

Health Insurance Rate Review Grant Program Cycle I Quarterly Report Template

Submission Date:

April 29, 2011

State:

California

Project Title:

Premium Review Program

Project Quarter Reporting Period:

Quarter 2 (01/01/2011-03/31/2011 via SERFF)

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Grant Performance Period-Cycle I: January 1, 2011, to March 31, 2011

Reporting Period:

Quarterly Report 1:	August 9, 2010, through December 31, 2010
Quarterly Report 2:	January 1, 2011, through March 31, 2011
Quarterly Report 3:	April 1, 2011, through June 30, 2011
Quarterly Report 4:	July 1, 2011, through September 30, 2011

Timeframe for Delivery:

Quarterly Report 1	January 31, 2011-February 28, 2011
Quarterly Report 2:	April 30, 2011-TBD
Quarterly Report 3:	July 31, 2011-TBD
Quarterly Report 4:	October 31, 2011-TBD

PART I: NARRATIVE REPORT FORMAT

Introduction:

The regulation of health insurance in California is divided between two agencies -- the Department of Managed Health Care (DMHC), which regulates HMOs and some PPOs that comprise approximately 61 percent of the California regulated insured market, and the Department of Insurance (CDI), which regulates indemnity coverage and some PPOs, with approximately 39 percent of the California regulated insured market.

On August 16, 2010, the DMHC and the CDI (the Departments) were jointly awarded \$1 million in grant funds to support the rate review activities. These grant funds are being used to implement the National Association of Insurance Commissioners (NAIC) System for Electronic Rate and Form Filing (SERFF), to enhance the Departments' information technology (IT) capacity to support rate review, to enhance the Departments' Web sites to provide transparency of rate filing information and allow public comments on rate filings, and to obtain actuarial services. The Health Insurance Rate Review Grant Program will improve the premium rate data collection, analysis, and reporting capabilities for both Departments.

Program Implementation Status:

1. *Accomplishments to Date:*

IT Enhancements:

The DMHC Office of Technology and Innovation has established the IT infrastructure for reviewing premium rate filings. A process has been developed for posting premium rate information on the DMHC public Web site – one posting geared to consumers (<http://wpso.dmhc.ca.gov/RateReview/>) and one to health plans (http://dmhc.ca.gov/healthplans/rep/rep_premiumrates.aspx). All IT hardware and software

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for access to the SERFF has been procured and installed, including five monitors and five copies of Adobe Acrobat Professional software for financial exam staff. The SERFF Licensing agreement was completed, and a database was established to securely store SERFF data on the DMHC servers.

Both the DMHC and the CDI participated in the development process for the modifications to the SERFF to accommodate new federal Department of Health and Human Services (HHS) reporting requirements. Rate Review Grant Program funds of \$21,054 were utilized for California's share of this SERFF modification.

SERFF went live for the DMHC on February 17, 2011. The DMHC continues to improve the system through enhancements to accommodate future rate review guidance development. As of the date of this report, the DMHC has received two rate filings via the SERFF.

In conjunction with implementing the SERFF, the DMHC also updated its website including posting rate filings submitted via the SERFF. The update allows the public to view the documents and submit comments online.

While CDI had already been receiving and reviewing rates for individual policies via the SERFF, posting the rate submissions on its public website, and receiving public comments, it expanded its process capacity to receive and review rates for small group and large group policies, expanded its rate comment system to include small and large group filings, and improved the comment system functionality to make it easier for the public to post and view comments. During the first quarter of 2011, the CDI posted more information received in conjunction with individual market rate filings than had been publicly available in the past.

Legislative Enhancements:

California Senate Bill (SB) 1163 (SB 1163, Chapter 661, Statutes of 2010), effective January 1, 2011, was enacted to implement the rate review provisions of the ACA, providing the DMHC and the CDI with the authority to review health plan and insurer premium rate increases, beginning January 1, 2011.

However, although SB 1163 expanded the rate review process, it did not give the two Departments the authority to deny or disapprove rate increases. Under SB 1163, the Departments cannot set rates.

