

**Health Insurance Rate Review Grant Program  
Mississippi Cycle I Quarterly Report III**

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**Submission Date:** July 29, 2011

**State:** Mississippi

**Project Title:** MS Health Insurance Rate Review Program

**Project Quarter Reporting Period:** Quarter III (04/01/2011-06/30/2011)  
Narrative

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**Phone:** 601-359-3577

**Grant Performance Period-Cycle I:** August 9, 2010 to September 30, 2011

# Health Insurance Rate Review Grant Program Mississippi Cycle I Quarterly Report III

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

### **Introduction:**

The Mississippi Insurance Department (“MID”) continued to work on its plan for enhancing MID’s rate review process during the third quarter. Two significant accomplishments include:

- Bulletin 2011-7 regarding submission requirements for health insurance rate increases was issued by the Commissioner of Insurance on June 29, 2011.
- MID selected a vendor in response to a Request for Proposals (“RFP”) and is currently in the process of developing a rate review transparency website.

### **Program Implementation Status:**

#### *I. Accomplishments to Date*

1. On July 8, 2011, The Centers for Medicare and Medicaid Services (“CMS”) issued a report identifying states that currently have sufficient authority to review health insurance rate increases as required under the Patient Protection and Affordable Care Act (“PPACA”). Mississippi was one of forty (40) states, as well as the District of Columbia and the U.S. Virgin Islands, determined to have an effective rate review process for all insurance markets and issuers. Mississippi currently has the tools necessary to prevent unreasonable rate increases from going into effect. A copy of the CMS report is attached hereto as Attachment (“B”).

An effective rate review system:

- Must receive sufficient data and documentation concerning rate increases to conduct an examination of the reasonableness of the proposed increases;
- Must consider the factors below as they apply to the review:
  - Medical cost trend changes by major service categories;

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- Changes in utilization of services (i.e., hospital care, pharmaceuticals, doctors' office visits) by major service categories;
  - Cost-sharing changes by major service categories;
  - Changes in benefits;
  - Changes in enrollee risk profile;
  - Impact of over or under estimate of medical trend in previous years on the current rate;
  - Reserve needs;
  - Administrative costs related to programs that improve health care quality;
  - Other administrative costs;
  - Applicable taxes and licensing or regulatory fees;
  - Medical loss ratio; and
  - The issuer's capital and surplus;
  - Must make a determination of the reasonableness of the rate increase under a standard set forth in State statute or regulation;
  - Must post either rate filings under review or preliminary justifications on their websites or post a link to the preliminary justifications that appear on the CMS website;
  - Must provide a mechanism for receiving public comments on proposed rate increases; and
  - Must report results of rate reviews to CMS for rate increases subject to review.
2. MID continued collaborating with consultants in information technology ("IT"), legal, and actuarial fields in order to enhance its health insurance rate review process.
- A. Information Technology Services
- Plans for a proposed new rate increase information web portal moved forward with the selection of a vendor in response to Request for Proposals

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("RFP") No. 3654 issued in February, 2011. The opening of the proposals occurred on April 4, 2011; however, a contract for this project was not executed until June, 1, 2011. The vendor is working diligently to expedite the development of the website in order to ensure completion of this project by the end of the grant period.

### B. Legal Services

Legal consultants continue to provide assistance to MID with regard to PPACA, the United States Department of Health and Human Services ("HHS") premium rate review regulations and how both apply to Mississippi's rate review process. The consultants have committed over one hundred and twenty-five (125) hours to review HHS regulations, conduct a detailed analysis of Mississippi's rate review process, and assist MID in the drafting and issuing of Bulletin 2011-7 on June 29, 2011. Said Bulletin is discussed later in the section entitled *Significant Activities: Undertaken and Planned*.

### C. Actuarial Services

MID continues to work with an actuarial firm to review rate filings and determine whether they are in compliance with State law and Federal law. Weekly conference calls are coordinated between said actuarial firm, MID's rate review grant staff and MID's life and health actuarial staff to discuss PPACA progress and activities related to rate review. The actuaries worked seventy-four (74) hours on rate review grant activities during the third quarter.

3. MID hired an administrative assistant to support the Life and Health Actuarial Division and continues to allocate existing staff time to work on rate review grant activities. Financial audits are ongoing with reconciliation of the grant's expenditures performed quarterly by the Grants Manager. The required quarterly Federal and Financial Report (FFR-SF425) for this grant was submitted by the Accounting and Finance Director on June 30, 2011.

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### II. *Challenges and Responses*

Time constraints associated with State procurement and IT processes continued to present the largest challenge for MID in moving forward with rate review grant activities. The execution of the information technology contract was not completed until June 1, 2011. The selected vendor is moving quickly to accommodate this delay, and MID is confident that the design and development of its new website will be completed within the grant time period.

### III. *Required variations from the original timeline*

No additional variations in the timeline are foreseen at this time.

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

- I. The Mississippi Commissioner of Insurance issued Bulletin 2011-7 on June 29, 2011. This Bulletin updates MID's policies and procedures in order to ensure compliance with all Federal and State requirements regarding rate filings for individual and small group accident and health insurance. Said Bulletin put "all health insurance issuers in the State of Mississippi on notice as to the process of filing and implementing health insurance rates and modifications of existing rates and what data and documentation must be submitted when issuing a rate increase at any time on or after September 1, 2011, as it relates to individual and small group accident and health policies with the exception of Medicare Supplement policies, Long Term Care policies, Supplemental Medical Insurance policies and any other health policies specifically excluded from the provisions of PPACA." A copy of the Bulletin is attached hereto as Attachment "C."
- II. MID selected a vendor for the development of a rate review web portal and progress is moving quickly toward completion during this grant period. The consumer-oriented website will provide the public with easier access to Mississippi's health insurance rate and form filing information. The website's user interface is modeled after the current MID website, [www.mid.state.ms.us](http://www.mid.state.ms.us). MID will host the website on

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its servers and manage the website as is currently done for the MID main agency site. Several of the features include:

1. A mechanism for consumers to use to search for and review all information online regarding any health insurance rate filing;
2. A data entry module for manual entry by MID staff of rate increase filing information from a document entitled *Rate Increase Information for Health and Accident*, the document currently used by MID for rate reporting;
3. A data reporting feature for the ability to export the rate filing data mentioned above in either an XML or Excel format;
4. A variety of graphs, bars, and tables representing the rate data in an user-friendly format for the general public user to understand;
5. A section for rate decision explanations;
6. A calendar for posting hearings, meetings and events;
7. A section explaining the role of insurers and brokers;
8. A summary of medical loss ratio;
9. An education section on the basics of health insurance; and
10. A glossary of terms and acronyms using public sources, including those of HHS and the National Association of Insurance Commissioners (NAIC).

Weekly conference calls are conducted between MID grant staff, rate review staff, IT staff and vendor. Test sites are accessed and reviewed by staff to provide input and request changes as needed. The vendor provided a required project report that includes the following project work plans:

1. Workflow Plan
2. Security Plan
3. Coding/Technical Design Plan
4. Development/Implementation Plan
5. Testing Plan

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6. Training Plan

7. Development Milestone Plan

This report is attached hereto as attachment "D."

