

# Health Insurance Rate Review Program, Cycle II FFY2014 Quarter 3 Report

Department of Insurance, State of Illinois

July 30, 2014

## **PART I**

### **Introduction**

The Department is committed to making substantial enhancements to its current 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, the Department will continue to collect and publicly disclose health insurance rates. Health insurance consumers—families and small business in particular—will benefit from increased scrutiny of proposed rate increases. Carriers that pursue rate increases that the Department deems to be unreasonable will have to publicly disclose this information on their website. The Department's current program has been expanded further during the last seven quarters of this grant (September 2012 through June 2014). This funding opportunity enables the Department to continue its efforts to provide a more functional, transparent private health insurance marketplace. The Department will obtain the resources and staff to analyze data and enhance its ability to share that data in a meaningful and consumer-friendly format.

The Department continues to utilize the Grant 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 Department is investing in technology necessary for enhanced collection and analysis of premium data; developing protocols for the collection, analysis, and publication of premium rates. The goals of the Department's Premium Review Program are (1) to provide a thorough review of premium rates and (2) 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 Department has made significant progress in its effort to enhance the public's access to rate information through its website. The Department developed and continues to improve its new rate review page to provide information on current rate filings in a consumer-friendly format and allow consumers to comment on those filings. More information on these and other rate review activities appears below.

### **Accomplishments to Date**

The Department has laid out a framework for expanding and improving the current rate review program, categorizing milestones into three broad objective areas: 1) efforts to enhance the current review of private health insurance premium rate activities; 2) efforts to enhance consumer protections and marketplace efficiency; and 3) efforts to expand statewide understanding of the Illinois health care economy, including where and how premiums pay for health care. A more detailed and narrative discussion of the work behind these milestones appears under the section "Significant Activities: Undertaken and Planned."

#### *Objective: Effectively Enhance the Current Review of Private Health Insurance Premium Rate Activities*

- The Department continues to collect rate filings through the System for Electronic Rate and Form

Filing (SERFF) and the Illinois-specific Premium Rate Review Web Portal (“portal”). Accompanying each filing is a Rate Data Collection Form that requires issuers to provide information on premium increases, loss ratios, earned premiums, paid claims, and incurred claims.

- Rate filings are also accompanied by an Actuarial Memorandum. The Actuarial Memorandum is required and is to contain the complete justification for the submitted rates, including background information, actuarial assumptions, and an explanation of the rationale for the requested rate action, as well as other relevant information.
- In addition, the Federal Unified Rate Review Template and Actuarial Certification must be included in each rate filing.
- The Department continues to participate in NAIC/SERFF conference calls regarding upgrades that have been made to the system to accommodate state data collection needs, and considered opportunities to leverage new capabilities.
- In addition, the Department has been involved in weekly calls and webinars to understand the new system that HHS and NAIC have been working on to enable states to use the System for Electronic Rate and Form Filing (SERFF) as part of the QHP submission and certification process in a State Plan Management Partnership Exchange.
- With Cycle II grant funding, plans are ongoing to implement the Illinois Enhanced Premium Review Project and establish the Department infrastructure necessary to expand current rate review activities. Technological upgrades will streamline and expand the Department’s existing electronic submission and analysis systems.
- The Department was successful in hiring a Health Actuarial Assistant; however, we have attempted to fill the Health Actuary II position for a few years but have not attracted any qualified candidates. As such, we continue to retain the services of an actuarial consulting firm to perform rate reviews, Our previous contract with Oliver Wyman expired in February 2014, and we have a new contract in place with them to perform “Unreasonable Rate Reviews” This is a one year contract with two renewal options. In addition, we also recently renewed our ACA Actuarial Services contract (a second contract) with Oliver Wyman, for another year. (See comment under Challenges and Responses on next page regarding hiring of Health Actuary and Contract with Oliver Wyman. The ACA Actuarial Services contract is NOT funded by the Rate Review Grant.
- The Department intends to retain the three contractual insurance analysts through FFY 2014 using Cycle II funds. There were three Insurance Analyst IIs, but one left at the end of December 2012. We hired another Rate Review Specialist (contractual) to replace the one that left in December 2012. She started on May 1, 2013.

*Objective: Effectively Enhance Consumer Protections and Marketplace Efficiency*

- The Department continues to compile and collect necessary data and utilize the process for reviewing rate filings developed and implemented with an actuarial consulting firm in 2011, and has retained the services of the actuarial consulting firm in the interim.

- The Department intends to significantly invest in expanding consumer protection standards through a more open and transparent process for review. This includes developing new interactive tools for consumers to navigate health insurance premium information and provide feedback.
- An initial system for the display of rate increases has been launched, and a more comprehensive system is in development.
- The Cycle II Grant Application and Annual and Quarterly Reports have been posted on the Department's website.
- In addition, a Procedure Manual has been completed and posted on the internal staff webpage. The Procedure Manual has been updated to include new regulations and guidelines, and staff training will continue to reflect updates as they occur.

*Objective: Effectively Expand Statewide Understanding of the Illinois Health Care Economy, Including Where and How Premiums Pay for Health Care*

- The Department intends to enhance current rate review activities by conducting in- depth analysis of proposed rate increases and then compiling and publishing proposed rate increases in order to engage and educate the public and policymakers about the cost of health insurance, the cost of health care, and the impact of benefit design.
- As mentioned in our four previous reports, our research economist began working in May 2013 and has already completed his first reports that are based on loss ratios, rate increases, actuarial assumptions and some trend analysis on claims by company, aging by company, as well as lapse by company.
- Our initial intention was to have these reports posted on our website during the July – September 2013 quarter, but while the reports that were generated were being reviewed by senior staff, it was determined that there was a need to make some revisions to the way issuers are filing their rates.
- The information collected, while it was sufficient for rate review, it was not collected in a manner that allowed for the information in the reports to be clear enough to be posted for the public to view. Therefore, we are in the process of implementing some changes to the web portal to allow this information to be collected in a manner that would allow the Department to generate, analyze and provide this information to the public by way of our website. As a result of closing about 50 filings during this last quarter, we are working with our research economist to re-run the reports. This may provide additional data which should help with the credibility of the reports. Our research economist will hopefully be able to run some simpler statistics which we should be able to put in a chart, which will help us explain the results in a way that a lay person can understand them.
- ***The Department staff has met with IT in regard to the changes to the web portal and as a result, the staff research economist was able to run simpler statistic reports. We are working on the language that will be explaining the results of the reports.***
- ***In addition, the changes to the web portal are allowing the Department to move forward with the report card.***
- ***We are currently meeting with IT in regard to the implementation and placement of the report card on the Department's website.***

## **Challenges and Responses**

- The Department was successful in hiring a Health Actuarial Assistant; however we have attempted to fill the Health Actuary II position for a few years but have not attracted any qualified candidates, so we continue to retain the services of an actuarial firm to perform rate reviews. ***Our previous contract expired in February 2014, and a new Unreasonable Rate Review contract is now in place with Oliver Wyman. This is a one year contract with two renewal options.***

***The Department estimates the date of hire for the Health Actuary to be in late 2015. However, the hiring of the Health Actuary will still not be sufficient to cover all the activities that Oliver Wyman performs through this RFP, as well as perform the duties required of the Health Actuary (discussed later in the Work Plan). Therefore, until we are able to hire more than one new staff member, we will likely need to continue making use of the 2 renewal options we have with Oliver Wyman, after the one year contract ends.***

***In addition, we also recently renewed our ACA Actuarial Services contract (a second contract) with Oliver Wyman, for another year. The ACA Actuarial Services contract is NOT funded by the Rate Review Grant.***