Under SB 1163, the DMHC has a number of new requirements. Health plans are now required to submit to the DMHC rate filings, with the current emphasis on the individual and small group markets. These rate filings must include actuarial certification justifying the premium rate increases. Every individual and small group commercial rate filing must include a certification by an independent actuary that the proposed rate increase is based on accurate and sound actuarial assumptions and methodologies. Filings for large group rate increases (including actuarial certifications) are required only for unreasonable rate increases (as defined in the ACA).

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SB 1163 expanded rate filing and rate review requirements for the DMHC; and also significantly expanded the CDI's rate review authority. Prior to SB 1163, the CDI received rate filings for individual and small employer health policies and rejected some individual rates as "unacceptable for filing." Under SB 1163, the CDI's rate review authority was expanded to include large group filings. The rate review for all product types under SB 1163 involves reviewing rate filings to identify unjustified rate increases, and both the CDI and the DMHC are required to post a finding that a rate increase is unjustified on their respective Web sites.

In order to ensure that policyholders have at least 60 days notice before an increase becomes effective, both health plans and insurers must file proposed rate increases with the DMHC and the CDI at least 60 days in advance of their implementation.

Assembly Bill (AB) 52 was introduced on December 6, 2010, and is pending consideration by the state Legislature. AB 52, attached, expands California's rate review authority by requiring prior approval from the DMHC and the CDI before a health plan or insurer can increase rates charged to policyholders or subscribers, beginning January 1, 2012. Rates requiring prior approval include health care premiums, copayments, or deductibles. However, until the passage of the bill, the two Departments still lack authority to deny, disapprove, or require prior approval for rate increases.

Rate Review Program and Actuarial Services Enhancement:

Prior to enactment of the ACA, the DMHC had extremely limited rate review authority. The only rates that were required to be filed, with very limited scope of review, were rates for small group, HIPAA-guaranteed issue, and conversion products. Health plans were not required to file commercial rates for individual or large group products. As a result, the DMHC did not have a rate review department/program or employ actuaries. Instead, the DMHC contracted with the outside consulting firm of Oliver Wyman Actuarial Consulting, Inc. (OWAC) whenever actuarial review of any rate matter was necessary.

Under the ACA, the DMHC has budgeted \$455,000 from the grant funds for an actuarial contract with OWAC to not only provide actuarial services, but to help create a DMHC rate review program. As part of the program development process, the DMHC has been approved by the California Department of Finance to hire two associate life actuaries for the upcoming fiscal year, which begins July 1, 2011. However, there are ongoing state budgetary concerns, discussed in the Significant Activities section of this report that may make recruiting, hiring, and retaining actuaries as civil service employees problematic at this time. Therefore, the DMHC is utilizing the grant funds to contract with OWAC to conduct actuarial review of rate filings and to start developing a DMHC rate review program prior to the hiring of in-house actuaries.

Pursuant to SB 1163, both Departments are posting rates received after January 1, 2011, for individual and group health insurance on their Web sites, with improved public

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comment functionality (including visibility of the public comments received). In addition to the rate filings themselves, a plain-language summary of each rate filing will also be posted on the Departments' Web sites. After a process of fine-tuning the language on the DMHC's website relating to premium rate review, and facilitating public comments as required by SB 1163, the website is now enhanced to accommodate the changes, and is located at <http://wps0.dmhc.ca.gov/RateReview/>.

The CDI has augmented its existing actuarial capacity by hiring two credentialed health actuaries, and has entered into a full-time contractor relationship with a third consulting actuary, effective January 1, 2011. This added staff increases the CDI's capacity to perform its rate review activities. The fees paid to the independent contractor will be paid by the grant program. The CDI posts individual health insurance rate filings and public comments on its Web site. The filings and review notes can be viewed at <http://www.insurance.ca.gov/0250-insurers/IndHlthRateFilings/> for insurers, with a parallel link at <http://www.insurance.ca.gov/0100-consumers/0020-health-related/> for consumers.

