

1. DATE ISSUED MM/DD/YYYY 09/23/2013  
 2. CFDA NO. 93.511  
 3. ASSISTANCE TYPE Project Grant

**Department of Health and Human Services  
 Centers for Medicare & Medicaid Services  
 Office of Acquisitions and Grants Management**

7500 Security Boulevard  
 Baltimore, MD 21244-1850

**NOTICE OF AWARD**

AUTHORIZATION (Legislation/Regulations)  
 Section 2794 of the Public Health Service Act (Section 1003 of the  
 Affordable Care Act)

1a. SUPERSEDES AWARD NOTICE dated  
 except that any additions or restrictions previously imposed remain  
 in effect unless specifically rescinded

4. GRANT NO. 1 PRPPR140042-01-00 Formerly  
 5. ACTION TYPE New

6. PROJECT PERIOD MM/DD/YYYY  
 From 10/01/2013 Through 09/30/2015

7. BUDGET PERIOD MM/DD/YYYY  
 From 10/01/2013 Through 09/30/2015

8. TITLE OF PROJECT (OR PROGRAM)  
 Grants to States to Support Health Insurance Rate Review and Increase Transparency in Health Care

9a. GRANTEE NAME AND ADDRESS  
 Arkansas Insurance Department  
 1200 W 3rd St  
 Administration-DUP  
 Little Rock, AR 72201-1904

9b. GRANTEE PROJECT DIRECTOR  
 Dr. Lowell Nicholas  
 1200 W 3rd St  
 Little Rock, AR 72201-1904  
 Phone: 501-683-3638

10a. GRANTEE AUTHORIZING OFFICIAL  
 Ms. Lesia Carter  
 1200 West Third Street  
 Administration  
 Little Rock, AR 72201-1904  
 Phone: 5016831299

10b. FEDERAL PROJECT OFFICER  
 Ms. Sarah Norman  
 200 Independence Ave Sw Rm 738-G  
 null  
 Washington, DC 20201-0004  
 Phone: 301-492-4185

**ALL AMOUNTS ARE SHOWN IN USD**

11. APPROVED BUDGET (Excludes Direct Assistance)

I Financial Assistance from the Federal Awarding Agency Only		
II Total project costs including grant funds and all other financial participation		<b>II</b>
a. Salaries and Wages .....	299,301.00	
b. Fringe Benefits .....	92,661.00	
c. Total Personnel Costs .....	391,962.00	
d. Equipment .....	23,750.00	
e. Supplies .....	16,356.00	
f. Travel .....	0.00	
g. Construction .....	0.00	
h. Other .....	114,701.00	
i. Contractual .....	2,588,025.00	
j. TOTAL DIRECT COSTS	3,134,794.00	→
k. INDIRECT COSTS	0.00	
l. TOTAL APPROVED BUDGET	3,134,794.00	
m. Federal Share	3,134,794.00	
n. Non-Federal Share	0.00	

12. AWARD COMPUTATION

a. Amount of Federal Financial Assistance (from item 11m)	3,134,794.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	0.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	3,134,794.00
13. Total Federal Funds Awarded to Date for Project Period	3,134,794.00

14. RECOMMENDED FUTURE SUPPORT  
 (Subject to the availability of funds and satisfactory progress of the project):

YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 2		d. 5	
b. 3		e. 6	
c. 4		f. 7	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:  
 a. DEDUCTION  
 b. ADDITIONAL COSTS  
 c. MATCHING  
 d. OTHER RESEARCH (Add / Deduct Option)  
 e. OTHER (See REMARKS)

**b**

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

- a. The grant program legislation.
  - b. The grant program regulations.
  - c. This award notice including terms and conditions, if any, noted below under REMARKS.
  - d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.
- In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached -  Yes  No)

Refer to the following Award Attachments: 1) Standard Terms and Conditions 2) Programmatic Terms and Conditions

GRANTS MANAGEMENT OFFICER: **Michelle Feagins, Grants Management Officer**

17. OBJ CLASS 4115	18a. VENDOR CODE 1716006766A1	18b. EIN 710847443	19. DUNS 081501558	20. CONG. DIST. 02
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 3-5992933	b. PRPPR0042A	c. IPR	d. \$3,134,794.00	e. 75140112
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

# AWARD ATTACHMENTS

Arkansas Insurance Department

1 PRPPR140042-01-00

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1. Terms & Conditions
2. Reporting forms 1
3. Reporting form 2
4. reporting form 3
5. information

The Health Insurance Rate Review Grant Program  
Grants to States to Support Health Insurance Rate Review and Increase Transparency in  
Health Care Pricing, Cycle III

Standard Terms & Conditions  
Attachment A

1. **Recipient.** The Recipient is the Grantee designated in the Notice of Award.
2. **The HHS Grants Policy Statement (HHS GPS).** This award is subject to the requirements of the HHS GPS that are applicable to the Recipient based on your Recipient type and the purpose of this award. This includes any requirements in Part I and II (available at <http://www.hhs.gov/asfr/ogapa/grantinformation/hhsgps107.pdf>) of the HHS GPS that apply to an award. Although consistent with the HHS GPS, any applicable statutory or regulatory requirements directly apply to this award in addition to any coverage in the HHS GPS.

3. **Uniform Administrative Requirements.** Title 45 of the Code of Federal Regulations (CFR) provides uniform administrative requirements for all Department of Health and Human Services (DHHS) grants and cooperative agreements, in 45 CFR Parts 74 and 92. These regulations are based upon entity type and can be accessed via the links provided below.

**45 CFR Part 74 - Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations** <http://www.gpo.gov/fdsys/pkg/CFR-2002-title45-vol1/pdf/CFR-2002-title45-vol1-part74.pdf>

**45 CFR Part 92 - Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Tribal Governments** <http://www.gpo.gov/fdsys/pkg/CFR-2002-title45-vol1/pdf/CFR-2002-title45-vol1-part92.pdf>

4. **Cost Principles.** This award is subject to the principles set forth for determining costs of grants, contracts, and other agreements based upon entity type as set forth in the following cost principle documents which can be accessed via the links provided below.

- **Institutions of Higher Education: 2 CFR Part 220 (Formerly OMB Circular A-21)**  
<http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=3fd130e33cb191db5ba0dc9ed464f752&rgn=div5&view=text&node=2:1.1.2.10.4&idno=2>

- **State and Local Governments: 2 CFR Part 225 (Formerly OMB Circular A-87)**  
[http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title02/2cfr225\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=/ecfrbrowse/Title02/2cfr225_main_02.tpl)

- **Nonprofit Organizations: 2 CFR Part 230 (Formerly OMB Circular A-122)**  
<http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=3fd130e33cb191db5ba0dc9ed464f752&rgn=div5&view=text&node=2:1.1.2.10.8&idno=2>
- **Hospitals: 45 CFR Part 74, Appendix E** <http://www.gpo.gov/fdsys/pkg/CFR-2007-title45-vol1/pdf/CFR-2007-title45-vol1-part74-appE.pdf>
- **For-Profit Organizations: FAR 31.2 [Contracts with Commercial Organizations]**  
<http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=80bc6470ba120ab181d9a93a600a420d&rgn=div5&view=text&node=48:1.0.1.5.30&idno=48>

5. **Additional Cost Requirements.** Recipients must comply with the following supporting documentation conditions:

- **Equipment/Technology items** – As defined in 45 CFR Parts 74 and 92, equipment means tangible nonexpendable personal property, including exempt property, charged directly to the award having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, lower limits may be established. Technology items such as computers that do not meet the \$5,000 per unit threshold and a lower limit is not set by recipient policy (and may therefore be classified as supplies), must still be individually tagged and recorded in an equipment/technology database. This database should include any information necessary to properly identify and locate the item. For example: serial # and physical location of equipment (e.g. laptops, tablets, etc.). In addition, purchase of Technology items (both those classified as equipment (tangible nonexpendable personal property with an acquisition cost of \$5,000 or more per unit) and those classified as supplies (tangible expendable personal property with an acquisition cost of less than \$5,000 per unit)), over and above that which is already approved in the budget must be approved by the Grants Management Specialist (regardless of acquisition cost).
- **Travel mileage expenses** - All federally funded travel must be tracked through a travel log which includes: traveler/position, destination, length of stay, mileage, per diem, reason for the trip, airfare, and any other reimbursable expenses.
- **Conference attendance** - For attendance at any conference, including those sponsored by CMS, recipients must submit a breakdown of costs associated with attending the conference for prior approval. This should include all costs associated with travel to the conference and a brief narrative explaining the program related purpose/how attending the conference will further the objectives of the program. (see Attachment C for the HHS Policy on Promoting Efficient Spending for Conferences and Meetings)

6. **Audit Requirements.** OMB Circular A-133 provides requirements for the audit of States, local governments, and non-profit organizations expending Federal awards. Non-federal entities that expend \$500,000 or more in a year in Federal awards shall have a single or

program specific audit conducted for that year in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations ([http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133\\_revised\\_2007.pdf](http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133_revised_2007.pdf)).

