

Health Insurance Rate Review Program, **Cycle II Annual Report**

Department of Insurance, State of Illinois

October 30, 2014

PART I

Introduction

The Department is committed to making substantial enhancements to its current rate review program. On July 1, 2011, Illinois was found to have an Effective Rate Review Program as outlined in the Final Rule. In order to improve the performance, transparency, and accountability of the private health insurance marketplace, the Department will continue to collect and publicly disclose health insurance rates. Health insurance consumers—families and small business in particular—will benefit from increased scrutiny of proposed rate increases. Carriers that pursue rate increases that the Department deems to be unreasonable will have to publicly disclose this information on their website. The Department's current program has been expanded further during the last four quarters of this grant (September 2012 through September 2013). This funding opportunity enables the Department to continue its efforts to provide a more functional, transparent private health insurance marketplace. The Department will obtain the resources and staff to analyze data and enhance its ability to share that data in a meaningful and consumer-friendly format.

*The Department submitted and was approved for a **No-Cost-Extension Grant Request** to continue to improve and expand the Effective Rate Review Program, in accordance with the State's rate Review activities, as specified in the Work Plan (see further down in this report).*

The Department continues to utilize the Grant to develop the infrastructure required for an effective rate review process, including new tools and procedures to collect, analyze, and publish premium information in order to inform consumers and State policymakers. Specifically, the Department is investing in technology necessary for enhanced collection and analysis of premium data; developing protocols for the collection, analysis, and publication of premium rates. The goals of the Department's Premium Review Program are (1) to provide a thorough review of premium rates and (2) significantly enhance consumer protections, including effective engagement and education of the public and policymakers on the issue of health insurance premium rates.

In addition, the Department has made significant progress in its effort to enhance the public's access to rate information through its website. The Department developed and continues to improve its new rate review page to provide information on current rate filings in a consumer-friendly format and allow consumers to comment on those filings. More information on these and other rate review activities appears below.

Towards the end of July 2013, the State of Illinois submitted a request and budget reallocation to CMS, for grant number PRPPR120017 under the Rate Review program. The budget reallocation was submitted through Grant Solutions, as well as through an email to our State Officer, James Taing and Ms. Iris Grady from the CMS Office of Acquisition and Grants Management. This submission primarily reflected the State's intent to develop a Data Center in the coming year, by adding the development of the Data Center into Cycle II. Upon this submission's approval, the State was then going to submit a No Cost Extension to extend the term of the grant by one year.

After much thought, discussion, and assistance from our State Officer, James Taing, as well as from the Department of Insurance in New Hampshire, we came to the conclusion that there simply was not

enough time to put together the well thought out Data Center that we envision for our Rate Review Process. As such, we have decided to not pursue this project until we are able to match resources and availability to do so. The Reallocation of the budget was not put into place, as we no longer needed to update Cycle II to include the Data Center, before applying for a No-Cost Extension.

- As mentioned above, the Department did proceed with a Request for the No-Cost Extension for another year, using unspent funding from Cycle II. The No-Cost Extension was granted, and is in force from October 1, 2014 – September 30, 2015.*
- The No-Cost Extension project’s scope, goals, and deliverables will not change as a result of receiving a No-Cost Extension.*
- In addition to the activities that are currently being worked on as part of the Enhanced Rate Review Program, the Department intends to continue updating a consumer friendly Report Card which will be online and fully functioning.*
- In addition to the additions which are mentioned in the work plan for this Quarter (April 30 – June 30, 2014) we are considering including a process during the NCE period by which consumers will be able to see the number of complaints for the company they are looking at. This would require disclaimers, etc. and would be thoroughly looked at by our legal staff before pursuing. The main purpose of the Report Card will be to provide easy to understand access to rate increases and decreases for consumers to see and comment on, if they wish.*
- We expect to keep our web pages on Premium rate Review and Medical Loss Ratio current and designed in a very consumer friendly manner. This includes Fact Sheets, FAQ’s, Power Point Presentations, etc.*
- We also plan to try and provide as much information on trends as possible.*

Accomplishments to Date

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

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

The Department continues to collect rate filings through the System for Electronic Rate and Form Filing (SERFF) and the Illinois-specific Premium Rate Review Web Portal (“portal”). Accompanying each filing is a Rate Data Collection Form that requires issuers to provide information on premium increases, loss ratios, earned premiums, paid claims, and incurred claims. (Rates for HMO plans are not filed through SERFF)

- Rate filings are also accompanied by an Actuarial Memorandum. The Actuarial Memorandum is required and is to contain the complete justification for the submitted rates, including background information, actuarial assumptions, and an explanation of the rationale for the requested rate action, as well as other relevant information.
- In addition, the Federal Unified Rate Review Template and Actuarial Certification must be included in each rate filing.
- The Department continues to participate in NAIC/SERFF conference calls regarding upgrades that have been made to the system to accommodate state data collection needs and considered opportunities to leverage new capabilities. The Department expended \$20,856 of Cycle II grant funds to SERFF upgrades.
 - In addition, the Department has been involved in weekly calls and webinars to understand the new system that HHS and NAIC have been working on to enable states to use the System for Electronic Rate and Form Filing (SERFF) as part of the QHP submission and certification process in a State Plan Management Partnership Exchange.
 - With Cycle II grant funding, plans are ongoing to implement the Illinois Enhanced Premium Review Project and establish the Department infrastructure necessary to expand current rate review activities. Staffing will be increased to accommodate new demands and technological upgrades will streamline and expand the Department's existing electronic submission and analysis systems.
 - The Department plans to expand the current scope of rate review activities by transitioning the review of rate filings from its actuarial consultants to permanent Department staff. The Department has recently been successful in moving forward with the process of hiring one Health Actuary II and a Health Actuarial Assistant. Both of these positions have been posted to begin the hiring process. The Department has retained the services of its actuarial consulting firm to perform these duties in the interim.
 - The Department intends to retain the three contractual insurance analysts through FFY2014 using Cycle II funds. There were three Insurance Analyst IIs, but one left at the end of December 2012. ***We hired another Rate Review Specialist (contractual) to replace the one that left in December 2012. She started on May 1, 2013.***

Objective: Effectively Enhance Consumer Protections and Marketplace Efficiency

- The Department continues to compile and collect necessary data and utilize the process for reviewing rate filings developed and implemented with an actuarial consulting firm in 2011, and has retained the services of the actuarial consulting firm in the interim.
- The Department intends to significantly invest in expanding consumer protection standards through a more open and transparent process for review. This includes developing new interactive tools for consumers to navigate health insurance premium information and provide feedback.
- An initial system for the display of rate increases has been launched, and a more comprehensive system is in development.

- The Cycle II Grant Application and Annual and Quarterly Reports have been posted on the Department's website.
- In addition a Procedure Manual has been completed, and is assisting with staff training and reference. This manual has been posted on the internal webpage for internal staff use. The Procedure Manual has been updated to include new regulations and guidelines, and staff training will continue to reflect updates as they occur.