The CDI and the DMHC continue to conduct weekly teleconferences to coordinate implementation of SB 1163 and to coordinate federal grant monies for rate review. The DMHC also held several meetings with the health plans and consumer groups to receive their input on rate filing reviews. Several such meetings were with Kaiser and Blue Shield, where actuaries presented their rate review issues and considerations. The presentations were very informative and helpful for better understanding the rate-making process. The CDI has held meetings with consumer groups and stakeholders, as well as solicited and received written comments, as part of its development of industry guidance pursuant to its authority under Insurance Code section 10181.9 (SB 1163, Stats. 2010) for the rate submission and review process.

The DMHC and the CDI have entered into an interagency agreement to coordinate and establish "rate review guidance and process" on a consistent basis between the two regulators. The Departments have been coordinating and communicating in an effort to provide and issue consistent SB 1163 implementation guidance to the health plans and insurers.

2. *Challenges and Responses:*

SERFF and IT Implementation:

Because the DMHC and some of the health plans regulated by the DMHC have never before used the SERFF, it has been challenging to complete all the necessary steps for SERFF implementation. The DMHC has implemented general filing instructions and supporting documents for its SERFF rate filings. The DMHC's SERFF filings went live on February 17, 2011. The CDI has been utilizing the SERFF for rate and form filings for a number of years. Both Departments continue to make enhancements to their IT systems to ensure compliance with the rate filing and reporting requirements of the grant.

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Implementation of Rate Review:

SB 1163 authorizes the Departments to issue guidance to the health plans/insurers outside of the Administrative Procedure Act until July 2012. There are several issues related to the implementation of SB 1163 that have required increased communication and coordination between the Departments to ensure that the guidance issued is consistent.

CDI issued its Guidance 1163:2 in draft form on February 3, 2011, for public comment, and in final form on April 5, 2011. This guidance established 15 factors that will be included in its consideration of whether a rate increase is unreasonable, provided requirements for notice and the content of actuarial certifications, and specified filing requirements and data submittal forms to be used in rate submission. The guidance and forms can be accessed on the CDI website at <http://www.insurance.ca.gov/0250-insurers/0500-legal-info/0200-regulations/HealthGuidance/index.cfm>.

Working in coordination with the CDI, the DMHC has developed an inventory of guidance issues and priorities. The DMHC's 1163 guidance was issued on April 22, 2011, and allows for a seven-day public comment period. After closure of the comment period, the DMHC will review the comments, make any revisions it believes are necessary and then issue final guidance. The DMHC's guidance is similar, but not identical, to the CDI's 1163:2 guidance. Guidance and forms can be accessed on the DMHC website at http://www.dmhc.ca.gov/healthplans/rep/rep_premiumrates.aspx.

Shortage of Actuarial Resources:

The DMHC does not currently employ actuaries, and although it has been approved to hire two in the upcoming fiscal year (after July 1, 2011), hiring actuaries to work for the state may be challenging. Actuarial salaries in the private sector are generally about twice what the state is able to pay for civil service employees. Additionally, there may be a shortage of health care actuaries, because many have already been hired due to the ACA and other new state laws, or are consulting for health plans/insurers or other regulatory agencies.

Increased Reporting Requirements:

SB 1163 requires the Departments to submit various reports to several agencies/entities, including the Departments' Web sites, the California Legislature, and the California Health Benefit Exchange.¹ These reporting requirements impose additional workload on the Departments' staff and resources at a time when resources are very limited due to state budget matters.

¹ The California Health Benefit Exchange was established by California Senate Bill 900 and Assembly Bill 1602

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Significant Activities: Undertaken and Planned

SERFF:

Much of the reporting to the HHS regarding premium rates will be reported through the NAIC's SERFF, which the DMHC did not utilize prior to the premium review grant. Although delayed by the budget impasse, the DMHC has contracted with the NAIC to utilize the SERFF, DMHC staff and actuarial consultant have been trained on its use, and it has been implemented for premium rate filings.

The CDI has been utilizing the SERFF for rate submission and reviews for a number of years. The CDI participated in NAIC meetings regarding enhancements to the SERFF system for reporting of data to the HHS as required by this grant, and to develop an NAIC model rate reporting form.