- An additional challenge the Department continues to encounter is the lack of explicit statutory authority to approve or deny premium rate filings. ***Due to the current political climate in Illinois, legislation to approve or deny premium rate filings did not take place this legislative session. See details in the Obtain Authority to Approve or Deny Premium Rate Increases section further down in this report.***
- ***Progress has been made in hiring IT consultant staff to assist the current IT staff and actuarial consulting firm in designing and building rate review software and convert to web-based system for consumer use. These positions will be funded through Cycle II grant funds.***

## **Significant Activities: Undertaken and Planned**

- On July 1, 2011, Illinois was found to have an Effective Rate Review Program as outlined in the Final Rule. The Department is committed to making substantial enhancements to its current rate review program. In order to improve the performance, transparency, and accountability of the private health insurance marketplace, the Department will continue to collect and publicly disclose health insurance rates. Health insurance consumers— families and small business in particular—will benefit from increased scrutiny of proposed rate increases. Carriers that pursue rate increases that the Department deems to be unreasonable will have to publicly disclose this information on their websites. The Department’s current program will be expanded further to allow for the analysis of data provided by insurers to identify marketplace trends. The Department will continue to engage stakeholders and the people of Illinois in a collaborative effort to address the rising cost of health insurance coverage. The new reports submitted by the research economist will assist in these efforts.
- As noted above, the Department has categorized Grant implementation milestones into three broad areas: 1) efforts to enhance the current review of private health insurance premium rate activities; 2) efforts to enhance consumer protections and marketplace efficiency; and 3) efforts to expand statewide understanding of the Illinois health care economy, including where and how premiums pay for health care. Each of the three categories is further organized into multiple subcategories. Milestones implemented or initiated during the first quarter are divided by subcategory and described below.

## 1. *Collection of Premium Rate Data*

### A. *Technical Capacity for Data Collection*

- In the first and second quarters of the Cycle I grant period, the Department determined that the SERFF system, as currently constituted, would be insufficient toward achieving the goals of the premium review program. In response, the Department developed and launched the Illinois Web Portal, which it has been using to collect and organize additional information from carriers (alongside the traditional SERFF process) since February 1, 2011.
- The Department continues to collect rate filings through the System for Electronic Rate and Form Filing (SERFF) and the Illinois-specific Premium Rate Review Web Portal (“portal”). Accompanying each filing is a Rate Data Collection Form that requires issuers to provide information on premium increases, loss ratios, earned premiums, paid claims, and incurred claims.
- Rate filings are also accompanied by an actuarial memorandum. The Actuarial Memorandum is required and is to contain the complete justification for the submitted rates, including background information, actuarial assumptions, and an explanation of the rationale for the requested rate action, as well as other relevant information.
- In addition, the Federal Unified Rate Review Template and Actuarial Certification must be included in each rate filing.
- The Department has been involved in weekly calls and webinars to understand the new system that HHS and NAIC have been working on to enable states to use the System for Electronic Rate and Form Filing (SERFF) as part of the QHP submission and certification process in a State Plan Management Partnership Exchange.
- On January 15, 2014, the Center Consumer Information and Insurance Oversight (CCIIO) and the National Association for Insurance Commissioners (NAIC) jointly offered training on HIOS and SERFF for Rate Review Grantees. Illinois was a participant in the training session, to learn about the new enhancements made in SERFF version 6.4 and also the submission process through HIOS.

The training covered the following topics:

- Changes to the Rate Review grant data detail template
- Transfer of rate-filing data from SERFF to HIOS
- Submission of data and progress reports in HIOS
- With Cycle II grant funding, plans are ongoing to implement the Illinois Enhanced Premium Review Project and establish the Department infrastructure necessary to expand current rate review activities. Staffing will be increased to accommodate new demands and technological upgrades will streamline and expand the Department’s existing electronic submission and analysis systems.
- The Department intends to retain two contractual insurance analysts through FFY 2014 using Cycle II funds. The Department initially hired three contractual insurance analysts, but one left the Department at the end of December 2012. The Department successfully hired another Rate Review Specialist (contractual) to replace the one that left in December 2012. She started on May 1, 2013.
- Many improvements have been made to the internal portal since the IT consultant began working at DOI in January 2012.

- We have added [features](#), which will remain until the Report Card is implemented, 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. Also, an option for an extra decimal place in the “Rate Change %” section has been added. *(These features added were in part in regard to the “Report Card” as well as the trend analysis reporting)*
- We have made additions 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.
- DOI created and released the [Health Rate Review Checklist](#) for insurers to use to make complete and accurate rate filings for Qualified Health Plans with the Department. *This Rate Review Checklist was posted on our shared drive for the rate review process to be done by our contracted consulting team.*
- *The Health Rate Review Checklist was revised to include questions to determine whether the rate filing pertains to grandfathered, non-grandfathered or transitional policies.*
- *The Department has developed both internal and external checklists for use with Student Blanket Filings. The internal checklist is a Word document that lists all the required items that should be included in the rate filing, such as AV calculator printouts, a sample rate calculation, rate tables, rate factors, historical experience, and financial experience. It also includes some basic data checks that should be performed. The external checklist is an Excel document that contains many of the same items in the internal checklist but it is a fill-able document. Companies will submit it along with the filing to verify that the required items are included in the filing and to indicate where they are found in the filing.*
- *The Department has revised its Small Group and Individual Actuarial Memorandum requirements checklist to meet the 2015 requirements. These checklists lay out the structure and format for the actuarial memorandums (AM’s) that support the rate filings. They include all of the items that should be documented and discussed in the AM’s, such as trend factors, credibility methodology, covered benefits and services, index rates, and rate development.*
- *We have revised and reposted some of our Review Requirements Checklists and are still working on the Network Adequacy and the HMO Individual and Small Group Review Requirements Checklist.*
- *Marketplace Analysis: The Department is developing ways to analyze the premium rate data to identify trends in the marketplace. Some trends the Department 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.*

#### B. Staffing Capacity for Data Collection

With the use of Cycle I grant funds, the Department was able to hire three full-time insurance analysts (contractual) to assist with data collection for the Rate Review Program. The Department initially hired three contractual insurance analysts through FFY 2014 using Cycle II funds, but one left the Department

at the end of December 2012. The Department was successful in hiring another Rate Review Specialist (contractual) to replace the one that left in December 2012. She started on May 1, 2013.

### *C. Collection of Data*

Pursuant to Company Bulletins [2010-08](#) and [2011-02](#), the Department has received 24 rate filings in the Cycle II FFY14 Quarter 3 of the grant period from April 1, 2014 through June 30, 2014, and of those, 12 requested rate increases and were subject to review. For this quarter 24 filings were received, 19 are pending review, 2 were filed, and 3 were withdrawn per company request.

## *2. Analysis of Premium Rate Data*

### *A. Identifying Analytics Goals*

- The Department reviewed the final HHS rules issued in May and identified all rate information necessary to compile from filings. This information has been incorporated into the analysis process described under the “Operational/Policy Developments” section.

### *B. Technical Capacity for Data Analysis*

- The Department launched the Rate Review Project on June 21, 2011, and continues to work with its actuarial consulting firm to enhance its processes for the review of premium filings. This process is described in detail under the “Operational/Policy Developments” section of this report.