For questions and information concerning the submission process, please contact the Federal Audit Clearinghouse (entity which assists Federal cognizant and oversight agencies in obtaining OMB Circular A-133 data and reporting packages) at <http://harvester.census.gov/sac> or 888-222-9907.

\*Commercial Organizations should consult 45 CFR 74.26(d) for specific audit requirements.

7. **Programmatic and Financial Reporting.** Recipients must comply with the programmatic and financial reporting requirements outlined in Attachment B, Special Terms and Conditions. Failure to submit reports (i.e. financial, progress, or other required reports) on time may be basis for withholding financial assistance payments, suspension, termination or denial of continued funding. A history of such unsatisfactory performance may result in a designation of “high risk” for the recipient organization and may jeopardize potential future funding from the Department of Health and Human Services.
8. **Funding for Recipients.** All funding provided under this award shall be used by the Recipient exclusively for the program referenced in the Notice of Award, as defined in section 2794 of the Public Health Service Act, described in the funding opportunity announcement, and delineated in the Recipient’s approved proposal. This includes any approved revisions, as applicable, made subsequent to the Recipient’s approved proposal. If the Recipient should use any of the funds for any purpose other than for the approved program, then all funds provided under this award shall be returned to the United States Treasury.
9. **Public Reporting.** When issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing the project funded in whole or in part with Federal money, clearly state: (1) the percentage of the total cost of the project financed with Federal money; (2) the dollar amount of Federal Funds for the project; and (3) the percentage and dollar amount of the total costs of the project that is financed by nongovernmental sources.
10. **Central Contractor Registration and Universal Identifier Requirements.** This award is subject to the requirements of 2 CFR part 25, Appendix A. For the full text of the award term, go to <http://www.cms.gov/CCIIO/Resources/Funding-Opportunities/award-term-for-central-contractor-registration.html>. To complete CCR requirements, Recipients must register or maintain registration in the System for Award Management (SAM) database. Please consult the SAM website (<https://www.sam.gov/portal/public/SAM/>) for more information.
11. **Trafficking in Persons.** This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text

of the award term, go to <http://www.cms.gov/CCIIO/Resources/Funding-Opportunities/trafficking-term.html>.

12. **Subaward Reporting and Executive Compensation.** This grant is subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170. For the full text of the award term, go to <http://www.cms.gov/CCIIO/Resources/Funding-Opportunities/ffata.html>. For further assistance, please contact Iris Grady, the Grants Management Specialist assigned to monitor the subaward and executive compensation reporting requirements at [divisionofgrantsmanagement@cms.hhs.gov](mailto:divisionofgrantsmanagement@cms.hhs.gov).
13. **Fraud, Waste, and Abuse.** The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by email to [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.
14. **Human Subjects Protection.** If applicable to Recipient's program, the Recipient bears ultimate responsibility for protecting human subjects under the award, including human subjects at all sites, and for ensuring that an assurance approved by OHRP and certification of IRB review and approval have been obtained before human subjects research can be conducted at each collaborating site. Recipients may not draw funds from the payment system, request funds from the paying office, or make obligations against Federal funds for research involving human subjects at any site engaged in nonexempt research for any period not covered by both an OHRP-approved assurance and IRB approval consistent with 45 CFR part 46. Costs associated with IRB review of human research protocols are not allowable as direct charges under grants and cooperative agreements unless such costs are not covered by the organization's indirect cost rate.

HHS expects Recipients and others involved in grant/cooperative agreement-supported research to take appropriate actions to protect the confidentiality of information about and the privacy of individuals participating in the research. Investigators, IRBs, and other appropriate entities should ensure that policies and procedures are in place to protect identifying information and must oversee compliance with those policies and procedures.
15. **Certification of Filing and Payment of Federal Taxes.** As required by the Departments of Labor, Health and Human Services, and Education and Related Agencies Appropriation Act, 2008 (Public Law 110-161, Division G, Title V, section 523), Recipient certifies, to the best of its knowledge and belief, that it:

(1) Has filed all Federal tax returns required during the three years preceding this certification;

AND

(2) Has not been convicted of a criminal offense under the Internal Revenue Code of 1986 (U.S. Code – Title 26, Internal Revenue Code);

AND

(3) Has not, more than 90 days prior to certification, been notified of any unpaid Federal tax assessment for which the liability remains unsatisfied, unless the assessment is the subject of an installment agreement or offer in compromise that has been approved by the Internal Revenue Service and is not in default, or the assessment is the subject of a non-frivolous administrative or judicial proceeding.

16. Project and Data Integrity. Recipient shall protect the confidentiality of all project-related information that identifies individuals.

The Recipient shall assume responsibility for the accuracy and completeness of the information contained in all technical documents and reports submitted. The CMS Project Officer shall not direct the interpretation of the data used in preparing these documents or reports.

At any phase in the project, including the project's conclusion, the Recipient, if so requested by the Project Officer, must deliver to CMS materials, systems, or other items used, developed, refined or enhanced in the course of or under the award. The Recipient agrees that CMS shall have royalty-free, nonexclusive and irrevocable rights to reproduce, publish, or otherwise use and authorize others to use the items for Federal government purposes.

17. Use of Data and Work Products. At any phase of the project, including the project's conclusion, the Recipient, if so requested by the CMS Project Officer, shall submit copies of analytic data file(s) with appropriate documentation, representing the data developed/used in end-product analyses generated under the award. The analytic file(s) may include primary data collected, acquired or generated under the award and/or data furnished by CMS. The content, format, documentation, and schedule for production of the data file(s) will be agreed upon by the Principal Investigator and the CMS Project Officer. The negotiated format(s) could include both file(s) that would be limited to CMS's internal use and file(s) that CMS could make available to the general public.

All data provided by CMS will be used only for the research described in this grant award and in connection with the Recipient's performance of its obligations and rights under this program. Recipient has an obligation to collect and secure data for future monitoring by CMS. The Recipient will return any data provided by CMS or copies of data at the conclusion of the project. All proprietary information and technology of the Recipient are and shall remain the sole property of the Recipient.

All publications, press announcements, posters, oral presentations at meetings, seminars, and any other information-dissemination format, including but not limited to electronic/digital media that is related to this project must include a formal acknowledgement of support from the Department of Health and Human Services, citing the FON as identified on this award document as follows: “The project described was supported by Funding Opportunity Number PR-PRP-13-001 from the U.S Department of Health and Human Services, Centers for Medicare & Medicaid Services.” Recipients also must include a disclaimer stating that “The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.” One copy of each publication, regardless of format, resulting from work performed under an HHS project must accompany the annual or final progress report submitted to CMS through its CMS PO.

For six (6) months after completion of the project, the Recipient shall notify the CMS Project Officer prior to formal presentation of any report or statistical or analytical material based on information obtained through this award. Formal presentation includes papers, articles, professional publication, speeches, and testimony. In the course of this research, whenever the Principal Investigator determines that a significant new finding has been developed, he/she will communicate it to the CMS Project Officer before formal dissemination to the general public. The Recipient shall notify CMS of research conducted for publication.

18. **Reservation of Rights.** Nothing contained in this Agreement is intended or shall be construed as a waiver by the United States Department of Justice, the Internal Revenue Service, the Federal Trade Commission, HHS Office of the Inspector General, or CMS of any right to institute any proceeding or action against Recipient for violations of any statutes, rules or regulations administered by the Government, or to prevent or limit the rights of the Government to obtain relief under any other federal statutes or regulations, or on account of any violation of this Agreement or any other provision of law. The Agreement shall not be construed to bind any Government agency except CMS, and this Agreement binds CMS only to the extent provided herein. The failure by CMS to require performance of any provision shall not affect CMS’s right to require performance at any time thereafter, nor shall a waiver of any breach or default result in a waiver of the provision itself.
19. **FY 2013 Appropriations Provision.** HHS Recipients must comply with all terms and conditions outlined in their grant award, including grant agreement policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.
20. **Consolidated Appropriations Act, Fiscal Year 2012, Public Law 112-74.** The following information is provided as a reference. Please consult the full Act for the complete text. The information cited below will remain in effect until further modified, superseded, or rescinded.

Title II, Section 203 – Cap on Researcher Salaries

FY2012 Enacted Language: Sec. 203. None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.

Actions: Since the reduced and expanded salary cap was included in PL 112-74, which was effective December 23, 2011, implementation of the lower level of \$179,700 is applicable to grants and cooperative agreements with an initial issue date or obligation of FY2012 funds on/after December 23, 2011. For FY2012 awards issued on/before December 22, 2011 (competing and non-competing) and to which FY2012 funds have not been obligated since December 23, 2011, the effective salary limitation remains at Executive Level 1, \$199,700.