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

- The Department intends to enhance current rate review activities by conducting in- depth analysis of proposed rate increases and then compiling and publishing proposed rate increases in order to engage and educate the public and policymakers about the cost of health insurance, the cost of health care, and the impact of benefit design.
- As mentioned in our four previous reports, our Research Economist began working in May 2013 and has already completed his first reports that are based on loss ratios, rate increases, actuarial assumptions and some trend analysis on claims by company, aging by company, as well as lapse by company. After a collection of many rate filings the Research Economist ran several reports and found that the data submitted was corrupt. The insurers failed to complete certain fields within the HHR Portal accurately. The Department then went back and un-submitted the 2013 and 2014 Portal submissions and requested the insurers to review, correct and resubmit their submission. The resubmissions should be completed on/or around the latter half of November, 2014. At that time we will request the Research Economist rerun the reports.
- Our initial intention was to have these reports posted on our website during this last quarter (July – September 2013), but while the reports that were generated were being reviewed by senior staff, it was determined that there was a need to make some revisions to the way issuers are filing their rates. The information collected, while it was sufficient for rate review, it was not collected in a manner that allowed for the information in the reports to be clear enough to be posted for the public to view. Therefore, we are in the process of implementing some changes to the web portal to allow this information to be collected in a manner that would allow the Department to generate, analyze and provide this information to the public by way of our website.
- The changes to the web portal have been completed in October 2014 and as stated above the submissions from 2013 and 2014 have been un-submitted to allow insurers to make revisions. The rate review specialist is looking at the new web portal submissions and questioning data that appears to be the default example.
- *We are currently meeting with IT in regard to the implementation and placement of the report card on the Department's website.*
- **The report card is ready to go live on the Department's website; however, we are awaiting permissions from the Illinois Department of Central Management Services (CMS). Once we have the permissions, we will implement the on-line version of the report card. This should be implemented this week!**

Challenges and Responses

- The Department was successful in hiring a Health Actuarial Assistant; however we have attempted to fill the Health Actuary II position for a few years but have not attracted any qualified candidates, so we continue to retain the services of an actuarial firm to perform rate reviews. *Our previous contract expired in February 2014, and a new Unreasonable Rate Review contract is now in place with Oliver Wyman. This is a one year contract with two renewal options.*
- *The Department estimates the date of hire for the Health Actuary to be in late 2015. However, the hiring of the Health Actuary will still not be sufficient to cover all the activities that Oliver Wyman performs through this RFP, as well as perform the duties required of the Health Actuary (discussed later in the Work Plan). Therefore, until we are able to hire more than one new staff member, we will likely need to continue making use of the 2 renewal options we have with Oliver Wyman, after the one year contract ends.*
- *In addition, we also recently renewed our ACA Actuarial Services contract (a second contract) with Oliver Wyman, for another year. The ACA Actuarial Services contract is NOT funded by the Rate Review Grant.*
- As mentioned in the previous quarterly report, the Department hired an additional contractual actuarial consulting firm to assist the Department in performing the required actuarial reviews for the Marketplace Plans. This included the Certification Reviews for proposed QHPs, including metal levels, as well as the initial rate filings for the QHPs. There are 410 Illinois QHP plans that have been recommended to HHS. The contractual actuarial firm assisted us with a relatively large number of QHPs that were submitted. DOI is current with the latest guidance from CCIIO concerning Marketplace and Rate Review related issues. The Unified Rate Template, has been incorporated into our review process. This contract is not being financed through the rate review grant.
- An additional challenge the Department continues to encounter is the lack of explicit statutory authority to approve or deny premium rate filings.
- The Department is planning on continuing its efforts in this regard during the next legislative session. See details in the Obtain Authority to Approve or Deny Premium Rate Increases section further down in this report.
- Despite continued delays, the Department has recently been successful in moving forward with the process of hiring one Health Actuary II and a Health Actuarial Assistant. In addition, progress has been made in hiring IT consultant staff to assist the current IT staff and actuarial consulting firm in designing and building rate review software and convert to web-based system for consumer use. These positions will be funded through Cycle II grant funds.

Significant Activities: Undertaken and Planned

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

1. *Collection of Premium Rate Data*

A. Technical Capacity for Data Collection

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

- On January 15, 2014, the Center Consumer Information and Insurance Oversight (CCIIO) and the National Association for Insurance Commissioners (NAIC) jointly offered training on HIOS and SERFF for Rate Review Grantees. Illinois was a participant in the training session, to learn about the new enhancements made in SERFF version 6.4 and also the submission process through HIOS.

The training covered the following topics:

- Changes to the Rate Review grant data detail template
 - Transfer of rate-filing data from SERFF to HIOS
 - Submission of data and progress reports in HIOS
- With Cycle II grant funding, plans are ongoing to implement the Illinois Enhanced Premium Review Project and establish the Department infrastructure necessary to expand current rate review activities. Staffing will be increased to accommodate new demands and technological upgrades will streamline and expand the Department’s existing electronic submission and analysis systems.
 - The Department intends to retain two contractual insurance analysts through FFY 2014 using Cycle II funds. The Department initially hired three contractual insurance analysts, but one left the Department at the end of December 2012. The Department successfully hired another Rate Review Specialist (contractual) to replace the one that left in December 2012. She started on May 1, 2013.
 - Many improvements have been made to the internal portal since the IT consultant began working at DOI in January 2012.
 - We have added [features](#), which will remain until the Report Card is implemented, to the Web Portal which enables filers to give a more accurate report of their rate changes. The features added include selecting if the block of business is: “open” or “Closed” as well as if the filing is for a “Grandfathered” or “Non-Grandfathered” policy. Also, an option for an extra decimal place in the “Rate Change %” section has been added. ***(These features added were in part in regard to the “Report Card” as well as the trend analysis reporting)***
 - With Cycle II grant funding, plans are ongoing to implement the Illinois Enhanced Premium Review Project and establish the Department infrastructure necessary to expand current rate review activities. Staffing will be increased to accommodate new demands and technological upgrades will streamline and expand the Department’s existing electronic submission and analysis systems.
 - The Department plans to expand the current scope of rate review activities by transitioning the review of rate filings from its actuarial consultants to permanent Department staff. The Department intends to hire two Health Actuaries and an Actuarial Assistant to assist with rate review.
 - The Department has retained the services of its actuarial consulting firm to perform these duties in the interim. . ***We continue to retain the services of an actuarial consulting firm to perform***

rate reviews, Our previous contract with Oliver Wyman expired in February 2014, and we have a new contract in place with them to perform “Unreasonable Rate Reviews” This is a one year contract with two renewal options. In addition, we also recently renewed our ACA Actuarial Services contract (a second contract) with Oliver Wyman, for another year. The ACA Actuarial Services contract is NOT funded by the Rate Review Grant.