### *C. Staffing Capacity for Data Analysis*

- As detailed above in the “Challenges and Responses” section, the Department continues to have these services performed by outside actuarial consultants.
- The Department continues to retain an actuarial consulting firm to do rate filing reviews.
- The Department was able to transfer an economist that we have on staff, who does rate review in the P&C area and has experience in health issues as well. It was decided by senior staff that this individual should be transferred to do become the research economist needed for the rate review grant activities. His job description includes collecting data from rate filings received from carriers, generating reports that will be used for consumer outreach, financial and actuarial analysis, and ultimately working with the Exchange in monitoring the insurance market in Illinois. The staff member has already produced certain reports based on loss ratios, rate increases, actuarial assumptions and some trend analysis.
- Our initial intention was to have these reports posted on our website during the July – September 2013 quarter, but while the reports that were generated were being reviewed by senior staff, it was determined that there was a need to make some revisions to the way issuers are filing their rates.
- **The information collected, while it was sufficient for rate review, was not collected in a manner that allowed for the information in the reports to be clear enough to be posted for the public to view. Therefore, we are in the process of implementing some changes to the web portal to allow this information to be collected in a manner that would allow the Department to generate, analyze and provide this information to the public by way of our website. As a result of closing about 50 filings during this last quarter, we are working with our research economist to re-run the reports. This may provide additional data which should help with the credibility of the**

reports. Our research economist will hopefully be able to run some simpler statistics which we should be able to put in a chart, which will help us explain the results in a way that a lay person can understand them.

- *The Department staff has met with IT in regard to the changes to the web portal and as a result, the staff research economist was able to run simpler statistic reports. We are working on the language that will be explaining the results of the reports.*
- *Also, the changes to the web portal will allow the Department to move forward with the report card.*
- *We have met with IT in regard to the implementation and placement of the report card on the Department's website. See screen shots of where and how the report card will look beginning on page 14 of this document.*

#### D. Conduct Analysis

- The Department received 24 filings in the third quarter of FFY14, 12 of which were subject to review. For filings received after September 1, 2011, the Department's Actuary works with the actuarial consultants to review premium information received from carriers. For the majority of these filings, the Department requested further information from the carrier because the information provided in the initial filing was insufficient for a thorough analysis. The consultants then review the rate increase to determine reasonableness and accuracy. If the increase exceeds 10 percent, the consultants conduct a more in-depth review and issue a report to the Department's Actuary as to whether the rate increase is reasonable.
- The Department's Actuary then reviews the report and makes a final determination. The Department has worked with its actuarial consultants to streamline this review process to ensure efficiency and accuracy. The Department utilizes a rate submission checklist to promote consistency among filings and assist insurance analysts in efficiently reviewing filings for necessary information.
- The Department intends to complete reviews within 30 days, on average, once all information is received from the carrier.
- The Department's final determination will include an explanation of its analysis and is provided to CMS within five business days following its determination. This process has been put into place.
- In order to encourage consistency across reviewers and filings, the Department has developed a standardized template for reporting filings that are subject to review by HHS. The Department will then enter the outcome into the CMS web-based system, including a brief narrative of any rate increase "subject to review".

### 3. *Establish Process for Conducting Comprehensive Premium Rate Review*

#### A. *Obtain Authority to Approve or Deny Premium Rate Increases*

- Three previous attempts at passing legislation during 2011 did not succeed: (HB 1501, HB 2736, SB 2344).
- A fourth attempt, SB 34 (the Health Benefits Exchange bill), introduced in the Illinois Senate, last session, contains language requiring all health plans that wish to be certified as QHPs to, at a minimum, fulfill all premium rate and contract filing requirements and ensure that no contract language has been disapproved by the Director, and charges the same premium rate without regard to

whether the plan is offered through the Exchange and without regard to whether the plan is offered directly from the health carrier or through an insurance producer. The Department is working with legislators, consumer advocates and the Governor's office to strengthen the language in this bill, should it be reintroduced in the 2014 legislative session, or in another Health Benefits Exchange Bill that might be introduced during the 2014 legislative session, directing the Director to approve or disapprove unjustified rate increases.

- It has currently been decided that the political climate in Illinois is not conducive at this point to introduce a further attempt to allow the Director to approve or disapprove rate changes. Hopefully, we will have options in the not too distant future.
- The Department also carefully reviewed the proposed and final rules regarding rate review issued by HHS and incorporated the requirements into the review process established during the third quarter. For a detailed discussion of that process, please see the "Operational and Policy Developments" section below. In addition, the Department actively participated in the commenting process on the proposed rules through NAIC.
- *Public Engagement and Education*

#### A. *Interactive Website*

- The Department has received a Consumer Assistance Program Grant under the Affordable Care Act and will be coordinating website improvement efforts related to both grants so as to avoid duplication. The Department is using Rate Review grant dollars to develop an interactive and user-friendly website allowing consumers to, among other things, search and access all publicly available information related to premium rates and rate increases within the Illinois health insurance marketplace.
- ***The Department has identified the information and data that will be included on the "Report Card" and has determined where the Report Card will be located on our Website. We have had a meeting with our IT Department to begin the implementation. The Report Card will initially include fields such as number of members affected, a description of what effective date means, and a column which will say what kind of plan it is – large group, small group, or individual. Department staff is working on different options for populating certain fields on the Report Card with information from the web portal. See Screen Shots beginning on page 14 of this document.***
- Our Premium Rate Review and Medical Loss Ratio Web Pages have been recently updated with post 2014 regulations and guidelines. These updates are currently awaiting senior staff approval, before being posted to our website. They will then be translated.
- The updates include the criteria by which insurance companies may no longer adjust premiums on such as health status and gender, descriptions of what they may adjust premiums on, such as: geographic locations, tobacco usage, age, family composition, and whether the plan is grandfathered or non-grandfathered. The MLR updates include, among other things, the 2012 and 2013 MLR reports containing the data that insurance companies have to submit to HHS each year since 2012, as well as the amount of rebate dollars that have been issued by insurance companies in each state to consumers.

- The Grant Quarterly and Annual Reports have been posted on our Premium Rate Review Web Page. This Quarter 3 Grant Report will be posted a few days after submitting to HHS.
- In addition, recent updates have been made to the following documents listed below, and the first three documents have been translated into Polish, Spanish, Korean, and Chinese. All of these updated and translated documents have been posted on the Department’s Premium Rate Review, [Medical Loss Ratio](#), and the [Rate Review Webinars/Presentations](#) web pages.
  - How Rate Review Works in Illinois;
  - Rate Review Q&As
  - Rate Review Brochure;
  - Health Insurance Premium Group Coverage / October 2013
  - Health Insurance Premium Individual Market / October 2013
- The previous updates included federal requirements that changed the wording of “preliminary justification” to “rate justification”. In addition the updates were there to help consumers understand what the interim period between pre-January 2014 and post-January 1, 2014 meant to them regarding which factors may be before January 2014 by issuers to demine a consumer’s health insurance premium.
- The previous updates also noted that premiums could only be rated based on gender, health conditions or personal health history on policies that would go into effect or renew before January 1, 2014. These updates have been posted on the Premium Rate Review web page and the Webinars/Presentations webpage.
- We are expanding the information on the website to include whether the plans are grandfathered or non-grandfathered, # of covered lives and type of market, such as individual, large group, small group or association group. Reports generated by the Research Economist will improve the transparency of information available to consumers, posted on its website.