- III. MID is using the report generated by SERFF to submit rate review data for this quarter. The data indicates that there were thirty-two (32) rate filings with twenty-two (22) of those requesting an increase.

**HIPR Table A - Summary**

|                                     |    |
|-------------------------------------|----|
| Rate Filings For This Period (A1)   | 32 |
| Rate Increases For This Period (A2) | 22 |
| Reviewed (A3)                       | 26 |
| Approved (A4)                       | 26 |
| Denied (A5)                         | 0  |
| Deferred (A6)                       | 0  |

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

Bulletin 2011-7, issued by the Commissioner of Insurance on June 29, 2011, updates MID's policies and procedures to ensure compliance with all Federal and State requirements regarding rate modifications. On July 8, 2011, the Centers for Medicare and Medicaid Services ("CMS") issued a report identifying Mississippi as having sufficient authority to review health insurance rate increases as required under PPACA.

Bulletin 2011-7 states that MID requires that all premiums for all plans of insurance, group or individual, be filed for purposes of review and approval or disapproval prior to use. Furthermore, a Company must submit any request for a rate modification on any type of policy and/or certificate at least sixty (60) days prior to the proposed effective date of the rate modification. The approval process is defined and the insurer submission requirements are listed in said Bulletin.

In reviewing a request for approval of a rate filing or rate modification, a determination shall be made as to the reasonableness of the rates and whether based on criteria established by State and/or Federal law, the rate is excessive, unjustified, or unfairly discriminatory. MID may

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disapprove a new rate or rate modification request if, based on criteria established by State and/or Federal law, it determines that said rate or rate modification is excessive, unjustified or unfairly discriminatory. A copy of Bulletin 2011-7 is attached hereto as Attachment "C."

### **Public Access Activities**

These activities are currently in the planning stage in conjunction with plans for the development and release of the aforementioned new web portal.

### **Collaborative Efforts**

Collaborative efforts are on-going as MID moves forward with the development of the aforementioned website to promote overall rate review transparency.

Stakeholder involvement is essential for the success of the new rate review website. User assessment and feedback is an integral part of the website testing phase planned for the last quarter of the grant period.

### **Expenditures for Third Quarter**

The following is a detailed account of expenditures for the third quarter. The allocation of funds follows the progression of the revised budget approved by HHS on June 9, 2011.

| Expenditures                    | Salaries | Supplies and Equipment | Travel | Other | Contractual         |
|---------------------------------|----------|------------------------|--------|-------|---------------------|
| Actuarial Services              |          |                        |        |       | \$ 19,237.50        |
| IT Services                     |          |                        |        |       | \$ 64,379.10        |
| Grants Management and Reporting |          |                        |        |       | \$ 6,262.50         |
| Legal Consulting                |          |                        |        |       | \$ 39,058.13        |
| Supplies and Equipment          |          |                        |        |       | \$ 7,635.88         |
| <b>TOTAL FOR QUARTER III</b>    |          |                        |        |       | <b>\$136,573.11</b> |

### **Updated Work Plan and Timeline**

An updated objective work plan and timeline is attached to reflect the activities for this quarter.



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### Enclosures/Attachments

Attachment A:  
MID Grant Objective Work Plan

Attachment B:  
The Center for Consumer Information and Insurance Oversight  
Report on State's Rate Review Programs

Attachment C:  
Mississippi Insurance Department Bulletin 2011-7

Attachment D:  
MID Web Portal Development Work Plans and Examples

### **PART II: HEALTH INSURANCE RATE DATA COLLECTION**

The data for Tables A-D and the Rate Filing Detailed Data Elements will be downloaded through the SERFF system. MID has not identified any data issues or discrepancies seen in the SERFF data for this quarterly report.

The following is the additional required information for this quarter:

|   |   |
|---|---|
| 1. Name and contact information for the individual on your team who deals primarily with SERFF  | Donna Holmes<br>601-359-3569<br><a href="mailto:donna.holmes@mid.state.ms.us">donna.holmes@mid.state.ms.us</a>                  |
| 2. Process for reviewing data submitted to SERFF. Specifically address how you check for completeness and accuracy in required fields.  | MID's actuarial consultants review rate filings and determine whether they are in compliance with State law and MID regulation. |
| 3. Why certain fields do not have data or have inaccurate data. If you notice these errors, <i>we are now requiring states use the post-submission process in SERFF to work with your carriers to fix these errors</i> (if due to carrier error, we will need you to follow up with your carriers to ensure they are reporting the data correctly). | MID did not identify any fields that did not have any data or inaccurate data in the SERFF report for this quarter.             |
| 4. Any ongoing issues that continue to exist with the data being reported.  | No ongoing issues exist with the data reported.   |

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**ATTACHMENT A**

**MISSISSIPPI INSURANCE DEPARTMENT  
HEALTH INSURANCE RATE REVIEW PROGRAM  
OBJECTIVE WORK PLAN  
QUARTER III REPORT**

| <b>ACTIVITIES</b>  | <b>TIME PERIOD<br/>BEGIN</b> | <b>TIME PERIOD<br/>END</b>          | <b>STATUS</b>   |
|--|------------------------------|-------------------------------------|---|
| Retain expert consultants in legal, actuarial, health insurance, and information technology fields.            | 08/30/2010                   | 09/30/2011                          | Regular weekly consultations with actuarial, legal and IT consultants are ongoing.  |
| MID Life and Health Actuarial staff increases time allocation.   | 08/30/2010                   | 09/30/2011                          | One new administrative assistant was hired for the Life and Health Actuarial Division. MID existing staff time on grant activities continues. |
| Assessment of current rate review System.  | 08/30/2010                   | 09/30/2011                          | Assessment continues throughout the grant period.   |
| Begin rate revision and enhancement of rate review efforts after receipt of Federal regulations.               | 10/15/2010                   | 01/31/2011<br>Revised<br>09/30/2011 | Efforts continue.   |
| Draft and adoption of new rate review regulations and bulletins in compliance with PPACA and Federal law.      | 10/15/2010                   | 03/31/2011<br>Revised<br>09/30/2011 | Bulletin 2011-7 was issued on June 29, 2011. On July 8, 2011, HHS announced Mississippi has an effective rate review program.                 |
| Prepare draft legislation and present to Mississippi State Legislature to reflect compliance with Federal law. | 10/15/2010                   | 03/31/2011<br>Revised<br>09/30/2011 | Bulletin 2011-7 was issued on June 29, 2011. On July 8, 2011, HHS announced Mississippi has an effective rate review program.                 |
| Educate state legislators on draft legislation to bring Mississippi law into compliance with Federal law.      | 01/01/2011                   | 04/01/2011<br>Revised<br>09/30/2011 | Bulletin 2011-7 was issued on June 29, 2011. On July 8, 2011, HHS announced Mississippi has an effective rate review program.                 |

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|   |            |                                     |   |
|---|------------|-------------------------------------|---|
| Develop new health insurance rate review system based on consultants' assessments of the current system to the new regulations. | 10/15/2010 | 04/30/2011<br>Revised<br>09/30/2011 | Efforts will continue until late 2011.                    |
| Develop web portal on current MID website for public access to rate increase information and justifications.                    | 04/15/2011 | 09/30/2011                          | Vendor selected for RFP. Development began in June, 2011. |
| Travel to national conferences and in-state meetings for outreach efforts.  | 08/15/2010 | 09/30/2011                          | No travel conducted specific to rate review.              |
| Educational outreach program implementation.  | 04/15/2011 | 09/30/2011                          | None conducted during the third quarter.                  |

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**ATTACHMENT B**

**THE CENTER FOR CONSUMER INFORMATION  
AND INSURANCE OVERSIGHT**

**REPORT ON STATE'S RATE REVIEW PROGRAMS**

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## States with Effective Rate Review Programs

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HHS encourages States to conduct rate review and has worked with States to strengthen their programs. As detailed in the rate review regulation finalized on May 19, 2011, States with effective rate review systems must conduct reviews of proposed rates above the applicable threshold (10% from September 2011-August 2012), but if a State lacks the resources or authority to conduct the required rate reviews, HHS will conduct them.

