Health Insurance Rate Review Grant Program

Cycle IV, Year 2, Quarter 3 Report
Cycle III, NCE Report

Report Date	July 30, 2016

Organization Information	
State	Oregon
Project Title	Grant #1PRPPR140056-01-00 Grants to States to Support Health Insurance Rate Review and Increase Transparency in Health Care Pricing, Cycle III Grant #1 PRPPR140076-01-00 Grants to States to Support Health Insurance Rate Review and Increase Transparency in the Pricing of Medical Services, Cycle IV
Grant Project Director (Name and Title)	TK Keen, Deputy Administrator, Division of Financial Regulation
Phone/Email	503-947-7226
Grant Authorizing Representative	Laura Cali, Administrator and Insurance Commissioner, Division of Financial Regulation
Phone/Email	503-947-7202

Cycle III Grant Information	
Date Grant Awarded	9/23/2013
Amount Granted	$3,594,809
Project Year	10/01/2015-09/30/2016
Phase (Phase I or Phase II	Phase III
Project Reporting Period	4/1/2016-6/30/2016

Cycle IV Grant Information	
Date Grant Awarded	9/19/2014
Amount Granted	$1,179,000
Project Year	10/01/2015-09/30/2016
Phase (Phase I or Phase II	Phase IV
Project Reporting Period	4/1/2016-6/30/2016

Introduction

The Cycle I (CI) and Cycle II (CII) grants supported Oregon's efforts to implement major state health rate reform and enhance the quality and transparency of the rate review process in concert with the federal Affordable Care Act (ACA). State reforms, effective in April 2010, significantly strengthened the rate review statute and established an enhanced rate review process.[1]

The Cycle III (CIII) grant, during the no cost extension (NCE) will continue to support Oregon's efforts to continue and expand its rate review activities while also allowing Oregon to increase transparency in health care pricing data. Major CIII activities and goals continued during the NCE include:

- Enhancing the All-Payer, All-Claims (APAC) reporting program by adding premium data to the APAC program.
- Enabling the Oregon Health Authority (OHA), the administrator of the APAC, to prepare further recommendations for new data fields, files, and other enhancements to capture alternative payment methodologies in the APAC program.
- Enabling Oregon to gain access to APAC data for rate review purposes.
- Delivery of the final consumer-oriented, health care pricing reports.

The Cycle IV (CIV) grant supports Oregon's continued work on CI, CII, and CIII enhancements and initiatives to adopt several of CMS' rate review best practices. Major CIV activities and goals include:

i. Working with contract examiners to use our market conduct authority to confirm rates are implemented as filed.
ii. Continuing to contract with a consumer advocacy organization to improve consumer participation in the rate review process.
iii. Continuing to contract with the Oregon Health Care Quality Corporation to provide services related to collecting health care pricing and quality performance data.

In this combined report, the progress toward CIII and CIV goal highlights are noted separately in the *Program Implementation Status* table, as are expenditures for CIII and CIV in the updated budget. However, the narrative describes CIV ongoing activities and the remaining CIII tasks.

[1] Oregon's 2009 health insurance rate review reforms: added a public comment period; required more detail about insurer administrative expenses; allowed DCBS to consider insurance company's cost containment and quality improvements; gave DCBS the ability to consider an insurer's overall profitability, investment earnings and surplus in determining whether to approve a rate request. For more discussion, see Cycle I, Quarter 2 (CI, Q2) report to Health and Human Services.

Program Implementation Status
As of July 1, 2016

Objectives	Milestones & Progress	Challenges, Responses & Variations
1. <u>Increase Rate Scrutiny CIV</u> Contract with Consumer Advocacy Organization (CAO) to represent consumers in rate review process, participate in hearings, and develop long-term strategy to boost consumer input.	Oregon State Public Interest Research Group (OSPIRG) conducted a thorough analysis of five individual rate filing, submitted written comments during the public comment period, and testified at the public hearings on these filings. 87.5% completed.	
Expand rate filing scrutiny with two additional actuaries.	Both grant funded actuaries continued to conduct ongoing rate review activities. 87.5% completed.	
Increase accuracy of filing data with one market analyst.	The rate review analyst, Scott Martin, provided initial review and analysis for the rate filing during Q3. 87.5% completed.	Scott Martin has accepted another position with DFR. Steve Kooyman was hired in Q3 to replace him.
Improve rate filing intake with one intake coordinator.	Intake coordinator continued to review each filing, identify problem areas, maintain state filing history, and provide technical support to filers. 87.5% completed.	
Improve communications and grant coordination with one project coordinator.	Project coordinator continued to coordinate grant implementation activities, HHS reports, and other communications. 87.5% completed.	
Establish regular public hearings to allow public to participate and learn about rate review and cost drivers.	Public hearings were held on all 22 filings submitted in Q3. 100% completed.	Staff worked diligently to hold, record, live stream, and post the hearing on our website in a timely manner.