## ***B. Translation Services***

- In an effort to provide appropriate services to all Illinois consumers, the Department intends to translate web-based databases, documents, reports and charts into Spanish, Polish and Korean, including all rate review- related information. These efforts will be undertaken when the updates to the new website, discussed above, are finalized. The funding allocated as part of this grant will supplement those efforts. These efforts will be undertaken shortly as soon as the updates to the new website are finalized. The funding allocated as part of this Cycle II grant will supplement those efforts. See details in the previous paragraph.
- Translations have been made to the documents mentioned above. The cost of translating these documents are reflected in the contractual budget allocations section in the excel spreadsheet attached. These specific translations cost \$391.46.
- **Further updates to these documents have been made to more clearly reflect the changes applicable to plans that will take place on January 1, 2014 and later. These documents will be posted after being approved by senior staff.**

## **Operational/Policy Developments/Issues**

- While the Department has made significant progress to establish an IT infrastructure and process for premium rate review in Illinois, the Department intends to utilize Cycle II grant funding to refine this infrastructure to further enhance the Department's ability to collect information, analyze this information, make a "reasonableness" determination, and provide transparency in the process and results to the public. On a dual track, the newly appointed Deputy Director of IT within the Department is designing a new structure for permanent IT staffing to provide support to the premium rate review program. Specifically, this includes three new IT employees dedicated to portal and network support. The Department continues its efforts to hire these personnel, including the development of job descriptions. This aspect of the project is crucial to ensure the portal can be maintained and updated over time. The new enhancements proposed for the premium rate review portal include:

**Data Entry.** The portal currently permits carriers to submit information through some drop down menus, but primarily it leverages text boxes. In an effort to ensure the database is easily queryable for individual product information as well as marketplace-wide assessments, the portal data entry requirements needed to be amended.

- 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. Especially in light of new policies being issued with the ACA QHPs, filers can now select from new Policy Forms when searching 'Form Selection' by their SERFF filings.
- The section "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 has been 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'.
- We have made additions to the Web Portal that pertain 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.

***These changes have been implemented and are working well. The Department will be looking at this data to consider for the Report Card. See snap shots beginning on page 14.***

- As was discussed in the previous Quarterly Report, DOI created a Rate Review Checklist for insurers to use to make complete and accurate rate filings for Qualified Health Plans with the Department of Insurance. The checklist was compiled based on both DOI and insurer comments.

***Real-time Updates to Rate Increase Information.*** The Department is currently working to implement an automatic reporting system which will instantly update the interactive web tool currently on the Department's website, allowing consumers to have immediate access to the most up-to-date individual market information, and relieving the actuarial team from what is currently a very

time-consuming and arduous task.

***Marketplace Analysis.*** *The Department is developing ways to analyze the premium rate data to identify trends in the marketplace. Some trends the Department 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.*

***Procedures Manual.*** The Department 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 Department to ensure accuracy and consistency. The manual has been posted to the Department's internal webpage. It has recently been 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 as needed.

### **Public Access Activities**

- The Department received a Consumer Assistance Grant Program under the Affordable Care Act and is coordinating website efforts related to both grants so as to avoid duplication. The Department developed a new rate filing webpage to display rate information to consumers on its website, provide consumers with the opportunity to comment on rate filings, and educate consumers by designing two educational rate review webinar presentations; a graphic and easy-to-understand description of how the rate review process works in Illinois; a frequently asked questions and answers document; and a Guide to Rate Review Brochure - all of which were posted on the Department's webpage. In addition, the brochures, describing the rate review process in Illinois, were printed in English, Spanish, Polish, Chinese and Korean, and then distributed. The Brochures were included in the Department's outreach activities in order to educate and inform consumers, who may not have access to computers or the internet, about the rate review process.

### ***Recent updates have been made to the following documents:***

- How Rate Review Works in Illinois;
- Rate Review Q&As
- Rate Review Brochure;
- Health Insurance Premium Group Coverage / October 2013
- Health Insurance Premium Individual Market / October 2013
  
- These documents have been updated and posted. The first 3 documents have been translated into Spanish, Polish, Korean, and Chinese, and posted in all those languages on the website. The updates include federal requirements that changed the wording of "preliminary justification" to "rate justification". In addition the updates will help consumers understand what the interim period between now and January 1, 2014 means to them regarding which factors may be used currently by issuers to demine a consumer's health insurance premium. The updates note that premiums can only be rated based on gender, health conditions or personal health history on policies that go into effect or renew before January 1, 2014.
  
- In light of the new consumer protections under the Affordable Care Act that went into effect in September 2011, such as rate justification of rate hikes exceeding the 10% threshold, the

Department identified a need to increase awareness and better educate consumers on how these technical processes affect them as well as their insurance carriers. The Department has had internal meetings with the Illinois Health Insurance Marketplace, to discuss the best avenue to combine efforts to engage consumers and consumer advocacy groups in identifying the types of information they would find most useful about health insurance rate increases, as well as the most effective methods of disseminating the information. Last year, the Department held twenty different speaking engagements and four health fairs. Included in the discussions at these events, the Department provided information about rate review activities to chambers of commerce, military families and veterans, healthcare advocates, non-for-profit groups, medical professions, medical and law students, employee benefits professionals, religious organizations, agents and underwriters groups and other business alliance groups.

- In addition to the speaking engagements that have continued this Quarter, the Department has also been collecting information from consumers and stakeholders during the Health Reform Implementation Council meetings, to listen and collect the issues brought up by consumers, stakeholders and others. The Director is a member of the Council.
- The questions asked by testifiers, consumers, and others, give us an idea of what consumers expect to understand about how the rate review process works in Illinois and whether or not they have an understanding of the process. We continued to collect information from consumers and stakeholders during a subsequent Health Care Reform Implementation Council meeting, held on March 13, 2014. *We performed the same exercise at the third meeting and our plan is to create a program which will include educational materials and outreach components to reach out and educate consumers about what Rate Review is and how it works in Illinois.*
- **Recommendations to the State Exchange on Insurer Participation**
- *Rate submissions are required under 215 ILCS 5/355. Rates will be submitted through SERFF. QHP rates must be set for an entire benefit year in the individual Exchange and for the plan year in the SHOP Exchange. In the SHOP Exchange, rate changes must be submitted to DOI for review. The current rate review process will continue to be followed for all rate changes. DOI will continue to collect rate filings and actuarial memorandums electronically through its rate review web portal. DOI is evaluating the medical and insurance trend assumptions, anticipated loss ratio, anticipated distribution of business, contingency and risk margins, past and anticipated premium and claim experience, the history of rate adjustments, and other important data points submitted through the web portal as required by DOI. DOI will notify CCIIO of the rate review results within the QHP recommendation.*
- *Additionally, the rate review process is being updated to take into consideration new payments and charges to plans, including risk adjustment, reinsurance, risk corridors, the coverage of new populations and benefits, new underwriting limitations, MLR rebates, new federal taxes, and new risk pooling in non-grandfathered plans. DOI will verify that the “same premium rate” is offered inside and outside the Exchange for the same plans. The rate review processes will be applied consistently for multi-state plans and CO-OPs to maintain a level playing field. The Financial-Corporate Regulatory and Life Actuarial Divisions in DOI will conduct rate review and will involve the Consumer Markets/Compliance unit to ensure DOI has the appropriate regulatory capacity.*

## Collaborative Efforts

- *The Department will continue to participate in NAIC and CCHIO’s training sessions on SERFF and HIOS and other important topics.*

## Lessons Learned

- The Department has experienced extensive delays in adding the staff necessary to conduct premium review activities. The Department is adjusting its expectations for the addition of new staff moving forward, including the retention of the actuarial consulting firm, and has been granted Cycle II funding to accommodate the delays in project activities associated with those experienced in the hiring process.
- *The Department has identified the information and data that will be included on the “Report Card” and has determined where the Report Card will be located on our Website. We have had a meeting with our IT Department to begin the implementation. The Report Card will initially include fields such as number of members affected, a description of what effective date means, and a column which will say what kind of plan it is – large group, small group, or individual. Department staff is working on different options for populating certain fields on the Report Card with information from the web portal. See Screen shots below*

*First, we have added an option to the Company Lookup dropdown box from the Companies tab.*



*Then we have added “Health Rate Report Card” as the third option. (see snapshot on next page.*

### Company Profile Search

What are you looking for?

- General Information
- Accident & Health Expense Filings
- Health Rate "Report Card"

If you are looking for a report card on health insurance rate changes, begin here.