### Title II, Section 218 – Gun Control Prohibition

FY2012 Enacted Language: Sec. 218. None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

### Title V, Section 503 – Proper Use of Appropriations – Publicity and Propaganda (LOBBYING)

FY2012 Enacted Language: Sec. 503(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive-legislative relationships or participation by an agency or officer of an State, local or tribal government in policy making and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

### Section 253 – Needle Exchange

FY2012 Enacted Language: Sec. 253. Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

Special Terms & Conditions  
Attachment B

1. The HHS/CMS Center for Consumer Information and Insurance Oversight (CCIIO) Program Official. The Program Official assigned with responsibility for technical and programmatic questions from the Recipient is Sarah Norman (email is [Sarah.Norman@cms.hhs.gov](mailto:Sarah.Norman@cms.hhs.gov) and telephone is 301-492-4185).
2. The HHS/CMS Grants Management Specialist. The Grants Management Specialist assigned with responsibility for financial and administrative (non-programmatic) grant agreement questions from the Recipient is Iris Grady in the Division of Grants Management (email is [Iris.Grady@cms.hhs.gov](mailto:Iris.Grady@cms.hhs.gov) and telephone is 301-492-4321).
3. Statutory Authority. This award is issued under the authority of Section 2794 of the Public Health Service Act. By receiving funds under this award, the Recipient assures CMS that it will carry out the program as authorized and will comply with the terms and conditions and other requirements of this award.
4. Budget and Project Period. The budget and project period for the Health Insurance Rate Review Grant Program Cycle III is October 1, 2013 to September 30, 2015.
5. Management Review/Audit. The funding authorized by this award is paid subject to any periodic future financial management review or audit.
6. Personnel Changes. The Recipient is required to notify the Project Officer and the CMS Grants Management Specialist at least thirty (30) days before any personnel changes affecting the award's Authorized Organizational Representative, Project Director, Assistant Project Director, as well as any named Key Contractor staff.
7. Collaborative Responsibilities. At the request of CCIIO, Grantees may be required to participate in scheduled activities and communications to identify and share "best practices" for health insurance premium review, including discussion of state proposals and sharing of information via public websites. CCIIO will post general summaries of the state proposals on the CCIIO website. Quarterly and Final reports may also be posted on the CCIIO website. The Grantee is required to participate in all required communications (e.g., monitoring calls, guidance calls) as requested by CCIIO.
8. Sub-Recipient Equal Treatment. The Recipient must comply with 45 CFR Part 87, including the provision that no State or local government Recipient nor any intermediate organization receiving funds under any program shall, in the selection of service providers, discriminate for or against an organization's religious character or affiliation.
9. Nondiscrimination. The Recipient and Sub-Recipients will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20

U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

## 10. Required Grant Agreement Programmatic Reporting.

### A. Requirement to Report Data to the Secretary.

For Cycle III, each grant awardee is required to provide certain rate filing data to the Secretary of Health and Human Services. As stated in the FOA, states are permitted to use grant funds to enhance their authority and capacity to collect and report the required rate filing data. The Rate Review Grant Program will continue to provide technical assistance to all state awardees and continue to work with the National Association of Insurance Commissioners (NAIC) System for Electronic Rate And Form Filing (SERFF) over the course of the grant period to fulfill the data reporting requirements. All rate filing data is required to be submitted through the Health Insurance Oversight System (HIOS), Rate Review Grant Reporting System.

CMS reserves the right to publicly release rate filing data submitted as part of the Rate Review Grant Program collection of premium and rate related data. CMS will release only information collected that is determined not to include regulated entity trade secrets, is approved for release under the same process used to determine release by the Freedom of Information Act (FOIA), and complies with the state law that applies in the state in which the data was submitted.

### B. Quarterly, Annual and Final Reports.

The Grantee is required to submit Progress Reports to the HHS/CMS Grants Management Specialist and to the HHS/CMS Center for Consumer Information and Insurance Oversight (CCIIO) Project Officer based upon the timeline outlined below. The Grantee is required to submit Quarterly Progress Reports, an Annual Report, and one Final Report electronically via HIOS.

In each progress report (Quarterly, Annual and Final), the Grantee must describe the progress, and provide data on, the Grantee's efforts to enhance the rate review process

and/or health pricing transparency, as appropriate. The Grantee will describe each activity performed in the quarter/year and how that activity was linked to enhanced rate review practices and/or health pricing transparency.

CMS reserves the right to require the grantee to provide additional details and clarification on the content of these reports.

Quarterly Progress Reports are due within 30 days after the end of the quarter. These reports must comply with the format provided in the attachment to the Notice of Award and these STCs, the “*Health Insurance Rate Review Grant Program Cycle III Quarterly Report Template.*”

Due Dates: January 30, 2014; April 30, 2014; July 30, 2014; October 30, 2014; January 30, 2015; April 30, 2015; July 30, 2015; October 30, 2015

Annual Progress reports are due within 90 days after the end of each annual year (or 12-month period). These reports must comply with the format provided in the attachment to the Notice of Award and these STCs, the “*Health Insurance Rate Review Grant Program Cycle III Annual Report Template.*”

Due Date: December 30, 2014

The Grantee is required to submit a Final Report to the HHS/CMS Project Officer and the HHS/CMS Grants Management Specialist within 90 days after the project period ending date. This report must comply with the format provided in the attachment to the Notice of Award and these STCs: the “*Health Insurance Rate Review Grant Program Cycle III, Final Report Template.*” The final Progress Report will serve as the Final Project Report and should report on work performed throughout the project period. This report is due no later than 90 days after the end of the project period.

Due Date: December 30, 2015

The final report will contain a disclaimer that the opinions expressed are those of the Recipient and do not necessarily reflect the official views of HHS or any of its agencies. The final progress report may not be released or published without permission from the CMS Project Officer within the first four (4) months following the receipt of the report by the CMS Project Officer.

11. **Required Financial Reports.** The Federal Financial Report (FFR or Standard Form 425) has replaced the SF-269, SF-269A, SF-272, and SF-272A financial reporting forms. All recipients must utilize the FFR to report cash transaction data, expenditures, and any program income generated.

Recipients must report on a quarterly basis cash transaction data via the Payment Management System (PMS) using the FFR in lieu of completing a SF-272/SF272A. The FFR, containing cash transaction data, is due within 30 days after the end of each quarter. The quarterly reporting due dates are as follows: 1/30, 4/30, 7/30, and 10/30. A Quick Reference Guide for completing the FFR in PMS is at:

[www.dpm.psc.gov/grant\\_recipient/guides\\_forms/ffr\\_quick\\_reference.aspx](http://www.dpm.psc.gov/grant_recipient/guides_forms/ffr_quick_reference.aspx).

In addition to submitting the quarterly FFR to PMS, Grantees must also provide, on an annual basis, a FFR to CMS which includes their expenditures and any program income generated in lieu of completing a Financial Status Report (FSR) (SF-269/269A). Expenditures and any program income generated should only be included on the annually submitted FFR, as well as the final FFR.

For the annual FFRs and final FFR (containing cash transaction data, expenditures, and any program income generated), Recipients must complete an online FFR form via the GrantSolutions.gov FFR module. GrantSolutions can be accessed via the following link <https://www.grantsolutions.gov>. The annual FFR must be submitted within 90 calendar days of the applicable year end date (or 12-month period). The final FFR must be submitted within 90 calendar days of the project period end date.

See below for due date for the annual FFR:

<i>Annual Period</i>	<i>Reporting Period Due Date</i>
October 1, 2013 to September 30, 2014	December 30, 2014

See below for the due date for the final FFR:

<i>Project Period</i>	<i>Reporting Period Due Date</i>
October 1, 2013 to September 30, 2015	Final report – 2 year reporting period October 1, 2013 to September 30, 2015 Due: December 30, 2015

Award recipients shall liquidate all obligations incurred under the award not later than 90 days after the end of the project period and before the final FFR submission. It is **the award recipient’s responsibility to reconcile reports submitted to PMS and to CMS**. Failure to reconcile final reports in a timely manner may result in canceled funds.

For additional guidance, please contact your Grants Management Specialist, Iris Grady.

Payment under this award will be made by the Department of Health and Human Services, Payment Management System administered by the Division of Payment Management (DPM), Program Support Center. Draw these funds against your account that has been established for this purpose. Inquiries regarding payment should be directed to:

Director, Division of Payment Management  
Telephone Number 1-877-614-5533  
P. O. Box 6021  
Rockville, Maryland 20852

12. **Funding Opportunity Announcement (FOA).** All relevant project requirements outlined in the FOA apply to this award and are incorporated into these terms and conditions by reference.
13. **Recipient's Responsibility for Sub-Recipients.** The Recipient is responsible for the performance, reporting, and spending for each Sub-Recipient. The Recipient will ensure the timeliness and accuracy of required reporting for each site of service and Sub-Recipient under the grant. The Recipient is responsible for the performance and progress of each site of service or Sub-Recipient toward the goals and milestones of the program. The Recipient will take necessary corrective action for any site of service or Sub-Recipient that is not meeting the goals and milestones of the program, as set forth in the FOA.
14. **Data Center Requirements.** As outlined in the Cycle III FOA in Appendix F, funds may be used to establish an optional data center as described in Section 2794 of the Public Health Service Act. All states choosing to use grants funds to support a data center must comply with the Conflict of Interest requirements established by Section 2794 of the Public Health Service Act.
15. **Affirmative Duty to Track All Parties to the Award.** Recipient must at a minimum regularly track all parties to the award in both the GSA database that is known as the System for Award Management (SAM) and The Office of the Inspector General (OIG) List of Excluded Individuals and Entities (LEIE). The purpose of this affirmative duty is to track all parties that include health care, commercial, non-profit, and other people and entities in order to report immediately to the CMS Grants Management Specialist and CMS PO those that cannot participate in federal programs or receive federal funds. The Recipient cannot have any persons or entities on the award that cannot participate in federal programs or receive federal funds. If any of these systems are not publicly available, then the Recipient must comply with the purpose and intent of this requirement using a process that meets at least the level of scrutiny provided by these databases.