Premium Rate Review Program Development:

The DMHC is creating and developing its rate review program, but the premium rate review process is dependent on actuarial services. The development of the rate review program was delayed by budgetary issues, which impacted the DMHC's ability to contract with OWAC. The DMHC does not have any actuarial staff. Therefore, the contract with the actuarial consultants at OWAC was vital in order for the premium rate review to move forward. With the current OWAC contract in place, the DMHC's rate review program is being developed by OWAC. The DMHC was approved to hire two limited-term actuary staff in the next fiscal year (July 2011).

The DMHC has implemented the review program, which includes processes for staff to use in screening rate filings for additional actuarial review. OWAC is helping the DMHC to develop its rate review program to effectively review the data and documentation provided by the health plans' rate filings. On May 24-25, 2011, OWAC will be providing some on-site training to DMHC staff on rate review.

Consistent with the CDI's broadened rate review authority under recently-enacted state law (SB 1163), it has hired two credentialed health actuaries and has entered into a full-time contractor relationship with a second consulting actuary, effective January 1, 2011, to review large group, small employer group, and individual premium rate filings to assure compliance with the ACA and state law; expand detailed examination of actuarial assumptions, actuarial formulations, and underlying calculation accuracy and data integrity of the health insurance rate filings; provide reporting to HHS; and, on an ongoing basis, evaluate the rate review program and make necessary modifications, including recommending regulatory or statutory changes.

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Operational/Policy Developments/Issues

Legislative Activity:

As previously mentioned, SB 1163 gives the DMHC and the CDI the authority to review health plan and insurer premium rate increases beginning January 1, 2011; and AB 52, which would expand the Departments' authority to regulate rates and require prior approval before a health plan or insurer could raise rates, is pending in the California legislature. (See "Legislative Enhancements" at p. 4.)

Leadership Changes:

Both the DMHC and the CDI have experienced leadership changes. The DMHC's director recently resigned, and the Department is being led by an Interim Director. The Insurance Commissioner is an elected independent state constitutional officer; the new Insurance Commissioner, Dave Jones, took office on January 3, 2011.

Public Access Activities

The DMHC and the CDI have developed their respective Web sites to display required health plan-specific information in plain/understandable language. Such proposed rate increase information includes justification for any unreasonable rate increase, overall medical trend or factor assumptions, actual claim costs by aggregate benefit category, and the amount of projected trend attributable to use of services, price inflation, or fees/risk by aggregate benefit category. This information must also be posted on the health plan's Web site. The DMHC and CDI Web sites allow the public to view rate filings and to submit public comments about the health plans' rate increases.

Collaborative Efforts

The DMHC and the CDI engage in weekly teleconferences to coordinate implementation of SB 1163 for rate review.

The CDI has participated with the NAIC in developing improvements to the SERFF, and in analyzing and reporting premium rate trends and other ACA required data to the federal HHS. The SERFF has committed to providing an enhanced public file search option to states in the first quarter of calendar year 2011, utilizing a link to the SERFF through the state Web site. Once this function becomes available, it is anticipated that the CDI will utilize grant funds to undertake a substantial revamp of its Web site.

Lessons Learned:

The DMHC and the CDI recognize the value of lessons learned, sharing, and communication, however, because the Departments' programs are still early in the implementation stage, lessons learned are premature at this time.

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Budget:

Expenditures to be reported in the second quarter financial report total \$72,482 and are detailed below:

Expenditures to date include:

SERFF Enhancement	\$18,808
Computer equipment	1,022
Computer software	1,224
NAIC Travel Reimbursement	1,109
Contract Services	<u>50,319</u>
Total	<u>\$72,482</u>

The budget originally submitted by the CDI anticipated expenditures for actuaries retained for the purpose of undertaking the enhanced rate review supported by this grant as shown below. It was anticipated that actuarial market conditions would limit the availability of actuaries interested in entering state employment. However, the CDI was able to hire two highly qualified actuaries, and so wishes to revise its grant budget as summarized in the following table:

Grant Program Function or Activity	Original Budget	Proposed Revised Budget
CDI: Hire state actuaries to develop premium rate review process and review rate filings.	\$157,146	\$205,997
CDI: Obtain contractual actuarial services to develop premium rate review process and review	\$153,831	\$105,000

A revised SF424A and updated budget narrative will be submitted.