Enter Company Name:  or select a report: [All Companies, All Years](#)  
[All Companies, 2013](#)  
[All Companies, 2012](#)  
[All Companies, 2011](#)

Filing Year (Optional)

3 Records Found!

Company Name	FEIN	Filing Period
<a href="#">Aetna Health Inc.</a>	23-2169745	4/30/2014
<a href="#">Aetna First Health Inc.</a>	23-2169745	4/30/2014
<a href="#">Aetna Second Health Inc.</a>	23-2169745	4/17/2014

*As shown in the screen shot above, we selected a Company Name - Aetna, but we could have chosen All Companies, All Companies 2013, 2012, or 2011.*

State of Illinois | Illinois Department of Insurance - Windows Internet Explorer

http://doi084tinter01.iltest.illinois.gov/HealthRateReviewTest/Consumer/ConsumerInfo.aspx?entityName=...

File Edit View Favorites Tools Help

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**AETNA LIFE INSURANCE COMPANY**

Form Name	Last Updated
<a href="#">ALICREWWRITEAHCE</a>	12/1/2011
<a href="#">ALICREWWRITEAHPD</a>	12/1/2011
<a href="#">GR-2901</a>	9/8/2011
<a href="#">GR-29N01-0101</a>	5/21/2012
<a href="#">GR-29N01-0101</a>	5/22/2012
<a href="#">GR-29N01-0101</a>	8/31/2012
<a href="#">GR-29N01-0101</a>	11/16/2012
<a href="#">GR-29N01-0101</a>	12/31/2012
<a href="#">GR-29N01-0101</a>	1/16/2013
<a href="#">GR-29N01-0101</a>	1/17/2013

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http://doi084tinter01.iltest.illinois.gov/HealthRateReviewTest/Consumer/ConsumerFiling3.aspx?Form=...

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**AETNA LIFE INSURANCE COMPANY -- Filings for Policy form GR-29N01-0101**

Tracking#	SERFF Tracking#	Status	Grandfathered	Increase Date	Market Size	Lives Covered	% Change	Date Submitted	Date Filed
2Q11 PPO Rate Filing	AETN-127008842	Open		04/01/2011		0	3.10		
4Q11LGPPORate	AETN-127625492			10/01/2011		0	0.20	01/17/2013	01/17/2013
1Q12 IL SG PPO	AETN-127390369			01/01/2012		0	-0.80		
1Q13 IL SG PPO	AETN-128774946			01/01/2012		0	-0.80	11/16/2012	11/16/2012
3Q12 IL SG PPO	AETN-128332537			07/01/2012		0	1.00		
3Q12LGPPORATE	AETN-128209761			07/01/2012		0	1.80	06/05/2012	06/06/2012
4Q12LGPPORate	AETN-128667328	Open		10/01/2012		0	1.10	07/23/2013	
2Q13LGPPORATE	AETN-128852370			04/01/2013		0	3.30	01/17/2013	02/08/2013
3Q13 IL SG PPO	AETN-128949205	Open		06/01/2013		0	-3.40	03/20/2013	02/04/2014
3Q13LGPPORATE	AETN-128986814	Open		07/01/2013		0	3.70	04/17/2013	06/01/2013

1 2  
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http://doi084inter01.illinois.gov/HealthRateReviewTest/Consumer/ReportViewer.aspx?reportnar

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**All Companies, Filings in 2013** [Back to Company Search](#)

1 of 37 100% Find | Next

**Aetna Health Inc.**

SERFF Tracking #	Date Submitted	% Rate Change	Policy Name	Open/Closed	Market Size	Grand-fathered	# of Covered Lives
<b>AETN-128844978</b>	1/14/2013	3.60	HMO/ILGA-211/01			No	
<b>AETN-128954319</b>	5/20/2013	-2.80	HMO/ILEOC-211/01 HILLSOBF08MHPARV001	Open		No	
<b>AETN-128982042</b>	4/16/2013	4.10	HMO/ILGA-211/01	Open		No	
<b>AETN-129137242</b>	8/30/2013	0.00	HMO/ILEOC-211/01	Open		No	

## Premium Review Project Budget Narrative (Updated July 30, 2014)

### Overall Budget

The Illinois Department of Insurance (DOI) budget for FY2013 totaled \$53,623,500. Projected annual revenue collected in FY14 is \$448,531,227 (this amount includes taxes collected and deposited to the General Revenue Fund).

### Estimated Budget for Premium Review Cycle II

*To enhance the current rate review process and to improve consumer protection standards, the Department estimates a total cost of \$3,531,085 from FY2012 to FY2014. The table below summarizes the expenditures during the project period for the first two years of the grant and the previous two quarters. The remaining balance is reflected in the right most column. The DOI is planning to submit a No-Cost Extension for this grant to continue Premium Rate Review activities. Currently, the grant is set to expire September 2014. The DOI expects to submit a No-Cost Extension in the coming months.*

Rate Review Cycle II Grant					
Grant Period Expenditures (cash basis)					
	Expenditures				
	Budget Allocation	2-Year (10/1/11 - 9/30/13)	Quarter (10/1/13 - 12/31/13)	Quarter (1/1/14 - 3/31/14)	3/31/2014 Balance
Salaries and Wages	\$1,790,185.00	\$105,329.98	\$32,751.20	\$20,214.81	\$1,631,889.01
Fringe Benefits	\$755,278.00	\$18,721.82	\$5,779.62	\$3,567.32	\$727,209.24
Travel	\$3,000.00	\$0.00	\$0.00	\$0.00	\$3,000.00
Equipment	\$28,000.00	\$0.00	\$0.00	\$0.00	\$28,000.00
Supplies	\$14,000.00	\$0.00	\$0.00	\$0.00	\$14,000.00
Contractual	\$814,000.00	\$105,615.00	\$150,093.00	\$51,097.46	\$507,194.54
Other	\$126,622.00	\$25,577.33	\$0.00	\$0.00	\$101,044.67
<b>TOTAL</b>	<b>\$3,531,085.00</b>	<b>\$255,244.13</b>	<b>\$188,623.82</b>	<b>\$74,879.59</b>	<b>\$3,012,337.46</b>

### Personnel

The Department's original submitted proposal included 11 staff members: two Health Actuaries, one Actuarial Assistant, two Insurance Analysts, one Insurance Analyst Assistant, three IT staff, one Research Economist, and one Fiscal Grants Specialist. Since the original proposal, the State has procured the services of an outside actuarial consulting firm to provide rate review services on health insurance premium filings and to determine compliance with applicable state and federal statutory requirements consistent with accepted actuarial ratemaking techniques. The State will reallocate salary and personnel costs to the contractual budget category to reflect the reduced staffing needs and proportional increases in consulting services. The Department was successful in hiring a Health Actuarial Assistant; however we have attempted to fill the Health Actuary II position for a few years but have not attracted any qualified candidates so we continue to retain the services of an actuarial consulting firm to perform rate reviews.

## Fringe Benefits

The cost of fringe benefits in the original proposal was \$755,278, which included group insurance, social security, and retirement. Due to reduced personnel requirements as staff requirements were reduced in lieu of services provided by an outside actuarial consulting firm, fringe benefit costs will be decreased and reallocated in the post-award amendment to the contractual services line.

## Travel

*As mentioned above, the political climate in Illinois is not conducive at this point to introduce a further attempt to allow the Director to approve or disapprove rate changes. However, staff will still travel under the grant to perform activities related to coordinating with Springfield staff and other stakeholders across the state, as well as to keep the conversation going for future legislation to establish rate review authority.*

The Department has allocated \$3,000 for the cost of travel, including mileage (408 miles roundtrip at the federal rate of 51 cents per mile, or \$208), hotel (\$70/night plus taxes), and Per Diem (\$27 per full day). This will cover the cost of traveling between Chicago and Springfield approximately three times per year.