The Recipient shall provide the CMS PO with the NPI, Tax ID, and EIN, as applicable, of all Key Personnel and/or Entities to the award that may include Sub-Recipients. This list shall be provided to CMS within thirty (30) days from the start of the award and must be maintained up-to-date in real time throughout the award.

16. **Green Procurement.** To mitigate the environmental impacts of acquisition of IT and other products/equipment, Recipients are encouraged to: (1) participate in "Green procurement" based on the HHS Affirmative Procurement Plan (<http://www.hhs.gov/oamp/policies/affirmativeprocurement.pdf>) and similar guidance from the Environmental Protection Agency (EPA) and the President's Council on Environmental Quality (CEQ); (2) use electronic products that are Energy Star® compliant and Electronic Product Environmental Assessment Tool (EPEAT) Silver registered or higher when available; (3) activate Energy Star® features on all equipment when available; (4) use environmentally sound end-of-life management practices, including reuse, donation, sale and recycling of all electronic products.

17. **Withdrawal.** If the Recipient decides to withdraw from the grant program prior to the end of the project period, it must provide written notification (both hard copy and via email) to the CMS Grants Management Specialist at least fifteen (15) days in advance of the date of official withdrawal and termination of these terms. The letter must be signed by the AOR and other appropriate individuals with authority. CMS will not be liable for any withdrawal close-out costs that are borne by the Recipient. Recipients have three (3) days to return all unused grant funds.
18. **Termination.** CMS may terminate this agreement, or any part hereof, if the Recipient materially fails to comply with the terms and conditions of this award, or provisions of law pertaining to agreement performance. Materially fails includes, but is not limited to, violation of the terms and conditions of the award; failure to perform award activities in a satisfactory manner; improper management or use of award funds; or fraud, waste, abuse, mismanagement, or criminal activity. In addition, CMS may terminate this award if the Recipient fails to provide the Government, upon request, with adequate written and signed assurances of future performance. CMS will promptly notify the Recipient in writing of such termination and the reasons for it, together with the effective date. The Recipient may terminate this award as set forth in 45 CFR 92.44(b). In addition to termination, CMS may address material failure to comply with the terms and conditions of this award by taking such other action as set forth in 45 CFR 92.43.
19. **Bankruptcy.** In the event the Recipient or one of its sub-Recipients enters into proceedings relating to bankruptcy, whether voluntary or involuntary, the Recipient agrees to provide written notice of the bankruptcy to the CMS Grants Management Specialist and CMS PO. This written notice shall be furnished within five (5) days of the initiation of the proceedings relating to bankruptcy filing and sent to the CMS Grants Management Specialist and PO. This notice shall include the date on which the bankruptcy petition was filed, the identity of the court in which the bankruptcy petition was filed, a copy of any and all of the legal pleadings, and a listing of Government grant and cooperative agreement numbers and grant offices for all Government grants and cooperative agreements against which final payment has not been made.
20. **Acceptance of Application & Terms of Agreement.** Initial draw down of funds by the Recipient constitutes acceptance of this award.

## HHS Policy on Promoting Efficient Spending for Conferences and Meetings Attachment C

“Use of Appropriated Funds for Conferences and Meeting Space to reflect the increased reporting requirements and enhanced controls required by Section 3003 of the Consolidated and Further Continuing Appropriations Act, 2013”

It is the Department of Health and Human Services’ (HHS) policy that conferences and meetings funded through grants and cooperative agreements: are consistent with legal requirements and HHS’ missions, objectives, and policies; represent an efficient and effective use of taxpayer funds; and are able to withstand public scrutiny. CMS must conduct business, including conferences and meetings, consistent with these tenets. As a result, CMS has adopted grant and cooperative agreement practices that promote efficient spending for conferences and meetings.

While grant recipients are always encouraged to provide performance-based solutions to the Government’s requirements, the Centers for Medicare and Medicaid (CMS) encourages alternative solutions (i.e. teleconference) as opposed to traditional face-to-face meetings. A “conference” is defined as “[a] meeting, retreat, seminar, symposium or event that involves awardee, subcontractor, or consultant travel.”

Any conferences, with or without travel, that you believe are necessary to accomplish the purposes of this grant must have prior CMS approval. These requests must be priced separately in the budget and include the following information:

- (1) a description of its purpose;
- (2) the number of participants attending;
- (3) a detailed statement of the costs to the grant, including—
  - (A) the cost of any food or beverages;
  - (B) the cost of any audio-visual services for a conference;
  - (C) the cost of employee or contractor travel to and from a conference; and
  - (D) a discussion of the methodology used to determine which costs relate to a conference.

In addition, funds under this grant may not be used for the purpose of defraying the costs of a conference that is not directly and programmatically related to the purpose for which the grant is awarded (such as a conference held in connection with planning, training, assessment, review, or other routine purposes related to a project funded by the grant).

Grants to States for Health Insurance Rate Review – Cycle III  
Attachment D

Timeline

October 1, 2013 – September 30, 2015

<u>ACTIVITY</u>	<u>TIMELINE</u>
Notice of Award (NoA)	September 23, 2013
Project period begins	October 1, 2013
Notify CCIIO of Fiscal Agent/Officer Responsible for completing the Financial Forms	October 30, 2013

Programmatic Reports:

Quarterly Progress Reports	Due 30 days after the end of each Federal Fiscal Quarter
Annual Report	Due 90 days after the end of the applicable year-end date (or 12-month period)
Final Programmatic Report	Due within 90 days of the conclusion of the Project Period

*Please note the Health Insurance Rate Review Grant Program will schedule technical assistance calls both before and after report due dates as necessary and upon request*

Awardees must respond to requests necessary for the evaluation of the Health Insurance Rate Review Grants	Ongoing and as requested by CCIIO
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Federal Financial Reports:

Federal Financial Report (FFR SF 425)	Quarterly FFR including cash transactions data due within 30 days after the end of each Federal quarter.  Annual FFR including cash transactions and expenditures data due annually within 90
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days after the applicable year-end date (or 12-month period). Final FFR including cash transactions and expenditures data due within 90 days of the project period end date.

Liquidation of all Obligations

Due within 90 days of the project period end date and prior to filing of the final Federal Financial Report (SF-425).

No Cost Extension Request

Should the State need a no cost extension, a written request to the Project Officer and Grants Management Specialist must be received no later than 30 days prior to the project period end date of September 30, 2015 (*recommend submission of request no later than 90 days prior to the project period end date*).

# Health Insurance Rate Review Grant Program Cycle III Annual Report Template

**Report Date**

Organization Information	
<b>State</b>	
<b>Project Title</b>	
<b>Grant Project Director (Name and Title)</b>	
<b>Phone/Email</b>	
<b>Grant Authorizing Representative</b>	
<b>Phone/Email</b>	

Grant Information	
<b>Date Grant Awarded</b>	
<b>Amount Granted</b>	
<b>Project Year</b>	
<b>Project Reporting Period (Example: Annual Report 10/1/2013-9/30/2014)</b>	

**The purpose of the Annual Grant Report is to:**

- Summarize the Rate Review, Required Rate Reporting and Data Center initiatives funded through the grant program over the prior year
- Describe the establishment and enhancement of an Effective Rate Review Program over the prior year
- Describe new pricing transparency initiatives at the funded Data Center over the prior year
- Provide the States participating in Cycle III of the Rate Review and Pricing Transparency Grant with the opportunity to share information, highlight successes and reflect upon the progress of their programs

# Health Insurance Rate Review Grant Program Cycle III Annual Report Template

## Grant Performance Period-Cycle III: TBD

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 health insurance rate review and increase pricing transparency.

The statute indicates that the program serves the following purposes:

- (1) Establish or enhance rate review programs, referred to in the Cycle III Funding Opportunity Announcement (FOA) as “Rate Review” activities;
- (2) Help states to provide data to the Secretary regarding trends in rate increases as well as recommendations regarding plan participation in the Exchange, denoted as “Required Rate Reporting” activities in the Cycle III FOA; and
- (3) Establish Data Centers that collect, analyze, and disseminate health care pricing data to the public, denoted as “Data Center” activities in the Cycle III FOA.

The goals of the Cycle III 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.
- Developing and enhancing Data Centers that provide pricing data in a transparent, user-friendly way to consumers, employers, researchers, entrepreneurs, non-profit organizations, and other government agencies in order to improve the value of care delivered in the state.

States are required to submit annual progress reports to CCIIO’s Rate Review Grant Program. The annual progress report describes significant advancements towards the State’s goal of improving its current health insurance rate review process and/or pricing transparency, over the prior twelve month period.