Updated Work Plan and Timeline

The DMHC’s rate review grant objective is to develop a program for reviewing premium rate increases to assure compliance with ACA. However, this process is impacted by the ability to obtain actuarial services and resources, as well as any future guidance from the federal HHS relating to rate review.

The following associated activities with this objective are still under development.

1. *Developing and enhancing California’s rate review program. (Time Period End 12/31/2011)*

During Cycle I, this development had been delayed by the California budget impasse, which impacted the DMHC’s ability to contract with the actuarial consultants at OWAC. Now that the contract with OWAC is completed, the program is moving forward. The

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DMHC has implemented the review program, which includes the SERFF as well as staff to screen rate filings for additional actuarial review. Once potentially unreasonable rate increases are identified, staff forwards the filings for actuarial review to OWAC. The definition of “unreasonable rate increase” has not been defined in the federal HHS Proposed Regulations, and the DMHC continues to refine its rate review processes and determine under what criteria a filed rate increase will be deemed reasonable or unreasonable. The DMHC continues to work with OWAC to define its processes in a manner that meets the needs of SB 1163, taking into consideration the needs and resources of the DMHC, while becoming an effective rate review program as defined by the federal HHS.

Meanwhile, the DMHC is reviewing premium rate filings with OWAC to assure compliance with the recently enacted SB 1163 legislation, and will review filings to assure consistency with federal health care reform requirements.

As the definition of “unreasonable rate increase” evolves, the DMHC may develop further filing and review guidance, and will continue to work with the CDI, the health plans, and consumer groups.

At his January, 2011 inauguration, Insurance Commissioner Dave Jones issued emergency regulations that provide legal authority to enforce the federal 80 percent loss ratio requirement in the individual health insurance market. Thereafter, the CDI issued guidance, and required filing forms and spreadsheets to establish requirements for the data and documentation submitted by health insurers in support of proposed rate increases (See guidance and required forms at <http://www.insurance.ca.gov/0250-insurers/0500-legal-info/0200-regulations/HealthGuidance/index.cfm>).

Utilizing its existing actuarial resources, plus additional actuaries hired using grant funds, supplemented by a contract actuary, the CDI examines all rate increase submissions to evaluate the reasonableness of the assumptions used by the health insurer to develop the proposed rate increase and the validity and actuarial credibility of the historical data underlying its assumptions regarding, among other factors, the medical trend and the utilization trend. The CDI evaluates the health insurer’s data regarding its actual experience, as well as the reasonableness of past projections utilized by the insurer.

Insurers are required to submit rates (See California Rate Filing form at <http://www.insurance.ca.gov/0250-insurers/0500-legal-info/0200-regulations/HealthGuidance/RateFileFm2.cfm>), and the CDI evaluates the impact of medical trend changes, utilization changes, and cost sharing changes by major service categories. For the periods related to the rate increase, the CDI actuaries evaluate the impact of benefit changes, changes in enrollee risk profile, and the impact of any overestimate or underestimate of medical trend for prior years, as well as product “underpricing” for prior years. The insurer’s surplus condition is evaluated. Insurers report changes in administrative costs, including those administrative costs related to programs that improve health quality.

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Medical loss ratios are examined, using two separate, concurrent approaches: (1) the projected attainment of the federally required aggregate loss ratios as required by 45 CFR 158.210, using the method described in 45 CFR 158.221, and (2) in addition, for products in the individual health insurance market, compliance with the 70 percent lifetime anticipated loss ratio, on a policy form basis, described at title 10, California Code of Regulations, section 2222.10, et seq. Changes in applicable taxes, licensing, or regulatory fees, if any, are also considered. The CDI's determination that a rate increase is reasonable or unreasonable is made under a standard set forth in Guidance 1163:2, issued under the statutory authority granted by Insurance Code section 10181.9.