Automatically publish correspondence between DCBS and insurer actuaries to increase transparency and consumers' understanding – promoting more meaningful participation and comments.	DCBS has studied whether or not correspondence on rate filings could be automatically posted to the division's rate review website. DCBS has determined that this is not feasible. However, all rate filings are made in the System for Electronic Rate and Form Filing (SERFF) and the public has access to rate filings via SERFF as well as our website. Correspondence continues to be posted to the rate review website manually by rate filing intake staff. 100% completed.	
2. <u>Equipment & IT advances</u> **<u>CIV</u>** Utilize web video delivery technology.	All hearings in Q3 were live streamed, recorded and made available for later viewing. 100% completed.	
General IT enhancements.	We continue to monitor our rate review program to determine if there are opportunities for further automation. 100% completed.	
3. <u>Grant Evaluation</u> **<u>CIII</u>** Perform a self-evaluation of the activities and impact of Oregon's grant funded work in CIII.	DCBS is in the process of collecting data to evaluate CIII activities. 87.5% completed.	With the NCE, evaluation of the CIII metrics will continue until September, 2016.
CIV Perform a self-evaluation of the activities and impact of Oregon's grant funded work in CIV.	DCBS is in the process of defining methods of measurement to evaluate activities from CIV. 87.5% completed.	

4. <u>Increase Transparency in Health Care Pricing</u> **<u>CIII</u>** Enhance existing Data Center and All Payer Claims Database (APAC).	Both the contract with Q Corp and the interagency agreement with OHA were signed in late Q2 of Y1. The APAC Technical Advisory Group (TAG) continued meeting in Q3. 90% completed.	TAG continued to meet in Q3 to discuss ways to enhance the data quality in the APAC database.
<u>CIV</u> Enhance existing Data Center.	Q Corp continues work for CIV deliverables. 87.5% completed.	Q Corp continues to hold meetings with carriers to discuss issues with data validation.
<u>CIII</u> Integrate Quality and Price Information.	Q Corp delivered its final set of cost and quality reports to DCBS in Q1 of the NCE. 100% completed.	DCBS is in the process of reviewing these cost and quality reports and determining how best to use them.
5. <u>Expand and Enhance Rate Review Using CMS Best Practices</u> **<u>CIV</u>** Use Market Conduct Authority to Confirm Rates Are Implemented as Filed.	DCBS executed the contract with the vendor and examinations continue into Y2. 87.5% completed.	
Ensure Information in Rate Filing Submissions is Consistent With Audited Financial Data.	Preliminary training of DCBS staff has been completed. 100% completed.	DCBS has established, as a regular part of its review process, a comparison of premium and claims incurred data in the filing with filed financial statements. When material discrepancies are found, carriers are asked to reconcile or explain them. Rate filing analysis also includes review of historical and projected administrative expenses, the target medical loss ratio compared to federal parameters, financial performance and financial condition.

Significant Activities: Undertaken and Planned

Increased Rate Scrutiny

Consumer Organization
DCBS contracts with the Oregon State Public Interest Research Group Foundation (OSPIRG) to represent the public by making comments on filings and participating in public hearings.

In CIV, Y2, Q3, OSPIRG conducted a thorough analysis of five individual rate filings, submitted written comments during the public comment period, and testified at the public hearings for those filings.

OSPIRG continued to use its website to provide consumers with copies of analyses, reports, and news releases. The website also directs consumers to ways they can become involved in the rate review process. OSPIRG continued to research a range of possible changes to the rate review process that could build on previous successes.

OSPIRG will continue to provide written comments and testimony on behalf of the public in Cycle IV.

Establish Regular Public Hearings
Beginning in Y1 of CII, all hearings became available by video on the rate review website. Because daytime hearings in the state capital are difficult for many to attend, providing video streaming and archived recordings of the hearings at our website make the process more accessible. Every live streamed hearing has drawn general public observers.

Our current policy is to hold public hearings on nearly all small group and individual health benefit plan rate filings. In Y2, Q3, we held 13 hearings for 22 rate filings received in this quarter.