## **Health Insurance Rate Review Grant Program Cycle III Annual Report Template**

Each annual report is due sixty days following the end of the Federal fiscal year. The Cycle III annual report is due by November 30, 2014. All annual reports must be submitted electronically through the Health Insurance Oversight System (HIOS). For the final grant year, the Cycle III Final Report will replace the Cycle III Annual Report.

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

# Health Insurance Rate Review Grant Program Cycle III Annual Report Template

## PART I: NARRATIVE REPORT FORMAT

### Introduction:

Provide an overview of the project describing the proposed rate review enhancements; development of an Effective Rate Review Program; and/or development or enhancement of a Data Center. Clearly articulate annual progress toward the goals, measurable objectives, and milestones for each proposed activity. Provide updates to the original grant proposal where necessary.

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

1. *Annual Accomplishments to Date:* Describe achieved implementation milestones and outcomes, include progress toward each stated goal, objective and milestone outlined in the Work Plan. Please quantify, for example: “Objective 1 was to expand prior approval to the small group market.” “We worked throughout quarter 1 and quarter two to draft such legislation, which passed both the House and Senate in March 2012.” “Objective 2 was to establish a value report, presenting pricing data in coordination with quality data.” “We created a value report, displaying the intersection of prices and quality in health care on our website.” Please also feel free to use charts and graphs to highlight progress. HHS may restrict future grant funds for certain grant activities if proposed milestones are not met.
2. *Annual Progress as, or toward, an Effective Rate Review Program (**Applies only to states that applied for funds for Rate Review or Required Rate Reporting Activities**):* 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 year toward an effective rate review program in the relevant market/s and include progress toward meeting each of the criteria of an “effective rate review program. States that have not achieved status as an Effective Rate Review Program in either or both markets must describe the barriers and challenges faced. Per #1 above, include detailed progress toward each stated goal, objective and milestone outlined in the original grant application and the proposed Work Plan toward an *Effective Rate Review Program*. HHS may restrict future grant funds for certain grant activities if proposed milestones are not met.
3. *Challenges and Responses faced this year:* Provide a detailed description of any encountered challenges in implementing your program, the response and the outcome. What, if any proposed grant activities were not completed during the prior twelve

# Health Insurance Rate Review Grant Program Cycle III Annual Report Template

months? Describe future plans to complete the originally proposed grant activities.

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

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

Discuss activities that occurred during the past year and/or anticipated to occur in the near future, that affect the progression of comprehensive rate review and/or pricing transparency for your state. For states proposing legislative or regulatory enhancements to expand the scope of rate review or Data Center activities, please provide a detailed status update on the progress of the grant activities undertaken in support of the new legislation or regulation.

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

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

## **Public Access Activities**

Summarize activities and/or promising practices undertaken during Cycle III working towards increased public access to rate review and/or health pricing data, as appropriate. Identify all barriers associated with increasing public access to rates, rate filing information, and/or health pricing data, as appropriate. Identify all proposed ways to rectify the barriers.

## **Materials Produced:**

Discuss any materials produced or developed during over the past year, including website upgrades, consumer materials, reports, studies, drafted legislation, drafted regulations, and any other relevant documents. Please provide detail where available. For example, if a new website or web application was developed, please provide the link, date the website went live, number of visitors to the website (total or monthly).

## **Annual Impact:**

### **Rate Review** *(if funded for Rate Review activities or Required Rate Reporting)*

Summarize the overall impact Cycle III grant funds had on the rate review process in the State over the past twelve months. Include how the grant program enhanced the public's understanding of the rate review process, the impact of the program on the number of filings reviewed, the degree to which the State established a more meaningful and comprehensive process, and finally, how the grant funds improved and enhanced the overall mission of the Department of Insurance. Provide evidence when available. Examples may include personal stories, anecdotal evidence, media articles/mentions, etc.

### **Data Center** *(if funded for Data Center activities)*

Summarize the overall impact Cycle III grant funds had on pricing transparency in the State over

# **Health Insurance Rate Review Grant Program Cycle III Annual Report Template**

the past twelve months. Include how the grant program enhanced the public’s understanding of health pricing and costs; created new web-based tools; supported research on health care costs, pricing, and value; supported the integration and harmonization of data with other public and private partners; and finally, how the grant funds improved and enhanced the overall mission of your agency. Provide evidence when available. Examples may include personal stories, anecdotal evidence, media articles/mentions, etc.

## **Collaborative efforts**

Describe collaborative efforts in place that are advancing the objectives of the Rate Review Program or pricing transparency in your state. Those states funded for pricing transparency should describe the following (as applicable): efforts to collaborate with state and federal partners; efforts to support harmonization of data with other datasets and data partners, such as agencies posting quality data; and efforts to integrate datasets.

## **Annual Lessons Learned**

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

## **Annual 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 annual report submission. For States receiving new “Performance” funds please update the programmatic budget accordingly.

## **Updated Work Plan and Timeline**

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

## **Pricing Data Collection and Analysis**

Please provide an overview of the analysis performed on pricing, cost, and charge data collected and analyzed by the state.

1. Identify cost, price, and charge data sets and metrics collected.
2. Describe quality control and cleaning methodologies applied to the data.
3. Describe analytical and statistical methodologies applied to the data.
4. Highlight important trends and findings in the reported data.
5. Describe the use of data by external partners.

# **Health Insurance Rate Review Grant Program Cycle III Annual Report Template**

## **Required Rate Reporting**

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

1. Highlight important trends in the reported data
2. Provide additional context for any denied rate filings over the past twelve months, for example if a rate filing was initially denied, or renegotiated please discuss the process and final disposition
3. If using SERFF, describe any discrepancies between the SERFF reported data and state rate filing collection, review and approval data over the past year

## **Updated Evaluation Plan**

Please provide an update to the evaluation plan originally described in the Cycle III application, including updates to the established measurable objectives, key indicators, and methods and/or resources to monitor progress. If contracting for an evaluation, discuss progress with the contract.

## **Annual Report Summary Statistics:**

*(In the future, these data may be reported electronically via HIOS)*

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

- Total Funds Expended to date: (Insert Number)

## **Rate Review and Required Rate Reporting Activities**

- Total Staff Hired for Rate Review and Required Rate Reporting (new this quarter and hired to date with grant funds): (Insert Number)
- Total Contracts in Place for Rate Review and Required Rate Reporting (new this quarter and established to date): (Insert Number)
- Introduced Legislation for rate review: (Yes/No)
- Money saved for consumers through rate review during the federal fiscal year: (Number, if available)
- Enhanced IT for Rate Review: (Yes/No)
- Enhanced Consumer Protections: (Yes/No)
  - Rate Filings on Website: (Yes/No)
  - Pricing data on Website: (Yes/No)

# Health Insurance Rate Review Grant Program Cycle III Annual Report Template

## **Data Center Activities**

- Total Staff Hired for Data Center (new this quarter and hired to date with grant funds): (Insert Number)
- Total Contracts in Place for Data Center (new this quarter and established to date): (Insert Number)
- Enhanced IT for Data Center: (Yes/No)
- Gained access to new or more comprehensive data sets: (Yes/No)
- Enhanced availability of pricing data to the public: (Yes/No)
  - Provided new pricing data on website: (Yes/No)
  - Created new report cards or applications that allow consumers to quickly and easily access pricing data: (Yes/No)
  - Integrated pricing data with other health care data sets: (Yes/No)
  - Tested new website applications and reports with consumers and/or through usability testing: (Yes/No)
  - Number of website hits (Annual): Number
    - Total (Annual): Number
    - New visitors (Number): Number

## **Enclosures/Attachments**

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

# Health Insurance Rate Review Grant Program Cycle III Annual Report Template

## **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					
Number of policy rate filings requesting increase in rates					
Number of filings reviewed for approval, denial, acceptance etc.					
Number of filings approved					
Number of filings denied					
Number of filings deferred					

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

## Health Insurance Rate Review Grant Program Cycle III Annual Report Template

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

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Number of covered lives affected					

**Table C. Number and Percentage of Rate Filings Reviewed – Small Group**

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Number of covered lives affected					

**Table D. Number and Percentage of Rate Filings Reviewed – Large Group**

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Number of covered lives affected					

**Table E. (SERFF Users): Number and Percentage of Rate Filings Reviewed –Combined**

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Number of covered lives affected					

**Rate Filing Detailed Data Elements:** Please refer to the Enclosure for the updated **Rate Filing Detailed Data Elements** (originally Attachment C the “Data Dictionary”).

# Health Insurance Rate Review Grant Program Cycle III Final Report Template

**Report Date**

Organization Information	
<b>State</b>	
<b>Project Title</b>	
<b>Grant Project Director (Name and Title)</b>	
<b>Phone/Email</b>	
<b>Grant Authorizing Representative</b>	
<b>Phone/Email</b>	

Grant Information	
<b>Date Grant Awarded</b>	
<b>Amount Granted</b>	
<b>Project Year</b>	
<b>Phase (Phase I or Phase II)</b>	
<b>Project Reporting Period (Example: Final Report 10/1/2013-9/30/2015)</b>	

**The purpose of the Final Grant Reports is to:**

- Summarize the rate review initiatives funded through the grant program over the course of Cycle III
- Describe the establishment and enhancement of an Effective Rate Review Program over the course of Cycle III
- Describe new pricing transparency initiatives at the Data Center over the course of Cycle III
- 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.