## Equipment

For both the additional permanent employees and contracted staff funded by this grant, the Department anticipates an average cost of \$1,000 per employee for equipment for each Fiscal Year. This comes to a total of \$28,000, and includes computers, printers, calculators, staplers, and other similar equipment.

## **Contractual Services**

### New Employee Contractual Services

For the two new permanent employees and four additional contracted staff funded by this grant, the Department estimates an average cost of \$1000 per employee for various contractual services for the year, for a total of \$4,000. These contractual services are a standard cost built into the cost of hiring new employees, and include services ranging from renting offsite storage for servers, to repairs and maintenance of IT and other electronic equipment.

### **IT Services**

Illinois intends to develop a new analytic data system to report rate increases to consumers. Improvement to the current IT infrastructure requires funding for a consultant to work alongside new IT Staff to design and build rate review software and convert to web-based system for consumer use. IT development would consist of 3 consultants funded at \$180,000 each for FFY 2012 and 1.5 consultants funded at the same level for FFY 2013, for a total of \$810,000.

### **Rate Review Actuarial Services**

The State currently has procured an external actuarial consulting firm to provide rate review services for health insurance premium filings. The actuaries will also determine compliance with applicable state and federal statutory requirements consistent with accepted actuarial ratemaking techniques. *DOI continues to utilize the services of Oliver Wyman. Our previous contract expired in February 2014 and we have a new contract in place with Oliver Wyman after undergoing a RFP process for this contract. The new contract with Oliver Wyman for Unreasonable Rate Review is a one-year contract with two renewal options. The*

*other contract with Oliver Wyman, the ACA Actuarial Services contract was entered into in April 2013, and was recently renewed. Note: The ACA Actuarial Services contract is NOT being funded by the Rate Review Grant.* The services were originally designated to be performed by State staff to be hired through funds of this grant but due to difficulties in obtaining clearance for new staff positions at the State, it was agreed an outside firm would provide these services.

## **“Other” Category Spending**

### **Consumer Education and Outreach**

- The Department intends to enhance the transparency of the rate review process. Information about premium rate increases in the individual and small group markets will be posted to the Department’s website as rates are filed. The Department also intends to publicize information about rate increases that the Department has determined to be unreasonable. Issuers that pursue these increases will be required to post rate increase information, including their Rate Justification, on their websites. In addition, the Department has provided a link to Healthcare.gov and CMS.gov to allow consumers to read a brief, non-technical explanation of the relevant review findings that formed the basis of the Department’s review determination.
- The Department will then post a consumer-friendly summary of the Department’s decision on its website for each filing reviewed.
- Consumers also have the option of commenting on rate increases through a public comment section, developed on the Department’s website. This page includes a link for consumers to connect directly to the HHS website, and information on issuers that have pursued increases that the Department has determined to be “unreasonable”.
- In order to provide information to the public about Illinois’ rate review activities, the Department has created, updated power point presentations on the Enhanced Rate Review Program. These presentations are available on the Webinars/Presentations Web Page of the DOI website.

### **Reporting to the Secretary on Rate Increase Patterns**

- The Department will comply with the requirement that grant participants provide data to the Secretary on health insurance rate trends in premium rating areas. The Department has recently hired a Research Economist, who began working in mid May 2013, and whose responsibilities include, among other tasks, collecting the necessary data and identifying trends in the Illinois marketplace. As mentioned above, the initial tasks for this person is to provide reports based on loss ratios, rate increases, actuarial assumptions and some trend analysis. He has already completed his first reports that are based on loss ratios, rate increases, actuarial assumptions and some trend analysis on claims by company, aging by company, as well as lapse by company.
- Our initial intention was to have these reports posted on our website during the July - September 2013Qtr period, but while the reports that were generated were being reviewed by senior staff, it was determined that there was a need to make some revisions to the way issuers are filing their rates. The information collected, while it was sufficient for rate review, it was not collected in a manner that allowed for the information in the reports to be clear enough to be posted for the public to view. Therefore, we are in the process of implementing some changes to the web portal to allow this information to be collected in a manner that would allow the Department to generate, analyze and provide this information to the public by way of our website. As a result of closing about 50 filings

during this last quarter, we are working with our research economist.

### **Translation Services**

- In an effort to provide appropriate services to all Illinois consumers, the Department will translate web-based databases, documents, reports and charts to Spanish, Polish and Korean. The Department estimates the cost of these services to be \$35,835. The Department has already translated certain documents in Spanish, Polish, Korean and Chinese pertaining to Premium Rate Review and Medical Loss Ratio. These documents have been posted on the web pages.

New updates in October 2013 have been completed and posted on the Premium Rate Review and Webinars/Presentation web pages on the following documents:

- How Rate Review Works in Illinois
- Rate Review Q&As
- Rate Review Brochure
- Health Insurance Premium Individual Coverage Presentation
- Health Insurance Premium Group Coverage Presentation

The first three documents have been translated into Spanish, Polish, Chinese, and Korean. The cost of the recent translated services was \$391.46. This amount is included in the new budget Narrative, as part of this Report, under Contractual Services.

### **Equipment**

To accommodate the project's IT upgrades, the Department will need to purchase six development workstations from Illinois CMS at a cost of \$1,154 each plus an annual recurring cost of \$1,272 each. The Department also anticipates incurring additional charges for disk space at an annual cost of \$2,160. In total, new IT equipment will cost \$36,300.

# Premium Rate Review Work Plan

(Updated July 30, 2014)

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

- a. Enhance the current review of private health insurance premium rate activities;
- b. Enhance consumer protections and marketplace efficiency; and
- c. Expand statewide understanding of the Illinois health care economy, including where and how premiums pay for health care.

## **II. Evaluation Plan:**

- a. The Department will gauge the success of its rate review program based on the average time it takes for the Department to review rates and issue a determination.
  - i. With actuarial consultants assisting with filings, this review is estimated to be completed within 30 days once all information is received.
  - ii. After the contract with the consultants expires, the Department intends to maintain this average review time.
- b. The Department will know how many consumers it reaches by:
  - i. The number of “hits” to the website;
  - ii. The number of consumer comments; and
  - iii. The number of policyholders impacted by a proposed rate change.

## **III. Deliverables of the Enhanced Premium Rate Review Project**

- a. A report that identifies market trends in the Illinois insurance marketplace and includes a comprehensive assessment of premium increases.
- b. An updated and consumer-friendly webpage dedicated to premium rate review that will enable consumers to easily access information on rate increases and justifications provided.

## **IV. The Enhanced Premium Rate Review Project will be conducted by the Department’s actuaries and insurance analysts.**

- In regard to the Research Economist, the Department utilized a current staff person who has the skills to generate and analyze reports. He began working in mid May 2013, and his responsibilities include, among other tasks, collecting the necessary data and identifying trends in the Illinois marketplace. As mentioned above, the initial tasks for this person is to provide reports based on loss ratios, rate increases, actuarial assumptions and some trend analysis. He

has already completed his first reports that are based on loss ratios, rate increases, actuarial assumptions and some trend analysis on claims by company, aging by company, as well as lapse by company.

- Our initial intention was to have these reports posted on our website during the July – September 2013 quarter period, but while the reports that were generated were being reviewed by senior staff, it was determined that there was a need to make some revisions to the way issuers are filing their rates. The information collected, while it was sufficient for rate review, it was not collected in a manner that allowed for the information in the reports to be clear enough to be posted for the public to view.

Credentials for Health Actuary and IT staff will include the following:

**The Health Actuary** performs highly responsible professional actuarial work by providing counsel and advice and conducting technical research in the insurance field of life, accident and health; conducts technical actuarial determinations of insurance firms doing business in the State; develops and prepares reports and recommends appropriate actions to the chief actuary or to the department director and administrators; may supervise *lower level actuaries*.