Since CII began, and now into Cycles III and IV, Oregon has held 100 public hearings on rate filings. Oregon began live streaming these hearings regularly in April 2012 and has since recorded 1,567 total people logged into view these hearings.

All hearings are scheduled as soon as the filing is deemed complete and posted to our website.

Consumer Education & Outreach

Town Halls
Our consumer liaison participated in seven outreach events during Q3 where rate review was discussed. Two of these events were agent training with total attendance nearing 50 agents. The remaining events were consumer outreach events with total attendance being around 200 consumers.

Equipment & IT Advances

Video Streaming and Video Conferencing
As reported previously, the DCBS hearing room was fully equipped and operational for video streaming and video conferencing in CII. At this time the department holds all hearings in Salem and broadcast with live video streaming. Also, a video file of each hearing is posted on the website, so that the public can access hearings at their convenience. We use social media, press releases, and email alerts to spread hearing information.

Consumer Disclosure Form
As the federal data template has been revised, we found that we did not have the programming necessary to allow us to automatically populate a graphic consumer disclosure form. During our review of the CIII cost and quality reports, we will evaluate how best to use these reports as the framework for future consumer disclosures under CIV.

Expand and Enhance Rate Review

Use Market Conduct Authority to Confirm Rates Are Implemented as Filed
In an effort to further expand our rate review process, DCBS is using CIV funds to contract with a market examination organization to conduct targeted exams to ensure that rates are implemented as filed. In Q3, INS Regulatory Insurance Services, Inc., finished up exams on six health insurers. Carriers did have some concerns about the methods used by INS, requiring INS to resolve those concerns with carriers. We expect to receive final reports for all of the exams and conduct exit interviews with each company in the coming months.

Ensure Information in Rate Filing Submissions Is Consistent with Audited Financial Data
DCBS has established, as a regular part of its rate review process, an evaluation of premium, incurred claims and financial statements. Rate filing analysis also includes review of historical and projected administrative expenses, the target medical loss ratio compared to federal parameters, financial performance and financial condition. To prepare for the annual rate filings, the rate review analyst compiles information for use during rate review from each carrier's filing, including information from the Supplemental Healthcare Exhibit. Where questions or discrepancies are noted, the analyst reaches out to carriers to resolve the questions to ready the data for use.

Operational, Policy Developments & Issues

Increase Rate Scrutiny
In Y2 of CIV, DCBS required all carriers to once again submit a defined set of cost and quality metrics in 2017 health rate filings. Although these metrics were for informational purposes only and not considered in the final rate decisions, collecting this information is an important step in ensuring Oregon meets its "triple aim" goals of lower costs, better care and better access. DCBS will continue to evaluate how to use these metrics going forward.

The 2017, ACA-compliant rate filings included consideration of several factors that affected the rate requests. Some of the factors with the most significant impact were changes to morbidity to reflect the elimination of medical underwriting, the end of state and federal

reinsurance programs and the impact of recent losses experienced by insurers. The resulting rates were generally higher in 2017 and than 2016.

Last year, DCBS conducted an analysis of the 2014 claims and financial data and created a market average risk scenario. This allowed us to compare each carrier's claim cost to the market average. The division reviewed the individual market rate filings for 2016 and determined (after considering the merits of each filing individually) that the entire market was underpriced by 6.2 percent. Early indicators for 2015 were also reviewed and we found the data indicates poor financial results will continue into 2015. If a carrier was projected to operate at a loss under the 2014 market average cost scenario, an additional rate increase of 2 percent was applied to the filing.

Using this same analysis for 2017 requests, DCBS determined that the market was more accurately priced and did not require an additional rate increase to account for this scenario.

Rate Review Workload Management
CI and CII grants increased Oregon's capacity to meet the demands of conducting thorough rate reviews that comply with state and federal healthcare reforms.

In CIIV, Y2, Q3, as expected, we reviewed and approved 22 filings from 13 companies covering ACA-compliant individual and small group health benefit plans. The filings were distributed evenly across our three, credentialed health actuaries for detailed review. Our market analyst and other staff provided initial file review as well as compiled data from filings to allow DCBS staff to compare information across all of the filing companies.
As a result of discussions with carriers and other stakeholders, DCBS moved the public hearings to later in the process so carriers, the public and OSPIRG can review DCBS' preliminary rate decisions and provide comment for consideration before final decisions are made. This allowed a focused discussion on key elements of the filing with all stakeholders. DCBS also held public conference calls early in the review process if the actuary determined clarification was needed for aspects of the filing. The public could listen to the phone calls and provide comment at the end.