2. *Developing a program to address health plan non-compliance, including potential enforcement action and posting of identified unreasonable rates to the Departments' Web sites. (Time Period End 12/31/2011)*

This activity parallels the first activity listed above, and the work plan and timeline will be associated with the above narrative. The Departments continue to develop their rate review programs. Although SB 1163 gives the Departments the authority to review and post on their Web sites specified rate information, they do not have the authority to deny rate increases. Although the DMHC has not yet posted any identified "unreasonable" rates to its website, it has requested two health plans (Anthem Blue Cross and California Physicians' Service (aka Blue Shield of California)) to provide further data and information that can demonstrate that its individual product rate increases were not "unreasonable," and that the rate increases were justified. These two rate filings are posted on the DMHC Web site for public comment, as are the letters sent to the two health plans.

Immediately after his January, 2011 inauguration, Insurance Commissioner Dave Jones called on the major health insurers in the California market -- Anthem Blue Cross, Blue Shield, PacifiCare, and Aetna -- to refrain from implementing previously filed rate submissions for at least 60 days pending further review by the CDI; each insurer complied. After the CDI's review, Blue Shield agreed in March, 2011, to withdraw its most recent rate increase: the increase request was the third such request in less than a year, with an average rate increase of 6.5 percent. Similarly, after the CDI's review, Anthem Blue Cross agreed in March, 2011, to reduce its rate increase from 16.4 percent to 9.1 percent, to delay the effective date of the rate increase from April 1 to July 1, and to also delay increases in co-payments and deductible proposed for April 1st to January 1, 2012. It is estimated that these reductions negotiated by the CDI will save Anthem Blue Cross policyholders a total of at least \$40 million. Because of these changes in proposed rate increases negotiated by the CDI, the Insurance Commissioner has not determined, based on the criteria set forth in Guidance 1163:2, that any of the rate increases for which review was completed during the first calendar quarter of 2011 were unreasonable.

Enclosures/Attachments

- California Assembly Bill AB 52, including the Legislative Counsel's Digest.

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PART II: HEALTH INSURANCE RATE DATA COLLECTION

The Departments' summary data for Table A is provided below. The data for Tables B-D is from the DMHC internal electronic filing system, and is not available through the SERFF.

Table A. Rate Review Volume

State	Quarter 1	Quarter 2 DMHC/CDI/Total	Quarter 3	Quarter 4	Annual Total
Number of submitted rate filings ¹	45	3/13/16			
Number of policy rate filings requesting increase in premiums	34	3/10/13			
Number of filings reviewed for approval/denial, Actuarial Review Completed ²	35	3/24/27			
Number of filings approved ³	29	0/7/7			
Number of filings denied	0	0/not applicable			
Number of filings deferred	10	3/44/47			

Note 1: "Number of rate filings submitted" denotes the number of major medical filings received by the CDI during the period Jan. 1 – Mar. 31, 2011. The number includes filings for new rates, as well as for rate increases.

Note 2: "Number of filings reviewed / Actuarial Review completed" includes all the actuarial reviews of major medical filings completed by the CDI during the period Jan. 1 – Mar. 31, 2011. Some of these filings had been received by the CDI before Jan. 1, 2011.

Note 3: "Approved" denotes files for which review has been completed without disapproval or a finding of an unjustified unreasonable rate increase. This includes all the major medical filings for which the CDI arrived at a final disposition during the period Jan. 1 – Mar. 31, 2011.

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

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Product Type (PPO, HMO, etc.)	HMO-1 PPO/HMO-1	DMHC: None CDI: PPO			
Number of Policyholders	Not Available	DMHC & CDI: Not Available			
Number of covered lives affected	Not Available	DMHC: Not Available CDI: 271,000			

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

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Product Type (PPO, HMO, etc.)	PPO-2 HMO-10 PPO/HMO-4	HMO-3			
Number of Policyholders	Not Available	Not Available			
Number of covered lives affected	Not Available	Not Available			

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

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Product Type (PPO, HMO, etc.)	Not Applicable	Not Applicable			
Number of Policyholders	Not Applicable	Not Applicable			
Number of covered lives affected	Not Applicable	Not Applicable			