An effective rate review system:

- Must receive sufficient data and documentation concerning rate increases to conduct an examination of the reasonableness of the proposed increases.
- Must consider the factors below as they apply to the review:
  - Medical cost trend changes by major service categories
  - Changes in utilization of services (i.e., hospital care, pharmaceuticals, doctors' office visits) by major service categories
  - Cost-sharing changes by major service categories
  - Changes in benefits
  - Changes in enrollee risk profile
  - Impact of over- or under-estimate of medical trend in previous years on the current rate
  - Reserve needs
  - Administrative costs related to programs that improve health care quality
  - Other administrative costs
  - Applicable taxes and licensing or regulatory fees
  - Medical loss ratio; and
  - The issuer's capital and surplus.
- Must make a determination of the reasonableness of the rate increase under a standard set forth in State statute or regulation.
- Must post either rate filings under review or preliminary justifications on their websites or post a link to the preliminary justifications that appear on the CMS website.
- Must provide a mechanism for receiving public comments on proposed rate increases.
- Must report results of rate reviews to CMS for rate increases subject to review.

To determine whether a State met these standards, HHS reviewed all available documentation, and met with State regulators and their staff to verify the information and obtain any updates. CMS will continue to accept information from States and monitor States in order to ensure correct classification. CMS can reevaluate the status of this list as changes are made in each State.

As of July 1, 2011:

- 43 States, the District of Columbia and 1 U.S. territory have effective rate review in at least one insurance market;
- 40 States, the District of Columbia and the U.S. Virgin Islands have effective review for all insurance markets and issuers.
- In three States, the Federal government will partner with the State to conduct reviews; and
- The Federal government will conduct review in seven States and four U.S. territories until those areas are able to strengthen their review processes and authorities.
- Resources and assistance are available to States and territories to help strengthen their review processes.

## List of Effective Rate Review Programs

The list below indicates whether Federal or State process will be used to review proposed insurance rate increases

| STATE                | Individual Market | Small Group Market | Effective Rate Review Program |
|----------------------|-------------------|--------------------|-------------------------------|
| Alabama              | Federal           | Federal            | No                            |
| Alaska*              | State             | State              | Yes                           |
| Arizona              | Federal           | Federal            | No                            |
| Arkansas             | State             | State              | Yes                           |
| California           | State             | State              | Yes                           |
| Colorado             | State             | State              | Yes                           |
| Connecticut          | State             | State              | Yes                           |
| Delaware             | State             | State              | Yes                           |
| District of Columbia | State             | State              | Yes                           |
| Florida              | State             | State              | Yes                           |
| Georgia              | State             | State              | Yes                           |
| Hawaii               | State             | State              | Yes                           |
| Idaho                | Federal           | Federal            | No                            |
| Illinois             | State             | State              | Yes                           |
| Indiana              | State             | State              | Yes                           |
| Iowa                 | State             | Federal            | Partial                       |
| Kansas               | State             | State              | Yes                           |
| Kentucky             | State             | State              | Yes                           |
| Louisiana            | Federal           | Federal            | No                            |
| Maine                | State             | State              | Yes                           |
| Maryland             | State             | State              | Yes                           |
| Massachusetts        | State             | State              | Yes                           |
| Michigan             | State             | State              | Yes                           |
| Minnesota            | State             | State              | Yes                           |

|                           |         |         |         |
|---------------------------|---------|---------|---------|
| Mississippi               | State   | State   | Yes     |
| Missouri                  | Federal | Federal | No      |
| Montana                   | Federal | Federal | No      |
| Nebraska                  | State   | State   | Yes     |
| Nevada                    | State   | State   | Yes     |
| New Hampshire             | State   | State   | Yes     |
| New Jersey                | State   | State   | Yes     |
| New Mexico                | State   | State   | Yes     |
| New York                  | State   | State   | Yes     |
| North Carolina            | State   | State   | Yes     |
| North Dakota              | State   | State   | Yes     |
| Ohio                      | State   | State   | Yes     |
| Oklahoma                  | State   | State   | Yes     |
| Oregon                    | State   | State   | Yes     |
| Pennsylvania              | State   | Federal | Partial |
| Rhode Island              | State   | State   | Yes     |
| South Carolina            | State   | State   | Yes     |
| South Dakota              | State   | State   | Yes     |
| Tennessee                 | State   | State   | Yes     |
| Texas                     | State   | State   | Yes     |
| Utah                      | State   | State   | Yes     |
| Vermont                   | State   | State   | Yes     |
| Virginia                  | State   | Federal | Partial |
| Washington                | State   | State   | Yes     |
| West Virginia             | State   | State   | Yes     |
| Wisconsin                 | State   | State   | Yes     |
| Wyoming                   | Federal | Federal | No      |
| <b>Territories</b>        |         |         |         |
| American Samoa            | Federal | Federal | No      |
| Guam                      | Federal | Federal | No      |
| Northern Marianas Islands | Federal | Federal | No      |
| Puerto Rico               | Federal | Federal | No      |
| Virgin Islands            | State   | State   | Yes     |

\*Note: Alaska will have effective rate review authority in all markets on January 1, 2012 per state statute. Until that date, CMS will review Alaskan commercial plans and the state will review Blue Cross Blue Shield plans.


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## Health Insurance Rate Review: Lowering Costs for American Consumers and Businesses

For more than a decade, health insurance premiums have risen rapidly, straining the pocketbooks of American families and businesses. Since 1999, the cost of coverage for a family of four has climbed 131 percent.[1] These increases have forced families and employers to spend more money, often for less coverage. Many times, insurance companies have been able to raise rates without explaining their actions. In most cases, consumers receive little or no information about proposed premium increases, and aren't told why health insurance companies want to raise rates.

The Affordable Care Act is bringing an unprecedented level of scrutiny and transparency to health insurance rate increases. The Act ensures that, in any State, any proposed rate increase by individual or small group market insurers at or above 10 percent will be scrutinized by independent experts to make sure it is justified. This analysis will help moderate premium hikes and lower costs for individuals, families, and businesses that buy insurance in these markets. Additionally, insurance companies must provide easy to understand information to their customers about their reasons for unreasonable rate increases, as well as publicly justify and post on their website any unreasonable rate increases. These steps allow consumers to know why they are paying higher rates.