Standard questions for all filings were developed and were part of the filing requirements for the Q3 filings. Additional questions were added as necessary, to ensure consistency and that key topics were addressed. Review of financial statement information related to improving health care quality expenses along with the metrics results is being done and it is anticipated that this information may lead to questions to carriers for explanation and clarification.

Due to the concentration of rate filings in a short period of time, we once again streamlined the hearing process by combing hearings for carriers to cover both individual and small group filings into one hearing. This enabled us to complete all rate hearings in 3 days rather than over approximately 10 days.

The market analyst was essential to our ability to handle this spike in filing activity. With these additional resources provided under Cycle IV, we were able to maintain our high standards for thorough analyses of each filing.

Additionally, our market analyst, Scott Martin has accepted a position elsewhere within DFR. Steve Kooyman was hired to replace Scott in late Q3. Steve has a master's degree in

Applied Information Management and has a strong project management background. He possesses the Six Sigma Lean Black Belt certification as well as the Project Management Professional designation. Steve's strong project management background has already been a valuable asset to our team.

Public Access Activities

DCBS continued its activities to increase public access in Y2, Q3 of CIV. These include the continued contract with OSPIRG, live-streaming all public rate hearings, and improving portions of the rate review website to make rate review easy to understand.

Our project coordinator was very active in Q3 in answering consumer calls and questions. The bulk of these calls were from consumers and other interested parties, regarding the upcoming health insurance rate filing. This resulted in increased call and email volume for DCBS staff, but also provided many opportunities to explain health reform and the rate review process to interested consumers.

We also updated the *Consumer Guide to Rate Review* to include more information about how the rate review process is changing with the implementation of Health Reform. The updated *Guide* is available on our website at:
http://www.oregon.gov/DCBS/Insurance/healthrates/Documents/4961.pdf.

Collaborative Efforts

In Y2, Q3, the department continued to collaborate with a number of organizations to advance the goals outlined in the CIII NCE and the CIV grant to meet ACA-related and state health reform requirements.

Rate Review Technical Advisory Group
In Q3, DCBS did not hold meetings of the Rate Review Technical Advisory Group (TAG) with actuaries representing Oregon insurers. This was to allow DCBS staff and carriers to work on rate filings. The TAG group will begin meeting again in Q4.

Grant Program Evaluation
CIII
In Q3, DCBS is in the process of continuing to collect data throughout the NCE for this evaluation.

CIV
DCBS is in the process of creating an evaluation plan for CIV. The expectation will be to build off of the plan created for CIII with focus shifting to CIV activities.

Enhancing Data Center-CIII
As a result of NCE, DCBS continues to work with OHA on the process of enhancing data quality in the APAC database. OHA continued to hold meetings of the APAC TAG in Q3 to advise OHA and DCBS on how to enhance the quality and usefulness of APAC data; see the discussion in the *Oregon Health Policy Board* section below.

In an effort to enhance the quality of data within the APAC database, OHA is implementing a new data validation process, and as a result, deficiencies were noted in data submitted by carriers which resulted in multiple resubmissions. These resubmissions have resulted in some delays that OHA, DCBS, and Q Corp are working together to resolve.

In a further effort to enhance rate review and improve health care price transparency, OHA established authority for both DCBS and Q Corp to use APAC data for those goals. DCBS has gained access to the APAC database and is in the process of learning how to operate within the program. OHA is providing assistance as necessary.

Increase Transparency in Health Care Pricing
Work on health care pricing transparency continued in earnest in Q3. Q Corp and DCBS held meetings with carriers to discuss the CIV rate review project. The primary focus of these meetings continues to be data quality issues. Several carriers have experienced significant issues with data submittal, resulting in incomplete or inaccurate data being submitted to APAC. These carries represent a large percentage of the Oregon market and therefore, have caused some delays in reporting. While Q Corp and DCBS work with carriers to address these issues, our timeline will need to change; likely resulting in the need for a no cost extension.

Oregon Health Policy Board
As mentioned in previous reports, the Governor charged the OHPB with recommending to him and the legislature possible statutory and regulatory change necessary to ensure that Oregon's triple aim goals are met.

In CIV, Y2, Q3, the APAC TAG continued meeting to complete work toward its goals of APAC enhancement and validation.

Oregon Health Insurance Marketplace Collaboration
DCBS and Health Insurance Marketplace staff meet bi-monthly to coordinate and consult on the numerous policy and operational aspects of implementing the ACA and ensuring a stable market as well as the transition of marketplace functions from Cover Oregon to DCBS.

