blanket	1 Student Blanket A&H 4 Maj Med PPO 3 Maj Med Other 2 HMO	3 Student Blank A&H 20 Maj Med PPO 12 Maj Med Other 8 HMO
Number of Policy Holders	16,341	16,815	7,947	19,765	60,868
Number of covered lives affected	59,220	4,469,524	446,587	112,092	5,087,423

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	0	0	0	0
Number of Policy Holders	0	0	0	0	0
Number of covered lives affected	0	0	0	0	0

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*.