- In addition, the Department initiated the process during Cycle I of bringing an IT consultant on staff to assist the Department in upgrading and maintaining the internal Rates for HMO plans are not filed through SERFF portal. Many improvements have been made to the internal portal since the IT consultant began working at DOI in January 2012. This has been resolved; all rate filings are submitted through SERFF.
- We have made additions to the Web Portal that pertain to ACA filings, as well as keeping the option for pre-ACA products to file as before. The features added include interrogatory items that give more helpful information for ACA products than the previous items would have given. *This has been completed on October 2014.*
- DOI created and released the [Health Rate Review Checklist](#) for insurers to use to make complete and accurate rate filings for Qualified Health Plans with the Department. *This Rate Review Checklist was posted on our shared drive for the rate review process to be done by our contracted consulting team.*
- *The Health Rate Review Checklist was revised to include questions to determine whether the rate filing pertains to grandfathered, non-grandfathered or transitional policies.*
- *The Department has developed both internal and external checklists for use with Student Blanket Filings. The internal checklist is a Word document that lists all the required items that should be included in the rate filing, such as AV calculator printouts, a sample rate calculation, rate tables, rate factors, historical experience, and financial experience. It also includes some basic data checks that should be performed. The external checklist is an Excel document that contains many of the same items in the internal checklist but it is a fill-able document. Companies will submit it along with the filing to verify that the required items are included in the filing and to indicate where they are found in the filing.*
- *The Department has revised its Small Group and Individual Actuarial Memorandum requirements checklist to meet the 2015 requirements. These checklists lay out the structure and format for the actuarial memorandums (AM’s) that support the rate filings. They include all of the items that should be documented and discussed in the AM’s, such as trend factors, credibility methodology, covered benefits and services, index rates, and rate development.*
- *We have revised and reposted some of our Review Requirements Checklists and are still working on the Network Adequacy and the HMO Individual and Small Group Review Requirements Checklist.*
- *Marketplace Analysis: The Department is developing ways to analyze the premium rate data to identify trends in the marketplace. Some trends the Department is interested in*

understanding on a regular basis include: pricing in each of the respective markets (individual, small group, large group), pricing by policy type, the number of individuals affected by specific premium rate increases, seasonal changes or trends in premium rates, and others as determined by the Director.

B. Staffing Capacity for Data Collection

With the use of Cycle I grant funds, the Department was able to hire three full-time insurance analysts (contractual) to assist with data collection for the Rate Review Program. The Department initially hired three contractual insurance analysts through FFY 2014 using Cycle II funds, but one left the Department at the end of December 2012. The Department was successful in hiring another Rate Review Specialist (contractual) to replace the one that left in December 2012. She started on May 1, 2013.

C. Collection of Data

Pursuant to Company Bulletins [2010-08](#) and [2011-02](#), the Department has received 34 rate filings in the Cycle II FFY14 Quarter 4 of the grant period from July 1, 2014 through September 30, 2014, and of those, 18 requested rate increases and were subject to review. Of these 34 filings, 22 are pending review, 10 were filed, and 2 were withdrawn per company request.

2. Analysis of Premium Rate Data

A. Identifying Analytics Goals

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

B. Technical Capacity for Data Analysis

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

C. Staffing Capacity for Data Analysis

As detailed above in the “Challenges and Responses” section, the Department continues efforts to find qualified applicants for these positions, and will also move ahead with the hiring of an Actuarial Assistant on a contractual basis to help ease the burden of new program requirements on existing staff. In the interim, these services are being performed by outside actuarial consultants.

The Department has recently been successful in moving forward with the process of hiring one Health Actuary II and a Health Actuarial Assistant.

The Department intends to retain the actuarial consulting firm until the Health Actuaries can be brought on staff. The contract with the outside actuarial firm has been extended until February

2014. A new contract is in place with Oliver Wyman to perform the “unreasonable Rate Reviews” this is a one year contract with two renewal options.

The Department was able to transfer an Economist that we have on staff, who does rate review in the P&C area and has experience in health issues as well. It was decided by senior staff that this individual should be transferred to do become the Research Economist needed for the rate review grant activities. His job description includes collecting data from rate filings received from carriers, generating reports that will be used for consumer outreach, financial and actuarial analysis, and ultimately work with the Exchange in monitoring the insurance market in Illinois. The staff member has already produced certain reports based on loss ratios, rate increases, actuarial assumptions and some trend analysis.

Our initial intention was to have these reports posted on our website during this last quarter (July – September 2013), but while the reports that were generated were being reviewed by senior staff, it was determined that there was a need to make some revisions to the way issuers are filing their rates. The information collected, while it was sufficient for rate review, it was not collected in a manner that allowed for the information in the reports to be clear enough to be posted for the public to view. Therefore, we are in the process of implementing some changes to the web portal to allow this information to be collected in a manner that would allow the Department to generate, analyze and provide this information to the public by way of our website.

- ***The Department staff has met with IT in regard to the changes to the web portal and as a result, the staff research economist was able to run simpler statistic reports. We are working on the language that will be explaining the results of the reports.***
- The changes to the web portal have been completed in October 2014 and as stated above the submissions from 2013 and 2014 have been un-submitted to allow insurers to make revisions. The rate review specialist is looking at the new web portal submissions and questioning data that appears to be the default example.
- ***We have met with IT in regard to the implementation and placement of the report card on the Department’s website. See screen shots of where and how the report card will look beginning on page 14 of this document.***
- ***The report card is ready to go live on the Department’s website; however, we are awaiting permissions from the Illinois Department of Central Management Services (CMS). Once we have the permissions, we will implement the on-line version of the report card. This should be accomplished this week!***

D. Conduct Analysis

- The Department received 34 filings in the fourth quarter of FFY14, 18 of which were subject to review. For filings received after September 1, 2011, the Department’s Actuary works with the actuarial consultants to review premium information received from carriers. For the majority of these filings, the Department requested further information from the carrier because the information provided in the initial filing was insufficient for a thorough analysis. The consultants then review the rate increase to determine reasonableness and accuracy. If the increase exceeds 10 percent, the consultants conduct a more in-depth review and issue a report to the Department’s Actuary as to whether the rate increase is reasonable.

- The Department’s Actuary then reviews the report and makes a final determination.
- The Department has worked with its actuarial consultants to streamline this review process to ensure efficiency and accuracy. The Department utilizes a rate submission checklist to promote consistency among filings and assist insurance analysts in efficiently reviewing filings for necessary information.
- The Department intends to complete reviews within 30 days, on average, once all information is received from the carrier.
- The Department’s final determination will include an explanation of its analysis and is provided to CMS within five business days following its determination. This process has been put into place.
- In order to encourage consistency across reviewers and filings, the Department has developed a standardized template for reporting filings that are subject to review by HHS. The Department will then enter the outcome into the CMS web-based system, including a brief narrative of any rate increase “subject to review”.