Lessons Learned

Increasing participation in public hearings
As discussed in previous reports, all rate review hearings are now available to view live via the internet as well as archived for later viewing. A significant issue continues to be increasing attendance and views for our hearings.

As expected, the new hearing process as well the rate decisions generated more consumer interest and participation because consumers and other stakeholders had an opportunity to see the preliminary rate decision prior to the hearing. However, this interest was best illustrated in consumer questions and calls to the project coordinator, and hearing views and written comments via the website. Also driving consumer interest was the large percentage rate increases being requested by many carriers. In person attendance was still relatively low for every hearing; though we did have meaningful testimony from the public. We will continue to evaluate how to drive in-person consumer participation for future hearings.

Best Practices for Anticipated Filing Surges Every Year

As discussed elsewhere in previous reports, we now require all carriers to submit rate filings for all ACA-compliant plans on the same date. This leads to an anticipated, and planned for, surge in filings. Receiving a large number of filings at one time creates workflow challenges for our staff in reviewing, holding hearings for, and ultimately making decisions on each filing. Although we've successfully planned for these influxes of filings, including hiring additional staff, we still feel that there are areas that we could improve our efficiency going forward.

We will continue to review our performance during these surges of rate filings in hopes of improving the rate review process in future years.

Budget & Expenditures To-Date

HIPR Budget & Expenditure Report
Section B--All Grant Activity Report
Cycle III, NCE Report

REGION: X
STATE: OREGON
NUMBER: 1 PRPPR140056-01-00
BEGINNING DATE: 4/1/2016
ENDING DATE: 6/30/2016

OBJECT CLASS CATEGORIES	BUDGETED	EXPENSES YEAR TO DATE
a. Personnel	558,720	398,048
b. Fringe Benefits	314,205	176,880
c. Travel	6,767	0
d. Equipment	5,460	0
e. Supplies	10,640	2,612
f. Contractual	2,630,517	1,980,977
g. Construction		0
h. Other	38,500	4,317
i. Total Direct Charges	3,564,809	2,562,834
j. Indirect Charges	30,000	0
k. **Totals (sum of i-j)**	3,594,809	2,562,834

HIPR Budget & Expenditure Report
Section B--All Grant Activity Report
Cycle IV, Year 2, Quarter 3 Report

REGION: X
STATE: OREGON
NUMBER: 1 PRPPR140076-01-00
BEGINNING DATE: 4/1/2016
ENDING DATE: 6/30/2016

OBJECT CLASS CATEGORIES	BUDGETED	EXPENSES YEAR TO DATE
a. Personnel	377,132	238,184
b. Fringe Benefits	119,751	115,790
c. Travel	3,180	0
d. Equipment	1,560	0
e. Supplies	9,120	1,471
f. Contractual	593,257	455,020
g. Construction		0
h. Other	19,000	
i. Total Direct Charges	1,123,000	810,465
j. Indirect Charges	56,000	0
k. **Totals (sum of i-j)**	1,179,000	810,465

Data Collection & Analysis

Trends in the quarterly reported data:

In Q3, we reviewed 22 filings.

Additional Context for Any Denied Rate Filings:

There were no disapproved filings in Q3.

Discrepancies between the SERFF Reported Data and State Data:

None noted for April 1, 2016-June 30, 2016.

Quarterly Report Summary Statistics

- Total Funds Expended to date, NCE: CIII $2,562,834 Year 2: CIV $810,465
- Total Staff Hired (new this quarter and hired to date with grant funds): New 1 To-date 6
- Total Contracts in Place (new this quarter and established to date): 0/3
- Introduced Legislation: No
- 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

Data Center Activities

- Total Staff Hired for Data Center (new this quarter and hired to date with grant funds): 0/1
- Total Contracts in Place for Data Center (new this quarter and established to date): 0/2
- Enhanced IT for Data Center: No
- Gained access to new or more comprehensive data sets: No
- Enhanced availability of pricing data to the public: No
- Provided new pricing data on website: No
- Created new report cards or applications that allow consumers to quickly and easily access pricing data: No
- Integrated pricing data with other health care data sets: No
- Tested new website applications and reports with consumers and/or through usability testing: No

Attachments

Rate Review Filing Public Hearings Year 2, Quarter 3.