The Affordable Care Act makes \$250 million available to States to take action against insurers seeking unreasonable rate hikes. To date, 43 States and the District of Columbia are using \$44 million in grants provided by HHS to help them improve their oversight of proposed health insurance rate increases.

State rate review activities are paying off for consumers:

- Rhode Island's Insurance Commissioner used his rate review authority to reduce a proposed increase by a major insurer in that State from 7.9 percent to 1.9 percent.
- Californians were saved from rate increases totaling as high as 87 percent after a California insurer withdrew its proposed increase after scrutiny by the State Insurance Commissioner.
- Nearly 30,000 North Dakotans saw a proposed increase of 23.7 percent cut to 14 percent following a public outcry.
- Connecticut's Insurance Department rejected a proposed 20 percent rate hike by one of the State's major insurers.

## New Tools Will Help States, Consumers

Starting September 1, 2011, insurers seeking rate increases of 10 percent or more for non-grandfathered plans in the individual and small group markets are required to publicly disclose the proposed increases and the justification for them. Such increases will be reviewed by State or Federal independent experts to determine whether they are unreasonable. In future years, the threshold for review will be set on a State-by-State basis using data that reflect insurance and health cost trends in each State. And an easy-to-access, consumer-friendly disclosure form explaining the proposed increases will also be made publicly available through HHS, State and/or insurer websites.

The rate review regulations work in conjunction with other parts of the Affordable Care Act that will also hold premiums down. The law requires insurers to spend at least 80 percent of premium dollars on direct medical care or to improve the quality of care instead of on overhead, advertising, and executive salaries and bonuses. If an insurer fails to meet that test, they must pay a rebate to their enrollees. This "medical loss ratio" regulation, released on November 22, 2010, makes the health insurance marketplace more transparent and increases the value consumers receive for their money.



## States with Effective Rate Review Programs

HHS encourages States to conduct rate review and has worked with States to strengthen their programs. As detailed in the rate review regulation finalized on May 19, 2011, States with effective rate review systems must conduct reviews of proposed rates above the applicable threshold (10% from September 2011-August 2012), but if a State lacks the resources or authority to conduct the required rate reviews, HHS will conduct them.

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| Alaska* | State             | State              | Yes                           |

|                      |         |         |         |
|----------------------|---------|---------|---------|
| Arizona              | Federal | Federal | No      |
| Arkansas             | State   | State   | Yes     |
| California           | State   | State   | Yes     |
| Colorado             | State   | State   | Yes     |
| Connecticut          | State   | State   | Yes     |
| Delaware             | State   | State   | Yes     |
| District of Columbia | State   | State   | Yes     |
| Florida              | State   | State   | Yes     |
| Georgia              | State   | State   | Yes     |
| Hawaii               | State   | State   | Yes     |
| Idaho                | Federal | Federal | No      |
| Illinois             | State   | State   | Yes     |
| Indiana              | State   | State   | Yes     |
| Iowa                 | State   | Federal | Partial |
| Kansas               | State   | State   | Yes     |
| Kentucky             | State   | State   | Yes     |
| Louisiana            | Federal | Federal | No      |
| Maine                | State   | State   | Yes     |
| Maryland             | State   | State   | Yes     |
| Massachusetts        | State   | State   | Yes     |
| Michigan             | State   | State   | Yes     |
| Minnesota            | State   | State   | Yes     |
| Mississippi          | State   | State   | Yes     |
| Missouri             | Federal | Federal | No      |
| Montana              | Federal | Federal | No      |
| Nebraska             | State   | State   | Yes     |

|                    |         |         |         |
|--------------------|---------|---------|---------|
| Nevada             | State   | State   | Yes     |
| New Hampshire      | State   | State   | Yes     |
| New Jersey         | State   | State   | Yes     |
| New Mexico         | State   | State   | Yes     |
| New York           | State   | State   | Yes     |
| North Carolina     | State   | State   | Yes     |
| North Dakota       | State   | State   | Yes     |
| Ohio               | State   | State   | Yes     |
| Oklahoma           | State   | State   | Yes     |
| Oregon             | State   | State   | Yes     |
| Pennsylvania       | State   | Federal | Partial |
| Rhode Island       | State   | State   | Yes     |
| South Carolina     | State   | State   | Yes     |
| South Dakota       | State   | State   | Yes     |
| Tennessee          | State   | State   | Yes     |
| Texas              | State   | State   | Yes     |
| Utah               | State   | State   | Yes     |
| Vermont            | State   | State   | Yes     |
| Virginia           | State   | Federal | Partial |
| Washington         | State   | State   | Yes     |
| West Virginia      | State   | State   | Yes     |
| Wisconsin          | State   | State   | Yes     |
| Wyoming            | Federal | Federal | No      |
| <b>Territories</b> |         |         |         |
| American Samoa     | Federal | Federal | No      |
| Guam               | Federal | Federal | No      |

|                           |         |         |     |
|---------------------------|---------|---------|-----|
| Northern Marianas Islands | Federal | Federal | No  |
| Puerto Rico               | Federal | Federal | No  |
| Virgin Islands            | State   | State   | Yes |

\*Note: Alaska will have effective rate review authority in all markets on January 1, 2012 per state statute. Until that date, CMS will review Alaskan commercial plans and the state will review Blue Cross Blue Shield plans.

[i] <http://ehbs.kff.org/pdf/2010/8085.pdf>

Health Insurance Rate Review Grant Program  
Mississippi Cycle I Quarterly Report III

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**ATTACHMENT C**

**MISSISSIPPI INSURANCE DEPARTMENT  
BULLETIN 2011-7**



**MISSISSIPPI INSURANCE DEPARTMENT**

501 N. WEST STREET, SUITE 1001  
WOOLFOLK BUILDING  
JACKSON, MISSISSIPPI 39201  
www.mid.state.ms.us


**MIKE CHANEY**  
Commissioner of Insurance  
State Fire Marshal

**MARK HAIRE**  
Deputy Commissioner of Insurance

MAILING ADDRESS  
Post Office Box 79  
Jackson, Mississippi 39205-0079  
TELEPHONE: (601) 359-3589  
FAX: (601) 359-2474

**MISSISSIPPI INSURANCE DEPARTMENT  
BULLETIN 2011-7**

**TO: ALL INSURANCE CARRIERS IN THE STATE OF MISSISSIPPI  
LICENSED TO WRITE ACCIDENT AND HEALTH INSURANCE**

**FROM: MIKE CHANEY**   
**COMMISSIONER OF INSURANCE**

**DATE: JUNE 29, 2011**

**SUBJECT: SUBMISSION REQUIREMENTS FOR HEALTH INSURANCE RATE  
INCREASES**

**I. Purpose**

The Patient Protection and Affordable Care Act (Pub. Law 111-148) ("PPACA") directs the Secretary of the U.S. Department of Health and Human Services, in conjunction with States, to establish a process for the annual review of rates and imposes certain requirements on state insurance departments when reviewing rate modifications. If a state fails to meet the requirements of having an "effective review program", the federal government will review rate increases for that state. The Mississippi Insurance Department ("MID") has determined it is in the best interests of the residents of Mississippi to update its policies and procedures in order to ensure compliance with all federal and state requirements regarding rate modifications. The Honorable Mike Chaney, Commissioner of Insurance, in conformance with the statutory authority as provided in Mississippi Code Annotated § 83-9-1, *et seq.*, issues this Bulletin in order to put all health insurance issuers in the State of Mississippi on notice as to the process of filing and implementing health insurance rates and modifications of existing rates and what data and documentation must be submitted when issuing a rate increase at any time on or after September 1, 2011, as it relates to individual and small group accident and health policies with the exception of Medicare Supplement policies, Long Term Care policies, Supplemental Medical Insurance policies and any other health policies specifically excluded from the provisions of PPACA.