**The Health Actuary** requires knowledge and skill equivalent to completion of four years of college, with courses in higher mathematics, such as calculus, probability and statistics. Requires four years professional experience in actuarial work in the life, accident and health field. Preferably requires the equivalent to the certificate received for the completion of necessary examinations to qualify as an Associate or Fellow of the Society of Actuaries (A.S.A. or F.S.A.) or Casualty Actuarial Society (A.C.A.S. or F.C.A.S.) Preferably requires the type and kind of experience and training necessary for membership in the American Academy of Actuaries.

**The IT Staff** requires knowledge, skill and mental development equivalent to four years of college with course work in computer science or directly related fields, supplemented by three years of professional experience in a related Information Technology field.

Requires extensive knowledge of Information Technology concepts and principles, the theories and functions of computer systems, and the principles and techniques of Information Technology documentation; hardware and software, languages, and procedures to provide assigned technical and analytical services; methods, procedures and techniques of conducting feasibility studies for system conversions and enhancements. Requires ability to effectively participate in and profit from continuing education, both in a formal and in-service training setting; analyze data logically and exercise sound judgment in defining, evaluating, and solving difficult administrative, organizational, technical, or operational problems where solutions may be of a precedent- establishing or research nature; gain and maintain effective working relationships with agency officials, associates, vendors, clients, and others; coordinate the activities of work associates to achieve desired results; plan and recommend training requirements that are necessary for effective performance. Requires developed oral and written communication skills to present technical information to others with clarity and precision.

**The IT staff** requires experience in database design, database application development, Windows LAN based operating system environments and Microsoft SQL Server Database Management System; requires experience developing complex database structures using MS SQL Server; requires experience with techniques for accessing relational data using programming tools including MS Access, MS Visual Basic, and MS Visual Studio; requires experience training programmers in proper database access techniques; requires the ability to diagnose and resolve problems with relational databases; requires experience

monitoring relational databases in order to identify and address potential problems before they affect performance.

**Management of the Enhanced Premium Rate Review Project: Project Director, Yvonne Clearwater**

Yvonne Clearwater, Acting Deputy Director, Health Products will serve as the Project Director. The Project Director will assume the responsibilities associated with the logistics, coordination, contracting, and outreach of the project. The Project Director will record and report on progress made on key decision points, ensure consumer outreach activities are transparent and accessible, and make certain that all reporting requirements associated with the grant are met.

**The Enhanced Premium Rate Review Project will take place:**

September 30, 2011 - September 30, 2014.

## Milestones/Deliverables and Timeline

The goals and objectives of the Rate Review Cycle II Project have been and will continue to be accomplished according to the following timeline:

Activity	Goal-Objective
<b>First Quarter (October, 2011 - December 2011)</b>	
<b>October 2011</b>	
Prepare webinar on new Illinois Enhanced Rate Review Program.	<b>Completed</b>
Develop new content for the rate review page of the Department's website including updates on Cycle II funding.	<b>In progress. The Cycle II Grant Application has been posted and Quarterly and Annual Reports have been posted.</b>
Provide a direct link to the HHS website for consumers.	<b>Completed. DOI has been complying with this requirement, but discovered that the link no longer works. HHS's Rate Review team have acknowledged the issue and have assured us that until their consumer oriented rate review page is available again, states will continue to meet the expectations of federal regulation, in accordance with their current guidelines. On a recent call with CCHIO and NAIC, the Department was informed that CCHIO is working on this issue and hopes to have the links fixed shortly. We have no further information on a timeline for this fix.</b>
Provide consumers with a public comments section on the Department's rate review page	<b>Completed.</b>
Evaluate the specific reporting requirements of the grant and immediately amend the Department's existing program to accommodate these reporting requirements.	<b>Completed.</b>
Begin the procurement process for new computers and IT equipment.	
Post preliminary justifications on the Department's website or provide a link to the CMS website.	<b>Completed. As per federal regulations, we have changed the wording of "Preliminary Justification" to "Rate Justification" on all our documents that include direction on justifications.</b>

Develop job descriptions for research economist and IT Staffing.	The research economist has been hired and has started working on reports. For more details, see the Narrative above. DOI continues to work on hiring IT staff to assist in, among other tasks the Rate Review Report Card. All IT staff must be certified.
Review public comments submitted through the Department's website (monthly).	Yvonne Clearwater and Cindy Colonius get the emails from the Rate Review page on the Website. They have not received many comments/questions in regard to this. <u>Public comments will be reviewed on a regular basis.</u>
Update rate review content on the Department's website (monthly).	The rate chart on the website is being updated on an ongoing basis. Recent updates are completed and have been posted on the webpage The Department is happy to announce that the recent changes to the web portal which allows the staff research economist to run simpler statistic reports will also allow the Department to move ahead with the report card. We are currently meeting with IT in regard to the implementation and placement of the report card on the Department's website. <u>We are just about ready to go live</u>
<b>November 2011</b>	
Develop the IT infrastructure necessary to automatically post rate increases to the Department's website as they are filed.	<i>The newly appointed Deputy Director of IT within the Department is designing a new structure for permanent IT staffing to provide support to the premium rate review program. Specifically, this includes three new IT employees dedicated to portal and network support. The Department continues its efforts to hire these personnel, including the development of job descriptions. This aspect of the project is crucial to ensure the portal can be maintained and updated over time. To see the new enhancements proposed for the premium rate review portal, see the bottom of page 5 above.</i>
Implement a new process to produce consumer-friendly reports regarding the health insurance rate information, and update rate comparison technology.	<b>In progress - The Department is currently developing the enhanced reporting process.</b>
<b>Second Quarter (January 2012 - March 2012)</b>	
<b>January 2012</b>	

Finalize development of “Frequently Asked Questions” for the Department’s website.	<i>New FAQ’s are completed and are awaiting senior staff approval before being posted and translated. Expected date of approval and posting of documents – Sep/Oct 2014. Estimated completion date of translated documents – December 2014.</i>
Conduct the webinar on new Illinois Enhanced Rate Review Program.	<i>The presentations/webinars are updated and posted. Newer updates are awaiting approval before being posted. <u>Senior staff is deciding on when the presentations will be given as a webinar.</u></i>
<b>February 2012</b>	
Begin preparing for transition of complete review of filings to internal Health Actuaries in preparation for departure of actuarial consultants.	<b>The State currently has procured an external actuarial consulting firm to provide rate review services for health insurance premium filings. The actuary’s will also determine compliance with applicable state and federal statutory requirements consistent with accepted actuarial ratemaking techniques.</b>
Retain outside actuarial consulting firm until internal health actuaries are hired.	<b>DOI continues to utilize the services of Oliver Wyman. Our previous contract expired in February 2014 and we have a new contract in place with Oliver Wyman after undergoing a RFP process for this contract. The new contract with Oliver Wyman for Unreasonable Rate Review is a one-year contract with two renewal options.</b>  <b>The other contract with Oliver Wyman, the ACA Actuarial Services contract, was entered into in April 2013, and recently renewed. <u>Note: The ACA Actuarial Services contract is NOT being funded by the Rate Review Grant.</u> The services were originally designated to be performed by State staff to be hired through funds of this grant but due to difficulties in obtaining clearance for new staff positions at the State, it was agreed an outside firm would provide these services.</b>
<b>March 2012</b>	
Post positions/begin interviewing for research economist and IT Staffing.	<b>Research economist. Complete</b>
<b>Third Quarter (April 2012 - June 2012)</b>	