# Health Insurance Rate Review Grant Program

## Cycle III Final Report Template

### Grant Performance Period-Cycle III: TBD

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 statute indicates that the program serves the following purposes:

- (1) Establish or enhance rate review programs, referred to in the Cycle III Funding Opportunity Announcement (FOA) as “Rate Review” activities;
- (2) Help states to provide data to the Secretary regarding trends in rate increases as well as recommendations regarding plan participation in the Exchange, denoted as “Required Rate Reporting” activities in the Cycle III FOA; and
- (3) Establish Data Centers that collect, analyze, and disseminate health care pricing data to the public, denoted as “Data Center” activities in the Cycle III FOA.

The goals of the Cycle III 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.
- Developing and enhancing Data Centers that provide pricing data in a transparent, user-friendly way to consumers, employers, researchers, entrepreneurs, non-profit organizations, and other government agencies in order to improve the value of care delivered in the state.

States are required to submit a final progress report to CCHIO’s Rate Review Grant Program. The final progress report summarizes the significant advancements made towards the State’s goal of improving its current health insurance rate review and reporting process, including progress toward an effective rate review program, over the course of the Cycle III Grant Program.

## **Health Insurance Rate Review Grant Program Cycle III Final Report Template**

The final report is due ninety days following the end of the Cycle III Rate Review Grant Program. For example, for awardees completing grant activity by September 30, 2015 the final Cycle III report is due by December 31, 2015. All final reports must be submitted electronically through the Health Insurance Oversight System (HIOS). In the final grant year, this Cycle III Final Report will replace the Cycle III Annual Report.

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

# Health Insurance Rate Review Grant Program Cycle III Final Report Template

## **PART I: FINAL NARRATIVE REPORT FORMAT**

### **Introduction:**

The Final Narrative Report represents the culmination of activity and accomplishments throughout the Cycle III Grant Program. In the Final Narrative Report please support your explanations of grant progress with quantitative data when available and other evidence to support the success of your Rate Review Program.

**Final Program Implementation Status:** Include a thorough discussion and update on progress towards the following:

1. *Final Accomplishments:* Describe achieved implementation milestones and outcomes, include progress toward each stated goal, objective and milestone outlined in the Rate Review Work Plan. Please quantify, for example: “Objective 1 was to expand prior approval to the small group market.” “We achieved this objective in Cycle III, Year One when the legislation drafted in part by the DOI, passed both the House and Senate in March 2012 and was signed by the Governor.” “Objective 2 was to establish a value report, presenting pricing data in coordination with quality data.” “We created a value report, displaying the intersection of prices and quality in health care on our website.” Please also feel free to use charts and graphs to highlight progress.
2. *Challenges and Responses:* Provide a detailed description of any encountered challenges in implementing your program, the response and the outcome. What, if any proposed grant activities were not completed during the prior twelve months? Describe future plans to complete the originally proposed grant activities.
3. Describe any required variations from the original Rate Review Work Plan and companion timeline.

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

Highlight the significant activities and major grant achievements accomplished. For states who proposed legislative or regulatory enhancements to expand the scope of rate review or Data Center activities, please provide a detailed status update on the progress of the grant activities undertaken in support of the new legislation or regulation. Please also describe activities, if any, that you plan to continue after the completion of the grant program.

### **Public Access Activities:**

Summarize activities and/or promising practices undertaken during Cycle III working towards increased public access to rate review information for your State. Identify all barriers associated

# Health Insurance Rate Review Grant Program

## Cycle III Final Report Template

with increasing public access to rates and rate filing information and proposed ways to rectify the barriers.

### **Materials Produced:**

Discuss all materials produced and/or developed during over Cycle III, including website upgrades, consumer materials, reports/studies, drafted legislation, and any other relevant documents. Please provide detail where available. For example, if a new website or rate review webpage was developed, please provide the link, date the website went live, number of visitors to the website (total or monthly).

### **Final Impact of the Cycle III Rate Review Grant Program:**

#### **Rate Review** *(if funded for Rate Review activities or Required Rate Reporting)*

Summarize the overall impact Cycle III grant funds had on the rate review process in your State. Include data on how the grant program enhanced the public's understanding of the rate review process, the impact of the program on the number of filings reviewed, the degree to which the State established a more meaningful and comprehensive rate review process, and finally, how the grant funds improved and enhanced the overall mission of the Department of Insurance. Provide evidence when available. *Examples may include personal stories, anecdotal evidence, media articles/mentions, etc.*

#### **Data Center** *(if funded for Data Center activities)*

Summarize the overall impact Cycle III grant funds had on pricing transparency in the State over the past twelve months. Include how the grant program enhanced the public's understanding of health pricing and costs; created new web-based tools; supported research on health care costs, pricing, and value; supported the integration and harmonization of data with other public and private partners; furthered data dissemination; and finally, how the grant funds improved and enhanced the overall mission of your agency. Provide evidence when available. Examples may include personal stories, anecdotal evidence, media articles/mentions, etc.

### **Collaborative efforts**

Describe collaborative efforts in place that are advancing the objectives of the Rate Review Program or pricing transparency in your state. Those states funded for pricing transparency should describe the following (as applicable): efforts to collaborate with state and federal partners; efforts to support harmonization of data with other datasets and data partners; efforts to integrate multiple data sets. .

Do you plan on continuing any of these collaborations after the completion of the grant program?

### **Final Lessons Learned:**

Provide additional information on lessons learned and any promising practices. For example,

# **Health Insurance Rate Review Grant Program Cycle III Final Report Template**

what approaches in your implementation strategy worked/are working and why? Which practices will you continue to employ after completion of the grant program?

## **Final Budget:**

Provide a detailed account of expenditures to date and describe whether the current allocation of funds followed 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 final report submission. For States receiving new "Performance" funds please update the programmatic budget accordingly.

## **Data Collection and Analysis:**

Please provide concluding remarks on themes generated from the data collected throughout the Cycle III Grant program: including, but not limited to:

1. Highlight important trends in the reported data over the course of Cycle I (if applicable) and Cycle III
2. Provide additional context for any denied rate filings over the past twelve months, for example if a rate filing was initially denied, or renegotiated please discuss the process and final disposition, and
3. Describe the impact of the program on rising health insurance rates
4. Please elaborate on any other relevant themes that have emerged from the data over the course of the Cycle III Rate Review Grant Program

## **Pricing Data Collection and Analysis**

Please provide an overview of the analysis performed on pricing, cost, and charge data collected and analyzed by the state.

1. Identify cost, price, and charge data sets and metrics collected.
2. Describe quality control and cleaning methodologies applied to the data.
3. Describe analytical and statistical methodologies applied to the data.
4. Highlight important trends and findings in the reported data.
5. Describe the use of data by external partners.

## **Final Evaluation:**

Please attach a copy of the final evaluation. If the State requires more time to complete the final evaluation of the grant program please provide an update on the progress toward a final evaluation and timeline for submission.

# Health Insurance Rate Review Grant Program Cycle III Final Report Template

## **Final Report Summary Statistics:**

Please fill in the data as available below for all grant activity occurring during Cycle I (if applicable) and Cycle III.

- Total Funds Expended to date: (Insert Number)
- Total Staff Hired (new this quarter and hired to date with grant funds): (Insert Number)
- Total Contracts in Place (new this quarter and established to date): (Insert Number)
- Introduced Legislation: (Yes/No)
- Money saved for consumers through rate review during the federal fiscal year: (Number, if available)
- Enhanced IT for Rate Review: (Yes/No)
- Submitted Rate Filing Data to HHS: (Yes/No)
- Enhanced Consumer Protections: (Yes/No)
  - Consumer-Friendly Website: (Yes/No)
  - Rate Filings on Website: (Yes/No)
  - Pricing data on Website: (Yes/No)

## **Data Center Activities**

- Total Staff Hired for Data Center (new this quarter and hired to date with grant funds): (Insert Number)
- Total Contracts in Place for Data Center (new this quarter and established to date): (Insert Number)
- Enhanced IT for Data Center: (Yes/No)
- Gained access to new or more comprehensive data sets: (Yes/No)
- Enhanced availability of pricing data to the public: (Yes/No)
  - Provided new pricing data on website: (Yes/No)
  - Created new report cards or applications that allow consumers to quickly and easily access pricing data: (Yes/No)
  - Integrated pricing data with other health care data sets: (Yes/No)
  - Tested new website applications and reports with consumers and/or through usability testing: (Yes/No)
  - Number of website hits (Annual): Number
    - Total (Annual): Number
    - New visitors (Number): Number

## **Future Plans:**

Describe the future plans of your State's Rate Review Program and Data Center, including current and future plans to work with the State's Exchange Program, if applicable.