This Bulletin supersedes Bulletin 94-1 for individual and small group accident and health insurance policies, including, but not limited the rates for small group accident and health policies issued by any health maintenance organization or non-profit medical and hospital

services corporation. Bulletin 94-1 shall remain in full force and effect for all other policies as set forth in Bulletin 94-1.

## **II. Approval Process**

The Mississippi Insurance Department (MID) intends to review and approve or disapprove all initial and proposed changes to previously filed rates on small group accident and health policies other than Medicare Supplement policies, Long Term Care policies, Supplemental Medical Insurance policies and any other health policies specifically excluded from the provisions of PPACA. MID further intends to review and approve all health maintenance organization and non-profit medical and hospital services corporations' premium rates, including all new and proposed changes to rates.

MID requires that all premiums for all plans of insurance, group or individual, be filed for purposes of review and approval or disapproval prior to use. Furthermore, a Company must submit any request for a rate modification on any type of policy and/or certificate at least 60 days prior to the proposed effective date of the rate modification. Moreover, the Company must provide all of the information requested herein. No rate modification may be implemented until the Company has received notification from the MID that it has "Approved" the rate modification. The insured must be given at least 60 days prior notice before any rate increase can be implemented.

Under Mississippi law premium rates may be changed only by an endorsement which should contain at least the following: policy number, effective date, and the amount and mode of the new premium. The aforementioned endorsement must also have a form number and be executed by an officer of the Company. The endorsement form sent to the insured must also be filed and approved by the MID.

## **III. Unreasonable Rate Increases**

In reviewing a request for approval of a rate filing or rate modification, a determination shall be made as to the reasonableness of the rates and whether based on criteria established by state and/or federal law, the rate is excessive, unjustified, or unfairly discriminatory and whether the filing complies with all applicable Federal and State requirements.

MID may disapprove a new rate or rate modification request if based on criteria established by state and/or federal law, it determines that said rate or rate modification is excessive, unjustified or unfairly discriminatory.

## **IV. Insurer Submission Requirements**

The following information must be provided each time a rate filing or modification is requested:

- An actuarial memorandum prepared in accordance with the applicable Actuarial Standards of Practice.



- Explanation of the reason for the rate increase and the percentage amount of the rate increase stated in Item 14 of the LH Transmittal Document.
- A history of each of the prior rate increases that were filed with the MID. The history should include the date each of the prior rate increases was effective, the percentage amount of each of the prior rate increases and the data related to past projections and actual experience.
- The policy year and calendar year loss ratios expected at the time the original premiums for the policy year were developed.
- A side-by-side comparison of the expected loss ratios with the actual loss ratios, both on a policy year basis and a calendar year basis.
- A statement that the rate increases comply with the requirements of Mississippi Department of Insurance Regulation 73-4. A copy of the endorsement required by Regulation 73-4 should accompany each request for a rate increase. Regulation 73-4 requires that an endorsement be sent to each insured each time a rate increase is implemented. The Company may use a letter to notify the insured of a rate modification in order to satisfy the endorsement requirement, but the letter must have a form number and must be filed with MID for prior approval. Once MID has approved the rate modification and the letter to be used to notify the insured, the L&H Transmittal Document requesting each rate increase from then on must state that the rate modification has been approved by the MID and state the date it was approved.
- The date the policy was approved by MID.
- If the Company is offering a reduction in the amount of the rate increase in exchange for an increase in the deductible or coinsurance or a reduction in benefits, provide a complete actuarial justification that the changes are actuarially equivalent, i.e., the dollar amount of rate increase reduction is actuarially equivalent to the change in benefits.
- The filing must also include the projected medical loss ratios for the rates to be charged with the methodologies followed and an explanation describing how the ratios were calculated.


In addition to providing the above items, the data and documentation in connection with the following must be provided, with an explanation as to how each item has or has not impacted the rate filing:

- Medical trend changes by major service categories;
- Utilization changes by major service categories;
- Cost-sharing changes by major service categories;



- Benefit changes;
- Changes in enrollee risk profile;
- Any overestimate or underestimate of medical trend for prior year periods related to the rate increase;
- Changes in reserve needs;
- Changes in administrative costs related to programs that improve health care quality;
- Changes in other administrative costs; and
- Changes in applicable taxes, licensing, or regulatory fees.

Issued this the 29<sup>th</sup> day of June, 2011



MIKE CHANEY  
COMMISSIONER OF INSURANCE

Health Insurance Rate Review Grant Program  
Mississippi Cycle I Quarterly Report III

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**ATTACHMENT D**

**MID RATE REVIEW WEBSITE PROJECT**

**WORK PLANS AND EXAMPLES**

**MISSISSIPPI DEPARTMENT OF INFORMATION TECHNOLOGY SERVICES RFP NO: 3654**

**WORK PLANS**

**PREPARED BY: GETINSURED.COM**

**DATE: 6/10/2011**

**Introduction**

The major objective of the Health Insurance Rate Review project is to provide the public with easier access to the health insurance rate filings from the MID's website

<http://www.mid.state.ms.us/> as well as additionally provide access to other resources, FAQs and useful related links.

- a) The project consists of the following functional components:
- b) An administrative dashboard and interface to enable MID staff to input and manage rate review information,
- c) A home page for consumers that provides access to rate review records, graphical representations of rate review information, and links to numerous other resources that will empower them to make better health insurance decisions,
- d) Blogging software that enables the Mississippi Commissioner of Insurance to maintain a blog,
- e) Numerous pages of educational content including a glossary, frequently asked questions, and other explanatory material regarding health insurance.

This document includes the following set of work plans as specified in RFP No. 3654:

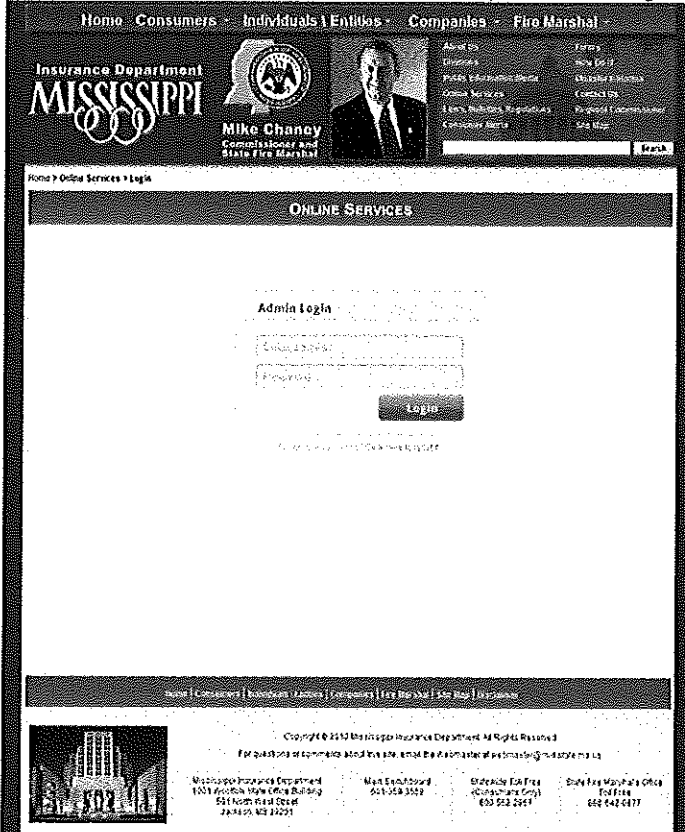
1. Workflow Plan
2. Security Plan
3. Coding/Technical Design Plan
4. Development/Implementation Plan
5. Testing Plan
6. Training Plan
7. Development Milestone Plan

## Workflow Plan

The Workflow plan outlines the key functions that will be performed by MID staff who will be maintaining rate review and content data, the screens that will be used, and the functionality resident in the screens.

### Administration Workflow

MID personnel will first login in to the system at a login screen, as depicted below.



The system will authenticate the user based upon their login and password, and check the permissions/access control based on the role assigned to the user. There are three roles in the system: Rate Reviewer, Content Developer and Administrator. We now depict the work flows involved for each role below.

### Rate Reviewers

Rate Reviewers will be responsible for maintenance of Rate Review data in the system. These users will be taken to the Rate Review Administrative Dashboard on login as depicted below:



**Mike Chaney**  
Commissioner and  
State Fire Marshal



- About Us
- Divisions
- Public Information Media
- Online Services
- Laws, Directives, Regulations
- Consumer Alerts
- Forms
- How Do I?
- Disasters/Storms
- Contact Us
- Request Commissioner
- Site Map

Search

Home > Online Services > Admin Dashboard

### Rate Changes by Company

**Search by**

Enter Keyword

Company

Results

Add New

**Most Recent Rate Changes**

1 2 3 4 5

| <input type="checkbox"/> | Company                                 | Policy Form No. | Policy Type   | Date of Current Rate Increase | Percentage of Current Rate Increase | Date of Last Five(5) Year Rate Increase | Percentage of Five(5) Year Rate Increase | Last Five(5) Year Loss Ratio | No. of MS Insureds* |
|--------------------------|---|-----------------|---------------|-------------------------------|-------------------------------------|---|--|------------------------------|---------------------|
| <input type="checkbox"/> | Aetna Health and Life Insurance Company | 7700015         | Major Medical | 03/23/2011                    | 4.5%                                | 01/01/2010                              | 55%                                      | 50%                          | 1,243,645           |
| <input type="checkbox"/> | Anthem Health Insurance Company         | 77001233        | Major Medical | 03/11/2011                    | 8.5%                                | 05/11/2010                              | 150%                                     | 67%                          | 8,009,955           |
| <input type="checkbox"/> | Anthem Health Insurance Company         | 77001233        | Major Medical | 03/11/2011                    | 8.5%                                | 05/11/2010                              | 150%                                     | 67%                          | 8,009,955           |
| <input type="checkbox"/> | Anthem Health Insurance Company         | 77001233        | Major Medical | 03/11/2011                    | 8.5%                                | 05/11/2010                              | 150%                                     | 67%                          | 8,009,955           |
| <input type="checkbox"/> | Anthem Health Insurance Company         | 77001233        | Major Medical | 03/11/2011                    | 8.5%                                | 05/11/2010                              | 150%                                     | 67%                          | 8,009,955           |
| <input type="checkbox"/> | Anthem Health Insurance Company         | 77001233        | Major Medical | 03/11/2011                    | 8.5%                                | 05/11/2010                              | 150%                                     | 67%                          | 8,009,955           |
| <input type="checkbox"/> | Anthem Health Insurance Company         | 77001233        | Major Medical | 03/11/2011                    | 8.5%                                | 05/11/2010                              | 150%                                     | 67%                          | 8,009,955           |
| <input type="checkbox"/> | Anthem Health Insurance Company         | 77001233        | Major Medical | 03/11/2011                    | 8.5%                                | 05/11/2010                              | 150%                                     | 67%                          | 8,009,955           |
| <input type="checkbox"/> | Anthem Health Insurance Company         | 77001233        | Major Medical | 03/11/2011                    | 8.5%                                | 05/11/2010                              | 150%                                     | 67%                          | 8,009,955           |

1 2 3 4 5

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For questions or comments about this site, email the Webmaster at [webmaster@mid.state.ms.us](mailto:webmaster@mid.state.ms.us)



Mississippi Insurance Department  
1001 Woodfolk State Office Building  
501 North West Street  
Jackson, MS 39201

Main Switchboard  
601-359-3569

Statewide Toll Free  
(Consumers Only)  
800-552-2957

State Fire Marshal's Office  
Toll Free  
888-648-0877

Rate Reviewers will be able to add/delete/modify Rate Review Records. An example of the Rate Review screen for adding a new rate review is shown below.

The screenshot displays the Mississippi Insurance Department's administrative interface. At the top, there is a navigation menu with links for Home, Consumers, Individuals/Entities, Companies, and Fire Marshal. Below this is a header section featuring the department's logo, the name of the Commissioner and State Fire Marshal, Mike Chaney, and a list of links including About Us, Divisions, Public Information Media, Online Services, Laws, Rules, Regulations, Consumer Alerts, Forms, How Do I?, Disasters/Storms, Contact Us, Request Commissioner, and Site Map. A search bar is also present.

The main content area is titled "Add New Rate Change for Insurer" and includes a "Back to Results" button. The form contains the following fields:

- Company:** A dropdown menu with "W. of Ass'n Co. Company" selected.
- Upload Company Logo Image or Exchange Web-Images:** A button for uploading or exchanging logos.
- Policy Form No.:** A text input field.
- Policy Type:** A dropdown menu.
- Date of Current Rate Increase:** A date selection field.
- Percentage of Current Rate Increase:** A percentage input field.
- Date of Last Five(5) Year Rate Increases:** A date selection field.
- Percentage of Five(5) Year Rate Increases:** A percentage input field.
- Last Five(5) Year Loss Ratio:** A percentage input field.
- Submit:** A button to save the new rate change record.

At the bottom of the page, there is a footer with a navigation menu, a copyright notice for 2010, contact information for the Mississippi Insurance Department (1001 Woodfolk State Office Building, 501 North West Street, Jackson, MS 39201), and phone numbers for the Main Switchboard (601-359-3669), Statewide Toll Free (Consumers Only) (800-542-2957), and State Fire Marshal's Office Toll Free (888-543-0377).