3. Establish Process for Conducting Comprehensive Premium Rate Review

A. Obtain Authority to Approve or Deny Premium Rate Increases

Three previous attempts at passing legislation during 2011 did not succeed: (HB 1501, HB 2736, SB 2344).

A fourth attempt, SB 34 (the Health Benefits Exchange bill), introduced in the Illinois Senate, last session, contains language requiring all health plans that wish to be certified as QHPs to, at a minimum, fulfill all premium rate and contract filing requirements and ensure that no contract language has been disapproved by the Director, and charges the same premium rate without regard to whether the plan is offered through the Exchange and without regard to whether the plan is offered directly from the health carrier or through an insurance producer. The Department is working with legislators, consumer advocates and the Governor’s office to strengthen the language in this bill, should it be reintroduced in the 2014 legislative session, or in another Health Benefits Exchange Bill that might be introduced during the 2014 legislative session, directing the Director to approve or disapprove unjustified rate increases. The Department also carefully reviewed the proposed and final rules regarding rate review issued by HHS and incorporated the requirements into the review process established during the third quarter. For a detailed discussion of that process, please see the “Operational and Policy Developments” section below. In addition, the Department actively participated in the commenting process on the proposed rules through NAIC.

5. Public Engagement and Education

A. Interactive Website

- The Department has received a Consumer Assistance Program Grant under the Affordable Care Act and will be coordinating website improvement efforts related to both grants so as to avoid duplication. The Department is using Rate Review grant dollars to develop an interactive and

user-friendly website allowing consumers to, among other things, search and access all publicly available information related to premium rates and rate increases within the Illinois health insurance marketplace.

- The Department has agreed on the initial small changes regarding the design and implementation of a rate review “Report Card” to display rate information on its new rate filing webpage. The Report Card will initially include the addition of certain fields, such as: number of members affected, a description of what effective date means, and a column which will say what kind of plan it is – large group, small group, or individual, and the Department staff is working on different options as to how to populate certain fields on the Report Card with information from the web portal. While the Department is progressing on this project, it has been temporarily put it on hold due to IT staff shortage and the IT staff having been swamped with the ACA needs there has not been enough time to complete this task. However, this still remains a priority and the Department hopes to have it completed during the next Quarter.
- ***Update: The Department staff has met with IT in regard to the changes to the web portal and as a result, the staff research economist was able to run simpler statistic reports. We are working on the language that will be explaining the results of the reports.***
- ***Update: The emails have gone out to the insurers who filed incorrect or questionable data in the Rate Review Portal 2013 and 2014 and resubmissions are trickling in. The Department has given them 21 days to respond. This is in regard to the enhanced review, and the creation of some trend analysis reports. So that part of the report can be updated.***
- ***The changes to the web portal are allowing the Department to move forward with the report card.***
- ***We have met with IT in regard to the implementation and placement of the report card on the Department’s website. The report card should be available on our website this week!***
- Our Premium Rate Review and Medical Loss Ratio Web Pages have been updated and made more consumer friendly. We have also posted Health Insurance Premium Group Coverage and Health Insurance Premium Individual Coverage on our Presentations Web Page. We have posted the Rate Review Brochure in 5 languages (English, Spanish, Polish Korean, and Chinese). The Grant Quarterly and Annual Reports have been posted on our Premium Rate Review Web Page. The Brochures have been printed have been distributed in packets at two Rapid Response meetings in Carlyle, some left in a brochure rack at the radio station in Sparta, some have been included in the packets at a Harrisburg storm recovery meeting and more will be included in a Rapid Response meeting on July 30th in Danville. More Brochures have been distributed at libraries.
- In addition, the translating of the following documents into Spanish, Korean, Polish and Chinese have been translated and posted on the Department’s Premium Rate Review and Medical Loss Ratio web pages.

Previous updates were made to the following documents:

- How Rate Review Works in Illinois;
- Rate Review Q&As
- Rate Review Brochure;

- Health Insurance Premium Group Coverage / October 2013
- Health Insurance Premium Individual Market / October 2013
- Once approved, these documents were sent to the webmaster who sent the English versions to the translations vendor who is on the CMS master contract for translations (IOCI). ***The updates included federal requirements that changed the wording of “preliminary justification” to “rate justification”. In addition the updates were there to help consumers understand what the interim period between now and January 1, 2014 meant to them regarding which factors may be used currently by issuers to demine a consumer’s health insurance premium.***
- ***Further updates to these documents have been made to these documents regarding which factors may be used currently by issuers to demine a consumer’s health insurance premium. The updates note that premiums can only be rated based on gender, health conditions or personal health history on policies that go into effect or renew before January 1, 2014 and to inform consumers that the QHP plans that are available to look at during the open enrollment period will reflect the changes applicable for plans that take place after January 1, 2014.***
- ***These have been pending final review due to the work on the 2015 QHP’s. They have been reviewed with suggested changes which will be placed in routing for senior management and legal’s review. This should be done before the next quarter.***
- ***We have updated the Premium Rate Review webpage to include more Federal Regulations and Guidance from May 2011 to February 2013 that was not previously posted on this webpage. In addition, we have added a new Section on the Premium Rate Review webpage which includes the federal Rate Review Annual Reports for 2012, 2013, and 2014. Our Medical Loss Ratios webpage has also been updated to include the Federal Annual Reports from 2011 and 2012.***
- We are expanding the information on the website to include whether the plans are grandfathered or non-grandfathered, # of covered lives and type of market, such as individual, large group, small group or association group. Reports generated by the Research Economist will improve the transparency of information available to consumers, posted on its website.

B. Translation Services

In an effort to provide appropriate services to all Illinois consumers, the Department intends to translate web-based databases, documents, reports and charts into Spanish, Polish and Korean, including all rate review- related information. These efforts will be undertaken when the updates to the new website, discussed above, are finalized. The funding allocated as part of this grant will supplement those efforts. These efforts will be undertaken shortly as soon as the updates to the new website are finalized. The funding allocated as part of this Cycle II grant will supplement those efforts. See details in the previous paragraph. Translations are about to be made to the documents mentioned above. It is estimated that each language (there are 5 of them) will cost approximately \$1,000 to redesign post, and translate the languages that aren’t in English, making the total estimate about \$5,000.