# Health Insurance Rate Review Grant Program Cycle III Final Report Template

## **Enclosures/Attachments:**

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

# Health Insurance Rate Review Grant Program Cycle III Quarterly Report Template

**Report Date**

Organization Information	
State	
Project Title	
Grant Project Director (Name and Title)	
Phone/Email	
Grant Authorizing Representative	
Phone/Email	

Grant Information	
Date Grant Awarded	
Amount Granted	
Project Year	
Phase (Phase I or Phase II)	
Project Reporting Period (Example Quarter 1 10/1/2013-12/31/2013)	

**The purpose of the Cycle III Quarterly Grant Reports is 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
- Describe new pricing transparency initiatives at the funded Data Center
- 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

# Health Insurance Rate Review Grant Program Cycle III Quarterly Report Template

## Grant Performance Period-Cycle III: TBD

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 statute indicates that the program serves the following purposes:

- (1) Establish or enhance rate review programs, referred to in the Cycle III Funding Opportunity Announcement (FOA) as “Rate Review” activities;
- (2) Help states to provide data to the Secretary regarding trends in rate increases as well as recommendations regarding plan participation in the Exchange, denoted as “Required Rate Reporting” activities in the Cycle III FOA; and
- (3) Establish Data Centers that collect, analyze, and disseminate health care pricing data to the public, denoted as “Data Center” activities in the Cycle III FOA.

The goals of the Cycle III 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.
- Developing and enhancing Data Centers that provide pricing data in a transparent, user-friendly way to consumers, employers, researchers, entrepreneurs, non-profit organizations, and other government agencies in order to improve the value of care delivered in the state.

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.

## **Health Insurance Rate Review Grant Program Cycle III Quarterly Report Template**

Each quarterly report is due thirty days following the end of the Federal fiscal quarter. For example the first Cycle III quarterly report is due by January 31, 2013. 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.

# Health Insurance Rate Review Grant Program Cycle III Quarterly Report Template

## 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.

### 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.” “Objective 2 was to establish a value report, presenting pricing data in coordination with quality data.” “We created a value report, displaying the intersection of prices and quality in health care on our website.” Please also feel free to use charts and graphs to highlight progress.
2. *Quarterly Progress as, or toward, an Effective Rate Review Program (Applies only to states that applied for funds for Rate Review or Required Rate Reporting Activities):* 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.
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.
4. Describe any required variations from the original Rate Review Work Plan and companion timeline.

# **Health Insurance Rate Review Grant Program Cycle III Quarterly Report Template**

## **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 or regulatory enhancements to expand the scope of rate review or Data Center activities, please provide a detailed status update on the progress of the grant activities undertaken in support of the new legislation or regulation. 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.

## **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.

## **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.

## **Collaborative efforts**

Describe collaborative efforts in place that are advancing the objectives of the Rate Review Program or pricing transparency in your state. Those states funded for pricing transparency should describe the following (as applicable): efforts to collaborate with state and federal partners; efforts to support harmonization of data with other datasets and data partners, such as agencies posting quality data; and efforts to integrate datasets. .

## **Lessons Learned**

Provide additional information on lessons learned and any promising practices.

## **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.

## **Updated Rate Review Work Plan and Timeline**

If necessary, provide an updated Rate Review Work Plan and timeline to reflect the events of the

# **Health Insurance Rate Review Grant Program Cycle III Quarterly Report Template**

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.

## **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
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, and
3. If using SERFF, describe any discrepancies between the SERFF reported data and state rate filing collection, review and approval data for the quarter.

## **Pricing Data Collection and Analysis**

Please provide an overview of the analysis performed on pricing, cost, and charge data collected and analyzed by the state.

1. Identify cost, price, and charge data sets and metrics collected.
2. Describe quality control and cleaning methodologies applied to the data.
3. Describe analytical and statistical methodologies applied to the data.
4. Highlight important trends and findings in the reported data.

Describe the use of data by external partners. **Updated Evaluation Plan**

Please provide an updates to the evaluation plan originally described in the Cycle III 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 III 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: (Insert Number)
- Total Staff Hired (new this quarter and hired to date with grant funds): (Insert Number)
- Total Contracts in Place (new this quarter and established to date): (Insert Number)
- Introduced Legislation: (Yes/No)
- Money saved for consumers through rate review during the federal fiscal year: (Number, if available)

# Health Insurance Rate Review Grant Program Cycle III Quarterly Report Template

- Enhanced IT for Rate Review: (Yes/No)
- Submitted Rate Filing Data to HHS: (Yes/No)
- Enhanced Consumer Protections: (Yes/No)
  - Consumer-Friendly Website: (Yes/No)
  - Rate Filings on Website: (Yes/No)
  - Pricing data on Website: (Yes/No)

## **Data Center Activities**

- Total Staff Hired for Data Center (new this quarter and hired to date with grant funds): (Insert Number)
- Total Contracts in Place for Data Center (new this quarter and established to date): (Insert Number)
- Enhanced IT for Data Center: (Yes/No)
- Gained access to new or more comprehensive data sets: (Yes/No)
- Enhanced availability of pricing data to the public: (Yes/No)
  - Provided new pricing data on website: (Yes/No)
  - Created new report cards or applications that allow consumers to quickly and easily access pricing data: (Yes/No)
  - Integrated pricing data with other health care data sets: (Yes/No)
  - Tested new website applications and reports with consumers and/or through usability testing: (Yes/No)
  - Number of website hits (Annual): Number
    - Total (Annual): Number
    - New visitors (Number): Number

## **Enclosures/Attachments**

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

# Health Insurance Rate Review Grant Program Cycle III Quarterly Report Template

## **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					
Number of policy rate filings requesting increase in premiums					
Number of filings reviewed for approval, denial, acceptance etc.					
Number of filings approved					
Number of filings denied					
Number of filings deferred					

## Health Insurance Rate Review Grant Program Cycle III Quarterly Report Template

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

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Number of covered lives affected					

**Table C. Number and Percentage of Rate Filings Reviewed – Small Group**

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Number of covered lives affected					

**Table D. Number and Percentage of Rate Filings Reviewed – Large Group**

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Number of covered lives affected					

**Table E. (SERFF Users): Number and Percentage of Rate Filings Reviewed –Combined**

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Number of covered lives affected					

**Rate Filing Detailed Data Elements:** Please refer to the Enclosure for the updated **Rate Filing Detailed Data Elements**.

## Rate Review Grant Program Detailed Rate Filing Data "Data Dictionary"

DATA ELEMENT	Description	Entry Instructions
<b>SERFF Tracking Number/Rate Filing ID</b>	The tracking number assigned by the NAIC-SERFF system or the Rate Filing ID assigned to the filing.	SERFF Tracking Number/ Rate Filing ID is a required field.
<b>SERFF Rate Filing Mode</b>	The Filing Mode as used in the NAIC SERFF system. Values should include "Review & Approval", "File and & Use" "Informational", "Combination" and "Other". The same allowable values may be used for Non-SERFF states.	Select a value from the drop down list for Rate Filing Mode
<b>Rate Review Submission ID</b>	The Unified Rate Review Justification Submission ID number.	Enter the Unified Rate Review Submission ID
<b>Insurance Company Information</b>		
<b>Issuer ID</b>	The unique identifier as assigned by the HHS HIOS system. This is a 5-digit numeric value.	Enter the HIOS ID assigned to the legal entity.
<b>NAIC Company ID Number</b>	The company identifier assigned by the NAIC system to identify the insurer.	Enter the 5-digit numeric value for the NAIC Company ID Number.
<b>Insurance Company Name</b>	The organization's legal entity name. The name entered in this cell must be the name that is associated with the HIOS Issuer ID.	Insurance Company Name field is required.
<b>Product Market Information</b>		
<b>HIOS Product ID</b>	Enter the 10-digit alpha-numeric value for the HIOS Product ID Number. The term "product" is defined as a package of health insurance coverage benefits with a discrete set of rating and pricing methodologies that an issuer offers in a state, for which a rate increase is being requested. "Product" has the same meaning as included in 45 CFR Part 154. If multiple products will be closed prior to January 1, 2014, these products may be combined for reporting purposes and shown as a single product in the template. Enter the Product ID for the largest product (measured by member months during the experience period) being terminated. A list of Product IDs for the terminated products should be included in the Part III Actuarial Memorandum.	Enter the 10-digit alpha-numeric value for the HIOS Product ID Number.