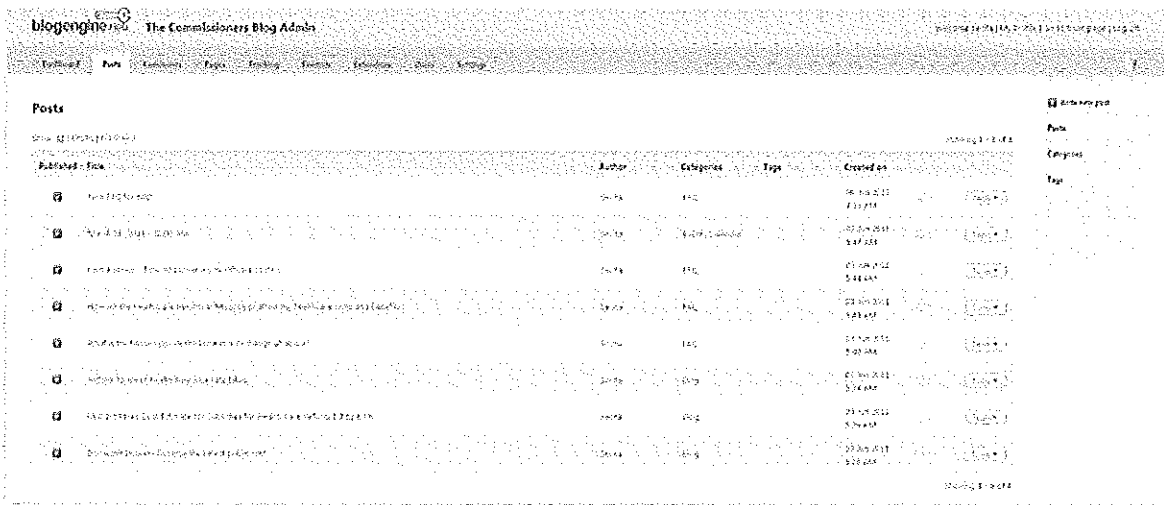
This screen will also be used for making updates to existing rate review records in the system.

## Content Development Workflow (includes Blog/FAQ/Events Calendar)

Users with Content Developer roles will be taken to the Content Development Dashboard. The Content Developer will be able to use the BlogEngine.NET editing tools to

- Create content for Commissioner's Blog
- Create FAQs
- Create Events in the Events Calendar

The BlogEngine.NET blogging tool will be the content development tool for all the three tasks above. Content Developers will need to tag the content in order for it to appear in the commissioner's blog, FAQ or Events Calendar.



Users with the Administrator role will be enabled with all the capabilities that Rate Reviewers and Content Developers have, and will additionally be able perform user administration functions such as the creation and deactivation of users and assignment of roles.

## Security Plan

Access to the Rate Review Dashboard and Content Development Dashboard website functional areas will be limited to authorized MID staff.

GetInsured had proposed the following authentication mechanism for controlling access to these resources:

- A single-signon capability can be provided to the rate review dashboard to enable delegated authentication from the MID site or support ASP.NET authentication if such a mechanism already exists on the existing site
- A standalone ASP.NET forms-based authentication capability can be provided where in user credentials are stored in the rate review database and a cookie based mechanism is used to identify users on the administration pages of the website.
- Users can be authenticated through the Windows authentication provider using the Windows account in the domain in user at Mississippi Insurance Department. The IIS option for Integrated Windows Authentication can be used to provide strong cryptography over the network and ensure that access to sensitive data is secured and controlled.

Based on initial meetings with the MID staff, it was decided that a standalone ASP.NET forms based authentication capability (bullet #2 above) would be the preferred choice to identify and authorize users who will perform administrative functions associated with this application. The authentication solution that will be built for this project will include a role based mechanism to limit access to functionality in the system. The following roles have been identified in consultation with MID:

- Rate Reviewer – maintains rate review data in the system
- Content Developer – maintains the contents of the blog, FAQ, calendar events, etc.
- Administrator – can do all of the above as well as maintain the user list and roles.

In addition to authentication system, a comprehensive audit trail will be built into the rate review system at the application level. When new rate review records are created, modified or deleted, the audit trail will capture:

- The record id that was created, modified or deleted
- Date and Time of creation, modification or deletion
- Rate Review who logged in and made the change



## Coding / Technical Design Plan

The following functionality needs to be developed for the project:

- Rate Review Dashboard
- Rate Review User Interface
  - Home Page
  - Rate Review pages for end users
- User and Role Management
  - Manage access control to allow Rate Reviewers and Content Developers to respective dashboards
- Blog Software setup and integrated for Content Development
- Microsoft Report Pack for IIS setup

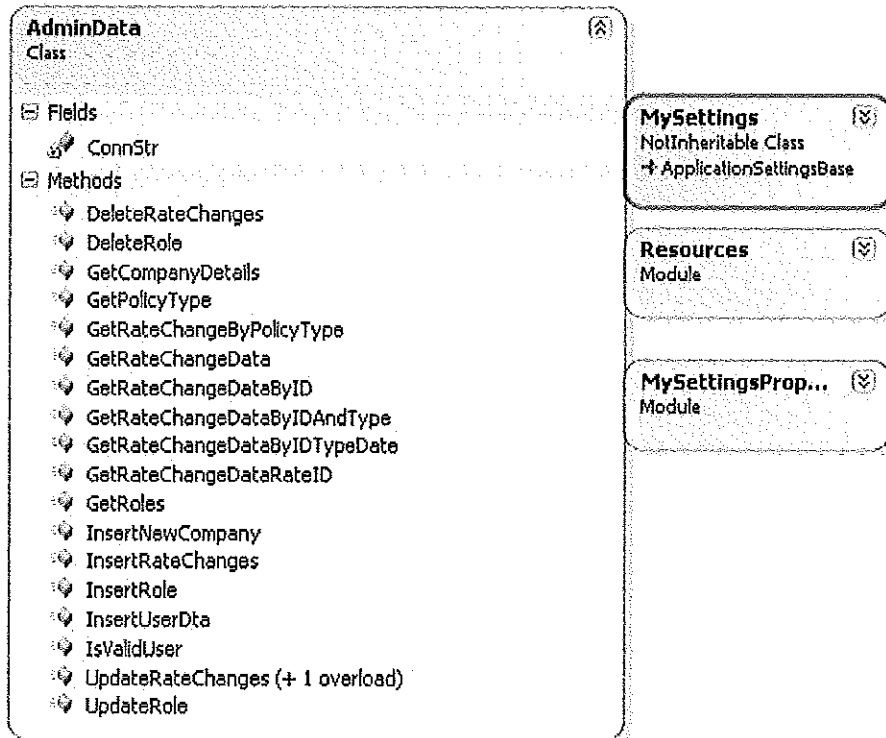
One of the mandatory requirements for the project is that Oracle 11g needs to be the underlying database.