- ***The updates on these documents will more clearly reflect the changes that will take place in January, 2014 and to inform consumers that the QHP plans that are available to look at during the open enrollment period will reflect the changes applicable for plans that take place after January 1, 2014.***

Operational/Policy Developments/Issues

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

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

- DOI has added features to the Web Portal which enables filers to give a more accurate report of their rate changes. The features added include selecting if the block of business is “Open” or “Closed” as well as if the filing is for a “Grandfathered” or “non-Grandfathered” policy.
- In addition, an option for an extra decimal place in the “Rate Change %” section has been added. Especially in light of new policies being issued with the ACA QHPs, filers can now select from new Policy Forms when searching ‘Form Selection’ by their SERFF filings.
- The section “Rate %” has been removed from the Experience Assumption tab once the box is checked that the filing is for a new policy.
- A ‘Loss Ratio’ column has been added to the Experience Year List tab, which is calculated by the Web Portal based on the input of the filer for ‘Earned Premium’ and ‘Incurred Claims’ for each ‘Calendar Year’.
- We have made additions to the Web Portal that pertain to ACA filings, as well as keeping the option for pre-ACA products to file as before. The features added include Interrogatory items that give more helpful information for ACA products than the previous items would have given. **These changes have been implemented and are working well. The Department will be looking at this data to consider for the Report Card.** As was discussed in the previous Quarterly Report, DOI created a Rate Review Checklist for insurers to use to make complete and accurate rate filings for Qualified Health Plans with the Department of Insurance. The checklist was compiled based on both DOI and insurer comments.

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

Group Market Rate Increases. Similar to the tool currently in place for individual market premiums, the Department wishes to create an interactive web tool for consumers to access and search information on group market products.

Marketplace Analysis. The Department seeks to establish a tool or macro within the portal database to conduct automated analyses of the premium rate data to identify trends in the marketplace. Some trends the Department is interested in understanding on a regular basis include: pricing in each of the respective markets (individual, small group, large group), pricing by policy type, the number of individuals affected by specific premium rate increases, seasonal changes or trends in premium rates, and others as determined by the Director.

Procedures Manual. The Department has completed a Procedure Manual on rate review to assist staff members in understanding the rate review process. The manual outlines the step-by-step procedures required by the Department to ensure accuracy and consistency. The manual has been posted to the Department's internal webpage. The Procedures Manual has recently been updated and reviewed by senior staff to reflect the regulations that have subsequently been released by HHS regarding rate review.

Public Access Activities

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

Recent updates have been made to the following documents:

- How Rate Review Works in Illinois;
- Rate Review Q&As
- Rate Review Brochure;
- Health Insurance Premium Group Coverage / October 2013
- Health Insurance Premium Individual Market / October 2013

These documents were previously updated and approved, and sent to the webmaster who then sent the English versions to the translations vendor, who is on the CMS master contract for translations (IOCI). The updates included federal requirements that changed the wording of "preliminary justification" to "rate justification". In addition the updates helped consumers understand what the interim period until January 1, 2014 means to them regarding which factors may be used currently by issuers to determine a consumer's health insurance premium. The updates noted that premiums can only be rated based on gender, health conditions or personal health history on policies that go into effect or renew before January 1, 2014.

In light of the new consumer protections under the Affordable Care Act that went into effect in September 2011, such as rate justification of rate hikes exceeding the 10% threshold, the Department identified a need to increase awareness and better educate consumers on how these technical processes affect them as well as their insurance carriers. The Department has had internal meetings with the Illinois Health Insurance Marketplace, to discuss the best avenue to combine efforts to engage consumers and consumer advocacy groups in identifying the types of information they would find most useful about health insurance rate increases, as well as the most effective methods of disseminating the information. Last year, the Department held twenty different speaking engagements and four health fairs. Included in the discussions at these events, the Department provided information about rate review activities to chambers of commerce, military families and veterans, healthcare advocates, non-profit groups, medical professions, medical and law students, employee benefits professionals, religious organizations, agents and underwriters groups and other business alliance groups.

The Department in cooperation with SERFF, has made all SERFF filings submitted to the Department public accessible through the SERFF Public Access. The link is:

<https://filingaccess.serff.com/sfa/home/il>

Recommendations to the State Exchange on Insurer Participation

- Rate submissions are required under 215 ILCS 5/355. Rates will be submitted through SERFF. QHP rates must be set for an entire benefit year in the individual Exchange and for the plan year in the SHOP Exchange. In the SHOP Exchange, rate changes must be submitted to DOI for review. The current rate review process will continue to be followed for all rate changes. DOI will continue to collect rate filings and actuarial memorandums electronically through its rate review web portal. DOI is evaluating the medical and insurance trend assumptions, anticipated loss ratio, anticipated distribution of business, contingency and risk margins, past and anticipated premium and claim experience, the history of rate adjustments, and other important data points submitted through the web portal as required by DOI. DOI will notify CCIIO of the rate review results within the QHP recommendation.
- Additionally, the rate review process is being updated to take into consideration new payments and charges to plans, including risk adjustment, reinsurance, risk corridors, the coverage of new populations and benefits, new underwriting limitations, MLR rebates, new federal taxes, and new risk pooling in non-grandfathered plans. DOI will verify that the “same premium rate” is offered inside and outside the Exchange for the same plans. The rate review processes will be applied consistently for multi-state plans and CO-OPs to maintain a level playing field. The Financial-Corporate Regulatory and Life Actuarial Divisions in DOI will conduct rate review and will involve the Consumer Markets/Compliance unit to ensure DOI has the appropriate regulatory capacity.

Collaborative Efforts

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

Lessons Learned

The Department has experienced extensive delays in adding the staff necessary to conduct premium review activities. The Department is adjusting its expectations for the addition of new staff moving forward, including the retention of the actuarial consulting firm, and has been granted Cycle II funding to accommodate the delays in project activities associated with those experienced in the hiring process.

Premium Review Project Budget Narrative

(Updated October 30, 2014)

Overall Budget

The Illinois Department of Insurance (DOI) budget for FY2014 totaled \$53,623,500. Projected annual revenue collected in FY15 is \$421,850,632 (this amount includes taxes collected and deposited to the General Revenue Fund).

Estimated Budget for Premium Review Cycle II

To enhance the current rate review process and to improve consumer protection standards, the Department estimates a total cost of \$3,531,085 from FY2012 to FY2015. An itemization of the costs originally submitted is provided below. The Department will be submitting a post-award amendment soon to reflect actual operational adjustments to the State's rate review program.