Rate Review Filing Public Hearings Year 2, Quarter 3

Company Name	Type of Coverage	Requested % change	Approved % change	Difference Between Requested and Approved	Hearing Date	# of Users Logged in to Watch Hearing Live
ATRIO Health Plans, Inc.	Individual	15%	20.8%	5.8%	Wednesday, June 22, 2016, 9:00 – Noon	36
ATRIO Health Plans, Inc.	Small Group	4.3%	4.3%	0.0%	Wednesday, June 22, 2016, 9:00 – Noon	36
BridgeSpan Health Company	Individual	18.9%	18.9%	0.0%	Thursday, June 23, 2016, 1:30-4:30	40
Health Net Health Plan of Oregon, Inc.	Individual	0.0%	9.8%	9.8%	Wednesday, June 22, 2016, 1:30-4:30	36
Health Net Health Plan of Oregon, Inc.	Small Group	10.2%	7.1	-3.1%	Wednesday, June 22, 2016, 1:30-4:30	36
Kaiser Foundation Health Plan of the Northwest	Individual	14.5%	14.5%	0.0%	Wednesday, June 22, 2016, 9:00 – Noon	36
Kaiser Foundation Health Plan of the Northwest	Small Group	-7.9%	-7.9%	0.0%	Wednesday, June 22, 2016, 9:00 – Noon	36
Moda Health Plan, Inc.	Individual	32.3%	29.3%	3.0%	Thursday, June 23, 2016, 9:00-Noon	40
Moda Health Plan, Inc.	Small Group	12.4%	12.4%	0.0%	Thursday, June 23, 2016, 9:00-Noon	40
Oregons Health CO-OP	Individual	32.0%	32.0%	0.0%	Thursday, June 23, 2016, 9:00-Noon	40
Oregons Health CO-OP	Small Group	17.0%	17.0%	0.0%	Thursday, June 23, 2016, 9:00-Noon	40
PacificSource Health Plans	Individual	15.2%	15.2%	0.0%	Wednesday, June 22, 2016, 9:00 – Noon	36
PacificSource Health Plans	Small Group	0.0%	0.0%	0.0%	Wednesday, June 22, 2016, 9:00 – Noon	36
Providence Health Plan	Individual	29.6%	24.1%	5.5%	Thursday, June 23, 2016, 1:30-4:30	40
Providence Health Plan	Small Group	7.9%	7.9%	0.0%	Thursday, June 23, 2016, 1:30-4:30	40
Regence BlueCross BlueShield of Oregon	Individual	17.9%	17.9%	0.0%	Thursday, June 23, 2016, 1:30-4:30	40
Regence BlueCross BlueShield of Oregon	Small Group	-2.9%	-2.9%	0.0%	Thursday, June 23, 2016, 1:30-4:30	40
Samaritan Health Plans, Inc.	Small Group	9.4%	9.4%	0.0%	Wednesday, June 22, 2016, 1:30-4:30	36
UnitedHealthcare Insurance Company	Small Group	-3.9%	-5.5%	-1.6%	Thursday, June 23, 2016, 9:00-Noon	40
UnitedHealthcare of Oregon, Inc.	Small Group	-3.9%	-5.5%	-1.6%	Thursday, June 23, 2016, 9:00-Noon	40
Zoom Health Plan, Inc.	Individual	22.6%	22.6%	0.0%	Wednesday, June 22, 2016, 1:30-4:30	36
Zoom Health Plan, Inc.	Small Group	-3.6%	-8.9%	-5.3%	Wednesday, June 22, 2016, 1:30-4:30	36

Oregon Insurance Division Only the new efforts under Cycle IV are described below.
Health Insurance Premium Review – Cycle IV, YR 2, Q3 Update

Changes made in Q3.

Promote accurate filing data and added rate scrutiny through the continued funding of a market analyst.	**1. To verify that the data insurers include with each rate filing is accurate and complete.** **2. To provide department actuaries with administrative expense analysis and technical support for actuaries as need to assist in their actuarial review.**	**1. Ensuring data submitted with each rate request is validated and complete.** **2. Write administrative expense memos highlighting areas of concern and providing information about whether the amount of requested increase falls within our index.** **3. Review cost and quality data to ensure accuracy within rate filings.**	**October 2015-September 2016**	**Steve Kooyman**
Ensure Information in Rate Filing Submissions Is Consistent With Audited Financial Data	1. To ensure that the financial data and support submitted during the rate filing process is consistent with audited financial statements received outside the rate filing process.	1. Train our rate review analyst on how to reconcile audited financial data with rate filings. 2. Review rate filings and financial documents together, as they come in and ask questions about variations during rate review process.	October 2014-September 2016	Steve Kooyman