## Rate Review Grant Program Detailed Rate Filing Data "Data Dictionary"

<p><b>Product Name</b></p>	<p>The term "product" is defined as a package of health insurance coverage benefits with a discrete set of rating and pricing methodologies that an issuer offers in a state, for which a rate increase is being requested. "Product" has the same meaning as included in 45 CFR Part 154.</p> <p>If multiple products will be closed prior to January 1, 2014, these products may be combined for reporting purposes and shown as a single product in the template. The term "Terminated Products" should be entered as the plan name in this case. The list of product names for the terminated products should be included in the Part III Actuarial Memorandum submitted as part of the URR Template submission.</p>	<p>Enter the "street" name of the insurance product as sold by the insurance company.</p>
<p><b>Type of Insurance (TOI)</b></p>	<p>The TOI and sub-TOI field is equivalent to Item 8, Type of Insurance, on the Uniform Life, Accident &amp; Health, Annuity, Credit Transmittal Document, issued by the National Association of Insurance Commissioners (NAIC). <b>Please note:</b> the purpose of the grant program is to collect data on comprehensive major medical filings only and not supplemental products. Examples of rate filing data that should not be reported include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Medicare supplement plans             <ul style="list-style-type: none"> <li>• Medicare Advantage</li> <li>• Prescription drug riders</li> <li>• Dread disease policies</li> <li>• Long term care products                 <ul style="list-style-type: none"> <li>• Form only filings</li> </ul> </li> </ul> </li> <li>• Strictly benefit adjustments with no rate change request</li> <li>• Blanket accident and sickness</li> </ul>	<p>Enter the Type of Insurance (TOI) and sub-Type of Insurance (sub-TOI). The TOI and sub-TOI field is equivalent to Item 8, Type of Insurance, on the Uniform Life, Accident &amp; Health, Annuity, Credit Transmittal Document, issued by the National Association of Insurance Commissioners (NAIC).</p>
<p><b>Market Segment</b></p>	<p>Allowable values for market segment are Large Group, Small Group, Small and Large Group, Individual. Select a value from the drop down list for Market Segment.</p> <p>The Market Segment field must be populated if any Comprehensive Major Medical Product Type field is populated for a given filing.</p> <p>For any state in which there is a combined market (individual and small group), please select "individual" market.</p>	<p>Select a value from the drop down list for Market Segment.</p>

**Rate Review Disposition for the Product**

## Rate Review Grant Program Detailed Rate Filing Data "Data Dictionary"

<b>Rate Change Type</b>	The type of rate change expected: Increase, Decrease, Neutral, or New Product.	Select a value from the drop down list for Rate Change Type.
<b>State Review</b>	<p>Values include "Not Reviewed", "Review – no Actuary" or "Review with Actuary" demonstrating the level of review by the State.</p> <p>This value should be "Not Reviewed" for States that collect information but do not currently review rates or for States that "deem" rates approved.</p> <p>The States that review the rates can conduct the review with or without an Actuary</p>	Select a value from the drop down list for State Review.
<b>% Change Requested</b>	<p>The Percent Change requested field represents the overall percentage of the rate change requested or sought in the rate filing containing this product. This can be a positive or negative number.</p> <p>If this is not a uniform, across the board increase for all individuals covered by the product, this number is demonstrated as range of three different values: min, max and a weighted average. The weighted average should be calculated by weighting the increase using volume of premiums.</p>	<p><b>Rate Change % (over prior filing):</b> Enter the average change in premium rates over the rates included in the prior filing for each plan.</p> <p>For new plans please leave this field blank.</p>
<b>% Change Requested - Minimum</b>	<p>The percentage of change requested can be a positive or negative number. Demonstrated as a range of min - max and a weighted average.</p>	Enter a numeric value for % Change Requested Minimum.
<b>% Change Requested - Maximum</b>	<p>The percentage of change requested can be a positive or negative number. Demonstrated as a range of min - max and a weighted average.</p> <p>Click on "% Change Requested" cell for additional details.</p>	Enter a numeric value for % Change Requested Maximum.
<b>% Change Requested - Weighted Average</b>	<p>The percentage of change requested can be a positive or negative number. Demonstrated as a range of min - max and a weighted average.</p> <p>Click on "% Change Requested" cell for additional details.</p>	Enter a numeric value for % Change Requested Weighted Average.

## Rate Review Grant Program Detailed Rate Filing Data "Data Dictionary"

<b>Change Period for Requested Rate</b>	<p>The change period refers to when a company submits rate changes for a specified time frame, within which the rate change is effective.</p> <p>Allowable values include: Annual, Semi-annual, Quarterly, and Other.</p> <p>Upon renewal select from either:</p> <ul style="list-style-type: none"> <li>* Annual</li> <li>* Semi-annual</li> <li>* Quarterly</li> </ul> <p>After January 1, 2014, as per federal regulation, issuers in the individual and combined (small group and individual) markets are to set their rates annually. After January 1, 2014, issuers in the small group market may select quarterly or annual rate changes.</p>	Select the rate change
<b>Proposed Rate Effective Date</b>	Date that the rate is proposed to be effective for policyholders.	Input Date as MM/DD/YYYY.
<b>Disposition of Rate Review</b>	The HHS Disposition of the rate review, e.g., 'Approved' or 'Denied'. Filings will not be reported with a Disposition of 'Deferred' or 'Not Reported'.	Select a value from the drop down list for Disposition of Rate Review.
<b>% Change Approved</b>	<p>The percentage of the change approved can be a positive or negative number (e.g., an increase or decrease).</p> <p>It is demonstrated as a range of min and max and a weighted average.</p>	
<b>% Change Approved - Minimum</b>	<p>The percentage of change approved can be a positive or negative number.</p> <p>Demonstrated as a range of min - max and a weighted average.</p> <p>Click on "% Change Approved" cell for additional details.</p>	Enter a numeric value for % Change Approved Minimum.
<b>% Change Approved - Maximum</b>	<p>The percentage of change approved can be a positive or negative number.</p> <p>Demonstrated as a range of min - max and a weighted average.</p> <p>Click on "% Change Approved" cell for additional details.</p>	Enter a numeric value for % Change Approved Maximum.
<b>% Change Approved - Weighted Average</b>	<p>The percentage of change approved can be a positive or negative number.</p> <p>Demonstrated as a range of min - max and a weighted average.</p> <p>Click on "% Change Approved" cell for additional details.</p>	Enter a numeric value for % Change Approved Weighted Average.

## Rate Review Grant Program Detailed Rate Filing Data "Data Dictionary"

<p><b>Change Period for Approved Rate</b></p>	<p>The change period refers to when a company submits rate changes for a specified time frame, within which the rate change is effective.</p> <p>Allowable values include: Annual, Semi-annual, Quarterly, and Other.</p> <p>Upon renewal select from either:</p> <ul style="list-style-type: none"> <li>* Annual</li> <li>* Semi-annual</li> <li>* Quarterly</li> </ul> <p>After January 1, 2014, as per federal regulation, issuers in the individual and combined (small group and individual) markets are to set their rates annually. After January 1, 2014, issuers in the small group market may select quarterly or annual rate changes.</p>	<p>Select the relevant change period from the drop-down list.</p>
<p><b>Approved Rate Effective Date</b></p>	<p>For each product, enter the corresponding effective date of the proposed rate increases.</p> <p>All products must have the same effective date. If some products or plans will have a rate change and others will not, then a 0% rate change may be entered in the "Rate Change % (over prior filing)" field described immediately below for those plans that will not have a rate change on the product's effective date.</p> <p style="text-align: right;">If the submission is</p> <p>for the small group market, enter the effective date on which the products' rates will change due to the index rate being revised. For example, if the small group submission revises the index rate for July 1, 2015 effective dates and includes a trend increase applicable on October 1, 2015, enter July 1, 2015.</p> <p>All products must have the same effective date; however, some products may have a 0% rate change. The term "product" is defined as a package of health insurance coverage benefits with a discrete set of rating and pricing methodologies that an issuer offers in a state, for which a rate increase is being requested. "Product" has the same meaning as included in 45 CFR Part 154.</p>	<p>Date that the rate is effective for the policyholders.</p>
<p><b>Covered Lives at a Product Level</b></p>		

## Rate Review Grant Program Detailed Rate Filing Data "Data Dictionary"

<p><b>Number of Covered Lives Included</b></p>	<p>Total number of enrolled individuals included in the rate change requested filing. This may be null for States that only collect policy holder counts. Enter a positive integer value for Number of Covered Lives Included.</p> <p>The Market Segment field must be populated if any Comprehensive Major Medical Product Type field is populated for a given filing.</p> <p>Include all covered members even if premium is not expected to be explicitly collected for all members, for example if the number of child members in a given family exceeds three and must be capped for premium setting purposes as required by law.</p>	<p>Total number of enrolled individuals included in the rate change requested filing.</p>
<p><b>Prior Year Information</b></p>		
<p><b>Prior Year Annualized Prior Rate (PMPM), Weighted Average</b></p>	<p>The total dollar amount collected for the purpose of premium payments. The frame of reference is the effective date of the new rate.</p> <p>This will be captured in SERFF in 3 fields that should show minimum, maximum and a weighted average.</p> <p>This can be zero.</p>	<p>Enter a numeric value for % Prior Year Weighted Average.</p>
<p><b>New Rate</b></p>		
<p><b>New Rate, Annualized PMPM \$ for New Rate, Weighted Average</b></p>	<p>The total dollar amount collected for the purpose of premium payments. The maximum dollar amount of the New Annual Rate.</p> <p>This value can be 0.</p>	<p>N/A</p>

**PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1121. The time required to complete this information collection is estimated to average 30 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**Rate Review Grant Program Detailed Rate Filing Data "Data Dictionary"**

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