**Rate Review Cycle II Grant
Grant Period Expenditures (cash basis)**

	Budget Allocation	2 Year 10/1/11- 9/30/13	Qtr 1 10/1/13- 12/31/13	Qtr 2 1/1/14 – 3/31/14	Qtr 3 4/1/14 – 6/30/14	Qtr 4 7/1/14 – 9/30/14	9/30/14 Balance
Salaries and Wages	\$1,790,185.00	\$105,329.98	\$32,751.20	\$20,214.81	\$16,300.92	\$12,150.66	\$1,603,437.43
Fringe Benefits	\$755,278.00	\$18,721.82	\$5,779.62	\$3,567.32	\$1,247.02	\$929.51	\$725,032.71
Travel	\$3,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,000.00
Equipment	\$28,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$28,000.00
Supplies	\$14,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,000
Contractual	\$814,000.00	\$105,615.00	\$150,093.00	\$51,097.46	\$9,801.00	\$24,933.50	\$472,460.04
Other	\$126,622.00	\$25,577.33	\$0.00	\$0.00	\$752.50	\$0.00	\$100,292.17
TOTAL	\$3,531,085.00	\$255,244.13	\$188,623.82	\$74,879.59	\$28,101.44	\$38,013.67	\$2,946,222.35

Personnel

The Department's original submitted proposal included 11 staff members: two Health Actuaries, one Actuarial Assistant, two Insurance Analysts, one Insurance Analyst Assistant, three IT staff, one Research Economist, and one Fiscal Grants Specialist. Since the original proposal, the State has procured the services of an outside actuarial consulting firm to provide rate review services on health insurance premium filings and to determine compliance with applicable state and federal statutory requirements consistent with accepted actuarial ratemaking techniques. The State will reallocate salary and personnel costs to the contractual budget category to reflect the reduced staffing needs and proportional increases in consulting services.

Fringe Benefits

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

Travel

Staff will travel under the grant to perform activities related to advancing legislation, and coordinating with Springfield staff and other stakeholders across the state. Staff will travel to Springfield during the legislative session to advocate for the Department's legislation to establish rate review authority. The Department has allocated \$3,000 for the cost of travel, including mileage (408 miles roundtrip at the federal rate of 51 cents per mile, or \$208), hotel (\$70/night plus taxes), and Per Diem (\$27 per full day). This will cover the cost of traveling between Chicago and Springfield approximately three times per year.

Equipment

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

Contractual Services

New Employee Contractual Services

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

IT Services

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

Rate Review Actuarial Services

The State currently has procured an external actuarial consulting firm to provide rate review services for health insurance premium filings. The actuary's will also determine compliance with applicable state and federal statutory requirements consistent with accepted actuarial ratemaking techniques. The current firm, Oliver Wyman Actuarial Consulting, is contracted through February 2014. And we have a new contract in place with Oliver Wyman after undergoing a RFP process for this contract. The new contract with Oliver Wyman is a one year contract with two renewal options.

The services were originally designated to be performed by State staff to be hired through funds of this grant but due to difficulties in obtaining clearance for new staff positions at the State, it was agreed an outside firm would provide these services.

"Other" Category Spending IT

Upgrades

Illinois participated in the SERFF system upgrades introduced in September 2011. These upgrades include enhancements related to Data Collection from Industry, state Data Input, and the health Filing Access Interface (HFAI). The cost for the NAIC upgrades totaled \$20,856.

Consumer Education and Outreach

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

Reporting to the Secretary on Rate Increase Patterns

- The Department will comply with the requirement that grant participants provide data to the Secretary on health insurance rate trends in premium rating areas. The Department has recently hired a Research Economist, who began working in mid May 2013, and whose responsibilities include, among other tasks, collecting the necessary data and identifying trends in the Illinois marketplace. As mentioned above, the initial tasks for this person is to provide reports based on loss ratios, rate increases, actuarial assumptions and some trend analysis. He has already completed his first reports that are based on loss ratios, rate increases, actuarial assumptions and some trend analysis on claims by company, aging by company, as well as lapse by company.

- Our initial intention was to have these reports posted on our website during this last quarter (July–September 2013), but while the reports that were generated were being reviewed by senior staff, it was determined that there was a need to make some revisions to the way issuers are filing their rates.
- The information collected, while it was sufficient for rate review, it was not collected in a manner that allowed for the information in the reports to be clear enough to be posted for the public to view. Therefore, we are in the process of implementing some changes to the web portal to allow this information to be collected in a manner that would allow the Department to generate, analyze and provide this information to the public by way of our website.

Translation Services

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

Updates in October 2013 were completed on the following documents:

- How Rate Review Works in Illinois
- Rate Review Q&As
- Rate Review Brochure
- Health Insurance Premium Individual Coverage Presentation
- Health Insurance Premium Group Coverage Presentation
- These documents were sent to our web master to update and sent to our translating vendor to be translated into Spanish, Polish, Chinese, and Korean.
- Further updates to these documents have been made to these documents ***regarding which factors may be used currently by issuers to demine a consumer's health insurance premium.*** The updates note that premiums can only be rated based on gender, health conditions or personal health history on policies that go into effect or renew before January 1, 2014 ***and to inform consumers that the QHP plans that are available to look at during the open enrollment period will reflect the changes applicable for plans that take place after January 1, 2014.***
- ***These have been pending final review due to the work on the 2015 QHP's.*** They have been reviewed with suggested changes which will be placed in routing for senior management and legal's review. This should be done before the next quarter.

Equipment

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

Other - The "supplies" have been re-categorized as "Other" because they represent expenditures cleared late due to a state processing lag for our December brochure order.

Premium Rate Review Work Plan

(Updated October 30, 2014)

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

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

II. Evaluation Plan:

- a. The Department will gauge the success of its rate review program based on the average time it takes for the Department to review rates and issue a determination.

With actuarial consultants assisting with filings, this review is estimated to be completed within 30 days once all information is received.

After the contract with the consultants expires, the Department intends to maintain this average review time.

- b. The Department will know how many consumers it reaches by:
 - i. The number of “hits” to the website;
 - ii. The number of consumer comments; and
 - iii. The number of policyholders impacted by a proposed rate change.

III. Deliverables of the Enhanced Premium Rate Review Project

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

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

Improvement to the rate review process requires the Department to hire an additional Health Actuary II. The Department plans on posting this position shortly.

In regard to the Research Economist, the Department utilized a current staff person who has the skills to generate and analyze reports. He began working in mid May 2013, and his responsibilities include,

among other tasks, collecting the necessary data and identifying trends in the Illinois marketplace. As mentioned above, the initial tasks for this person is to provide reports based on loss ratios, rate increases, actuarial assumptions and some trend analysis. He has already completed his first reports that are based on loss ratios, rate increases, actuarial assumptions and some trend analysis on claims by company, aging by company, as well as lapse by company.

Our initial intention was to have these reports posted on our website during this last quarter (July – September 2013), but while the reports that were generated were being reviewed by senior staff, it was determined that there was a need to make some revisions to the way issuers are filing their rates. The information collected, while it was sufficient for rate review, it was not collected in a manner that allowed for the information in the reports to be clear enough to be posted for the public to view. Therefore, we are in the process of implementing some changes to the web portal to allow this information to be collected in a manner that would allow the Department to generate, analyze and provide this information to the public by way of our website.