<b>April-June 2012</b>	
Complete “Procedures Manual” and train staff.	<b>Complete. Training of staff will be ongoing</b>
<b>April-May 2012</b>	
Establish an evaluative process for assessing the success of the Enhanced Rate Review Program.	<b>In progress. <u>The Department needs to request data from insurers to generate reports. Estimated date of completion – December 31, 2014.</u></b>
<b>May-June 2012</b>	
Monitor rate review process to ensure that transition from outside actuarial consultants to internal actuarial staff has been successful.	<b>The State currently has procured an external actuarial consulting firm to provide rate review services, including monitoring for health insurance premium filings. (See above for more details about RFP with Oliver Wyman). The actuaries will also determine compliance with applicable state and federal statutory requirements consistent with accepted actuarial ratemaking techniques. <u>Will remain until staff is hired. Estimated hire date for the Health Actuary is late 2015. However, the hiring of the Health Actuary will still not be sufficient to cover all the activities that Oliver Wyman performs through this RFP, as well as perform the duties required of the Health Actuary (discussed later in the Work Plan). Therefore, until we are able to hire more than one new staff member, we will likely need to continue making use of the 2 renewal options we have with Oliver Wyman, after the one year contract ends.</u></b>
<b>Fourth Quarter (July 2012 - September 2012)</b>	
<b>June-August 2012</b>	
Update the “Frequently Asked Questions” portion of the Department’s website to explain rate making and the rate review process.	<b><i>New version was recently posted. An even newer version has been completed and is being reviewed by senior staff before posting. Expected date for posting – Sept/Oct 2014.</i></b>
<b>September 2012</b>	
Begin evaluation of state-specific threshold for evaluating rates that reflects the insurance and health care cost trends in Illinois.	<b><i>Started. Estimated completion date – February 2015.</i></b>
<b>Fifth Quarter (October, 2012 - December 2012)</b>	
<b>October-November 2012</b>	
Develop a publically available “annual report” on premium increases in Illinois.	<b>Completed</b>

Review metrics for success of the Enhanced Rate Review Program.	
<b>December 2012</b>	
Post 2012 “annual report” on the Department’s website.	<b>Completed</b>
<b>Sixth Quarter (January 2013 - March 2013)</b>	
<b>January-February 2013</b>	
Develop an updated webinar on Illinois Rate Review activities.	<b>Completed</b>
Conduct webinar.	<b>Senior staff is deciding on an appropriate time to conduct this webinar</b>
<b>March-April 2013</b>	
Update the “Frequently Asked Questions” section of the Department’s rate review page.	<i>Latest version is completed and awaiting senior staff review before posting and translating</i>
<b>Seventh Quarter (April 2013 - June 2013)</b>	
May-June 2013	
Finalize process – including all policies, business requirements, and legal relationships (contracts, memorandum of agreement) -- with the Illinois Exchange for sharing Department recommendations on issuer and plan participation on Exchange. This includes a launch of beta testing for all IT technology leveraged to share information securely and only as appropriate.	<b>DOI has shared all QHP recommendations with Marketplace and will continue to share when data becomes available. We have had reports posted on DOI website for both rates and QHP plans. In addition, the Department has begun to share with the Marketplace our information we have obtained on rates. This is contained on our website (Summary of Filed <a href="#">Health Plans</a> as of 9/30/13 and <a href="#">Rate Levels</a>)</b>
<b>Eighth Quarter (July 2013 - September 2013)</b>	
<b>July 2013</b>	
Begin sharing with the Illinois Exchange Department recommendations on issuers that should be excluded from the Exchange in preparation for Exchange “go live” date in January 2014.	<b>Completed, all QHP recommendations were shared with the Marketplace</b>
<b>August 2013</b>	
Review metrics for success of the Enhanced Rate Review Program.	<b>In Progress. <u>Estimated completion date – December 31, 2014.</u></b>
<b>Ninth Quarter (October, 2013 - December 2013)</b>	
<b>September-November 2013</b>	
Begin compiling information for “annual report.”	<b><u>Expected completion date – October 30, 2014</u></b>

<p>Begin to develop a procedure for conducting “focus group” type activities around the state to gauge the effectiveness of the Department’s outreach activities.</p>	<p><i>In addition to the speaking engagements that have continued this Quarter, the Department has also been collecting information from consumers and stakeholders during the Health Reform Implementation Council meetings, To listen and collect the issues brought up by consumers, stakeholders and others. The Director is a member of the Council.</i></p> <p><i>The questions asked by testifiers, consumers, and others, give us an idea of what consumers expect to understand about how the rate review process works in Illinois and whether or not they have an understanding of the process. We continued to collect information from consumers and stakeholders during a subsequent Health Care Reform Implementation Council meeting, held on March 13, 2014.</i></p> <p><i>The third meeting did give us a clearer understanding of whether or not consumers understand the process; what they do understand and what they still need a clearer understanding of what health insurance is and which plan is best for them. We are trying to determine better ways to reach out to, and educate consumers on our Website by:</i></p> <ul style="list-style-type: none"> <li>• <u><i>Making our Premium Rate Review and MLR Web pages more informative and consumer friendly on a regular basis;</i></u></li> <li>• <u><i>the use of our “Consumer Friendly” Report Card – expected initial completion date – October 30, 2014</i></u></li> <li>• <u><i>Adding a link to SERFF Public Access that allows consumers to physically view SERFF Rate Filings – expected completion date – October 1, 2014.</i></u></li> </ul>
<p><b>Tenth Quarter (January 2014 - March 2014)</b></p>	
<p><b>January 2014</b></p>	
<p>Design a “focus group” for gauging the effectiveness of the Department’s consumer outreach activities.</p>	<p>Same comment as before on “focus groups”</p>
<p><b>March 2014</b></p>	

Review metrics for success of the Enhanced Rate Review Program.	<i><u>Estimated completion date – December 31, 2014.</u></i> <i><u>We plan on presenting reports on a quarterly basis.</u></i>
Develop an updated webinar on Illinois Rate Review activities.	<i><u>Estimated completion date - on or around February 2015</u></i>
<b>Eleventh Quarter (April 2014 - June 2014)</b>	
<b>April 2014</b>	
Conduct webinar	In discussion
Compile and evaluate information obtained through “focus group” activities to hone the Department’s outreach efforts to ensure wide understanding of the rate review program.	Same comments as before
<b>May – June 2014</b>	
Update the “Frequently Asked Questions” section of the Department’s rate review page.	<i><u>Latest version is complete, and awaiting senior staff review before posting and translating.</u></i> <i><u>Expected completion date for posting – Sept/Oct 2014; estimated completion date for translation of docs – December 2014.</u></i>
Update content on the Department’s website	<i><u>Updates have also been made to the Rate Review Brochure, the Health Insurance Premium Group Coverage Presentation, and the Health Insurance Premium Individual Market Presentation. These documents will be posted after being approved by senior staff. Expected completion date – Sep/Oct. 2014.</u></i>
<b>Twelfth Quarter (July 2014 - October 2014).</b>	
<b>July-September 2014</b>	
Begin compiling information for 2014 “Annual Report.”	<i><u>Expected completion date – October 30, 2014</u></i>

**Updated Evaluation Plan**

- The Department will gauge the success of its rate review program based on the average time it takes for the Department to review rates and issue a determination.
- With actuarial consultants assisting with filings, this review is estimated to be completed within 30 days once all information is received.
- After the contract with the consultants expires, the Department intends to maintain this average review time.
- The Department intends to hire an additional Health Actuary.
- The Department will know how many consumers it reaches by:
  - The number of “hits” to the website;
  - The number of consumer comments; and
  - The number of policyholders impacted by a proposed rate change.
- The Department intends to develop internal metrics to track the rate filing within the Department to ensure efficiency. This will take place when the Health Actuary can be

brought on staff. *Estimated hire date – late 2015.*