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

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

- The Health Actuary** requires knowledge and skill equivalent to completion of four years of college, with courses in higher mathematics, such as calculus, probability and statistics. Requires four years professional experience in actuarial work in the life, accident and health field. Preferably requires the equivalent to the certificate received for the completion of necessary examinations to qualify as an Associate or

- Fellow of the Society of Actuaries (A.S.A. or F.S.A.) or Casualty Actuarial Society (A.C.A.S. or F.C.A.S.) Preferably requires the type and kind of experience and training necessary for membership in the American Academy of Actuaries.

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

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

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

V. Management of the Enhanced Premium Rate Review Project. Project

Director, Yvonne Clearwater

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

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

September 30, 2011 - September 30, 2014.

The No-Cost Extension Premium rate Review Project will take place:

October 1, 2014 – September 30, 2015

Milestones/Deliverables and Timeline

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

Activity	Goal-Objective
First Quarter (October, 2011 - December 2011)	
October 2011	
Prepare webinar on new Illinois Enhanced Rate Review Program.	Completed
Develop new content for the rate review page of the Department's website including updates on Cycle II funding.	An initial system for the display of rate increases has been launched, and a more comprehensive system is in development. The Cycle II Grant Application has been posted, and Quarterly and Annual Reports have been posted. <i>We have updated the Premium Rate Review webpage to include more Federal Regulations and Guidance from May 2011 to February 2013 that was not previously posted on this webpage. In addition, we have added a new Section on the Premium Rate Review webpage which includes the federal Rate Review Annual Reports for 2012, 2013, and 2014. Our Medical Loss Ratios webpage has also been updated to include the Federal Annual Reports from 2011 and 2012.</i>
Provide a direct link to the HHS website for consumers.	Completed. DOI has been complying with this requirement, but discovered that the link no longer works. HHS's rate Review team have acknowledged the issue and have assured us that until their consumer oriented rate review page is available again, states will continue to meet the expectations of federal regulation, in accordance with their current guidelines. We were informed by NAIC that CCIIO is working on this issue. As of October 27, 2014, NAIC has received no further updates since Doug Pennington said they were working on it and that it could be up and running shortly.
Provide consumers with a public comments section on the Department's rate review page	Completed.

Evaluate the specific reporting requirements of the grant and immediately amend the Department's existing program to accommodate these reporting requirements.	Completed.
Begin the procurement process for new computers and IT equipment.	
Post preliminary justifications on the Department's website or provide a link to the CMS website.	Completed. As per federal regulations, we have changed the wording of "Preliminary Justification" to "Rate Justification" on all our documents that include direction on justifications.
Develop job descriptions for Research Economist and IT Staffing.	Research Economist has been hired and has started working on reports. For more details, see the Narrative above. DOI continues to work on hiring IT staff to assist in, among other tasks, the Rate Review Report Card. All IT staff must be certified.
Review public comments submitted through the Department's website (monthly).	Yvonne Clearwater and Cindy Colonius get the emails from the Rate Review page on the Website. They have not received many comments/questions in regard to this.
Update rate review content on the Department's website (monthly).	The rate chart on the website is being updated on an ongoing basis. Recent updates are completed and have been posted on the webpage. The Department is happy to announce that the recent changes to the web portal which allows the staff research economist to run simpler statistic reports will also allow the Department to move ahead with the report card. We are currently meeting with IT in regard to the implementation and placement of the report card on the Department's website. <u>We are expecting to go live this week!</u>
November 2011	

Develop the IT infrastructure necessary to automatically post rate increases to the Department's website as they are filed.

The Department is currently working to implement an automatic reporting system, and in the interim, is posting the information manually. Update: *The newly appointed Deputy Director of IT within the Department is designing a new structure for permanent IT staffing to provide support to the premium rate review program. Specifically, this includes three new IT employees dedicated to portal and network support. The Department continues its efforts to hire these personnel, including the development of job descriptions. This aspect of the project is crucial to ensure the portal can be maintained and updated over time.*

Implement a new process to produce consumer-friendly reports regarding the health insurance rate information, and update rate comparison technology.

We have updated the [Premium Rate Review webpage](#) to include more Federal Regulations and Guidance from May 2011 to February 2013 that was not previously posted on this webpage. In addition, we have added a new Section on the Premium Rate Review webpage which includes the federal Rate Review Annual Reports for 2012, 2013, and 2014. Our [Medical Loss Ratios webpage](#) has also been updated to include the Federal Annual Reports from 2011 and 2012.

Further updates to these documents have been made to these documents regarding which factors may be used currently by issuers to demine a consumer's health insurance premium. The updates note that premiums can only be rated based on gender, health conditions or personal health history on policies that go into effect or renew before January 1, 2014 and to inform consumers that the QHP plans that are available to look at during the open enrollment period will reflect the changes applicable for plans that take place after January 1, 2014.

These have been pending final review due to the work on the 2015 QHP's. They have been reviewed with suggested changes which will be placed in routing for senior management and legal's review. This should be done before the next quarter.

<p>Finalize development of “Frequently Asked Questions” for the Department’s website.</p>	<p><i>The latest updates to the Frequently Asked Questions document has been made regarding which factors may be used currently by issuers to demine a consumer’s health insurance premium. The updates note that premiums can only be rated based on gender, health conditions or personal health history on policies that go into effect or renew before January 1, 2014 and to inform consumers that the QHP plans that are available to look at during the open enrollment period will reflect the changes applicable for plans that take place after January 1, 2014.</i></p> <p><i>These have been pending final review due to the work on the 2015 QHP’s. They have been reviewed with suggested changes which will be placed in routing for senior management and legal’s review. This should be done before the next quarter.</i></p>
<p>Second Quarter (January 2012 - March 2012)</p>	
<p>January 2012</p>	
<p>Conduct the webinar on new Illinois Enhanced Rate Review Program.</p>	<p><i>The presentations/webinars are updated and will be posted shortly.</i> <i><u>Senior staff is deciding on when the presentations will be given as a webinar.</u></i></p>
<p>February 2012</p>	
<p>Begin preparing for transition of complete review of filings to internal Health Actuaries in preparation for departure of actuarial consultants.</p>	<p>The State currently has procured an external actuarial consulting firm to provide rate review services, including monitoring for health insurance premium filings. (See above for more details about RFP with Oliver Wyman). The actuaries will also determine compliance with applicable state and federal statutory requirements consistent with accepted actuarial ratemaking techniques.</p>

<p>Retain outside actuarial consulting firm until internal health actuaries are hired.</p>	<p>DOI continues to utilize the services of Oliver Wyman. Their contract was renewed till February 2014, when we will re-bid the contractual services at that time. Update: DOI continues to utilize the services of Oliver Wyman. Our previous contract expired in February 2014 and we have a new contract in place with Oliver Wyman after undergoing a RFP process for this contract. The new contract with Oliver Wyman for Unreasonable Rate Review is a one-year contract with two renewal options.</p> <p>The other contract with Oliver Wyman, the ACA Actuarial Services contract, was entered into in April 2013, and recently renewed. Note: <u>The ACA Actuarial Services contract is NOT being funded by the Rate Review Grant.</u> The services were originally designated to be performed by State staff to be hired through funds of this grant but due to difficulties in obtaining clearance for new staff positions at the State, it was agreed an outside firm would provide these services.</p>
<p>March 2012</p>	
<p>Post positions/begin interviewing for Research Economist and IT Staffing.</p>	<p>Research Economist - complete</p>
<p>Third Quarter (April 2012 - June 2012)</p>	
<p>April-June 2012</p>	
<p>Complete “Procedures Manual” and train staff.</p>	<p>Complete. Training of staff will be ongoing.</p>
<p>April-May 2012</p>	
<p>Establish an evaluative process for assessing the success of the Enhanced Rate Review Program.</p>	<p><i>In progress. <u>The Department needs to request data from insurers to generate reports. Estimate date of completion – December 31, 2014.</u></i></p>
<p>May – June 2012</p>	

Monitor rate review process to ensure that transition from outside actuarial consultants to internal actuarial staff has been successful.	<p>The State currently has procured an external actuarial consulting firm to provide rate review services, including monitoring for health insurance premium filings. (See above for more details about RFP with Oliver Wyman). The actuaries will also determine compliance with applicable state and federal statutory requirements consistent with accepted actuarial ratemaking techniques.</p> <p><i><u>Will remain until staff is hired. Estimated hire date for the Health Actuary is late 2015. However, the hiring of the Health Actuary will still not be sufficient to cover all the activities that Oliver Wyman performs through this RFP, as well as perform the duties required of the Health Actuary (discussed later in the Work Plan). Therefore, until we are able to hire more than one new staff member, we will likely need to continue making use of the 2 renewal options we have with Oliver Wyman, after the one year contract ends.</u></i></p>
Fourth Quarter (July 2012 - September 2012)	
June-August 2012	
Update the “Frequently Asked Questions” portion of the Department’s website to explain rate making and the rate review process.	<i>The latest updates, as of October 2014, to the Frequently Asked Questions will be posted shortly on the Premium Rate Review web page. Our goal was to have them posted by the end of October, but due to delays, as a result of the time spent on reviewing QHPs for submission to HHS, there has been a slight delay in the postings. These should be posted before the next Quarter.</i>
September 2012	
Begin evaluation of state-specific threshold for evaluating rates that reflects the insurance and health care cost trends in Illinois.	Started. Estimated completion date – February 2015
Fifth Quarter (October, 2012 - December 2012)	
October-November 2012	
Develop a publically available “annual report” on premium increases in Illinois.	Completed

Review metrics for success of the Enhanced Rate Review Program.	
December 2012	
Post 2012 “annual report” on the Department’s website.	Completed
Sixth Quarter (January 2013 - March 2013)	
January-February 2013	
Develop an updated webinar on Illinois Rate Review activities.	Completed
Conduct Webinar	Senior staff is deciding on an appropriate time to conduct this webinar
March-April 2013	
Update the “Frequently Asked Questions” section of the Department’s rate review page.	<u>Latest version is complete and due to a slight delay, is not posted, as originally anticipated. Posting will take place shortly. Estimated deadline for translations is December 20-14.</u>
Seventh Quarter (April 2013 - June 2013)	
May – June 2013	
Finalize process – including all policies, business requirements, and legal relationships (contracts, memorandum of agreement) -- with the Illinois Exchange for sharing Department recommendations on issuer and plan participation on Exchange. This includes a launch of beta testing for all IT technology leveraged to share information securely and only as appropriate.	DOI has shared all QHP recommendations with Marketplace and will continue to share when data becomes available. We have had reports posted on DOI website for both rates and QHP plans. In addition, the Department has begun to share with the Marketplace our information we have obtained on rates. This is contained on our website (Summary of Filed Health Plans as of 9/30/13 and Rate Levels).
Eighth Quarter (July 2013 - September 2013)	
July 2013	
Begin sharing with the Illinois Exchange Department recommendations on issuers that should be excluded from the Exchange in preparation for Exchange “go live” date in January 2014.	Completed. All QHP recommendations were shared with the Marketplace.
August 2013	
Review metrics for success of the Enhanced Rate Review Program.	In Progress. Estimated completion date – December 31, 2014
Ninth Quarter (October, 2013 – December 2013)	
September-November 2013	
Begin compiling information for “Annual Report.”	Completed

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

Tenth Quarter (January – March 2014)	
January 2014	
Design a Focus Group to gauge the effectiveness of the Department’s outreach activities.	Same comment as before – Focus Groups
March 2014	
Review metrics for success of the Enhanced Rate Review Program.	<i>We plan on presenting reports on a quarterly basis.</i>
Develop an updated webinar on Illinois Rate Review activities.	In discussion
Eleventh Quarter (April June 2014)	
April 2014	
Conduct Webinar	Same comments as before
Compile and evaluate information obtained through focus group activities to hone the Department’s outreach efforts to ensure wide understanding of the rate review program.	
May – June 2014	
Update the Frequently Asked Questions section of the Department’s rate review page.	<i>The latest updates, as of October 2014, to the Frequently Asked Questions will be posted shortly on the Premium Rate Review web page. Our goal was to have them posted by the end of October, but due to delays, as a result of the time spent on reviewing QHPs for submission to HHS, there has been a slight delay in the postings. These should be posted before the next Quarter.</i>
Update content on the Department’s website	<i>We have updated the Premium Rate Review webpage to include more Federal Regulations and Guidance from May 2011 to February 2013 that was not previously posted on this webpage. In addition, we have added a new Section on the Premium Rate Review webpage which includes the federal Rate Review Annual Reports for 2012, 2013, and 2014. Our Medical Loss Ratios webpage has also been updated to include the Federal Annual Reports from 2011 and 2012. The latest updates on the consumer documents are awaiting posting, which we expect to take place before the next Quarter.</i>
Twelfth Quarter (July 2014 - October 2014).	
Begin compiling information for 2014 Annual Report	
July-September 2014	

Begin compiling information for 2014 Annual Report	completed
July-September 2014	Applied for and received a No-Cost Extension for the Cycle II Grant from October 1, 2014 – September 30, 2015.

Updated Evaluation Plan

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

Annual Report Summary Statistics:

- Total Funds Expended to date: \$255,244.13
- Total Staff Hired (new this quarter and hired to date with grant funds): 3
- Total Contracts in Place (new this quarter and established to date): 2
 - Introduced Legislation: No. (Not this quarter. However, please see details about SB 34 above)
- Enhanced IT for Rate Review: Yes
- Submitted Rate Filing Data to HHS: Yes
- Enhanced Consumer Protections: Yes
 - Consumer-Friendly Website: Yes
 - Rate Filings on Website: Yes