The coding/technical design plan based on the functionality and mandatory requirements includes the following items:

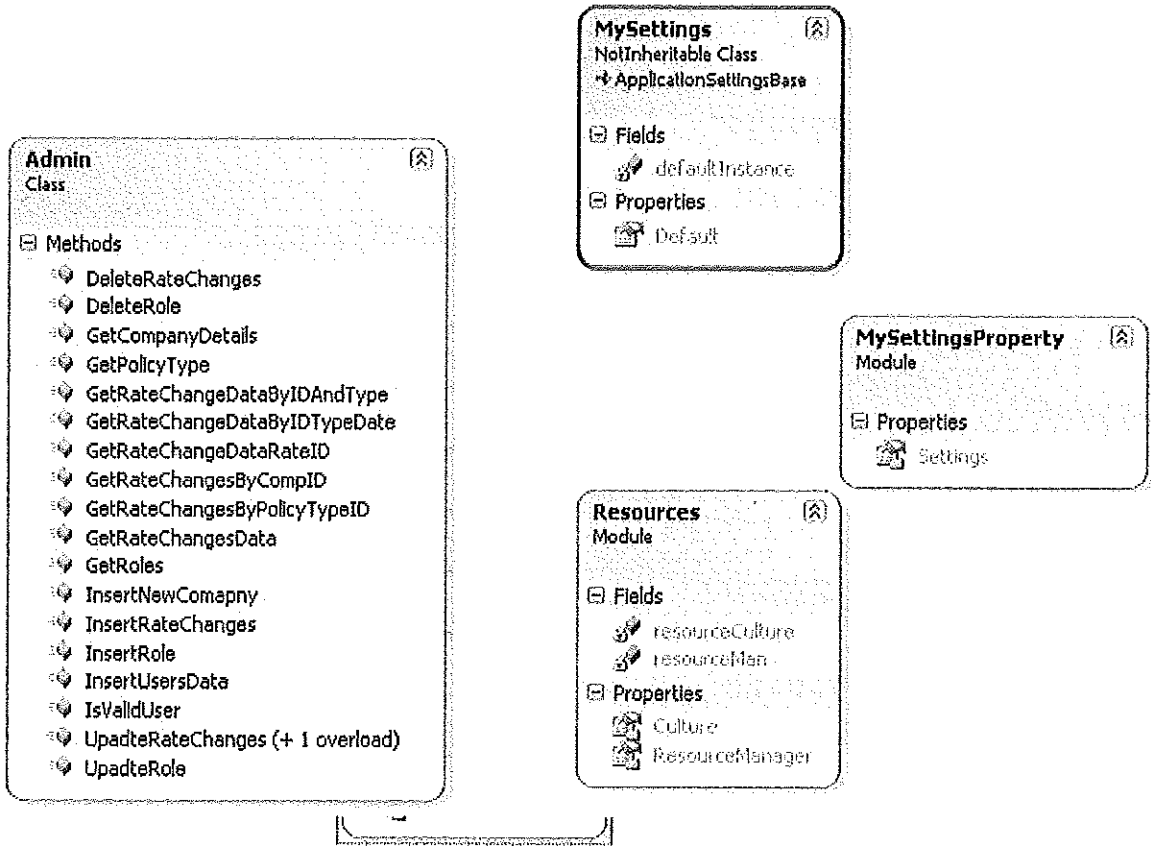
- Database Model and Schema Design for
  - Rate Review data
  - User/Role management
- Setup and customize BlogEngine.NET
- Setup Microsoft Report Pack for IIS
- Port BlogEngine.NET and Microsoft Report Pack for IIS to Oracle 11g
- Application/Business logic implementation tasks
  - Rate Review edit/delete/modify
  - ASP.NET forms based authentication
  - Export capability to XLS for rate reviews
- User Interface / Presentation layer implementation tasks
  - Use MID's master page template
  - Develop CSS for page so that the look and feel matches with the rest of the site.
  - Data validation using JavaScript
  - Section 508 compliance as outlined in Section 8.2 of the RFP 3654
  - Graphing and comparison function for Rate Review Records

The key classes that support the functions defined above are displayed below. The primary Entity Relationship (ER) diagrams are in **Appendix A** of this document.

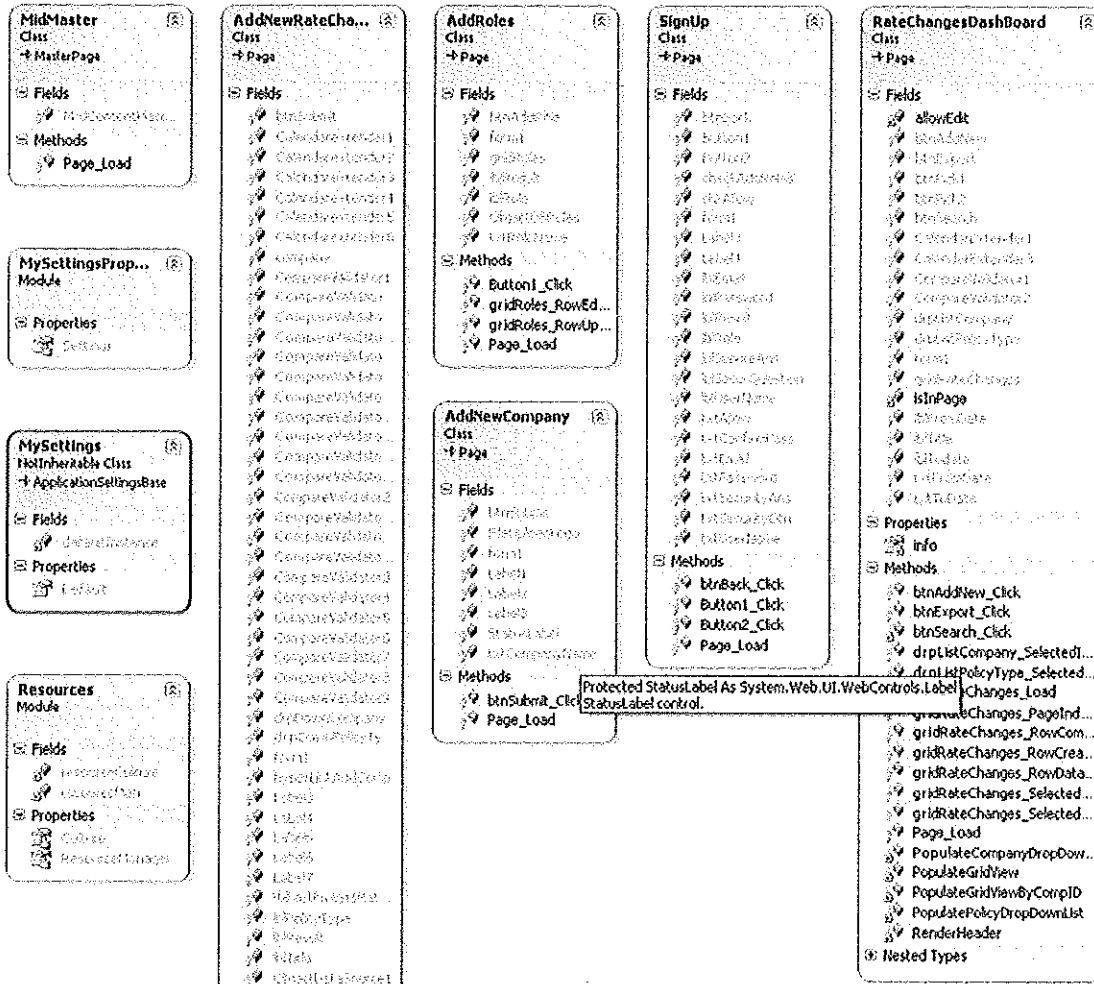
*Data Access Layer Class  
Diagram:*



*Business Logic Class Diagram:*



Presentation Layer Class Diagram:

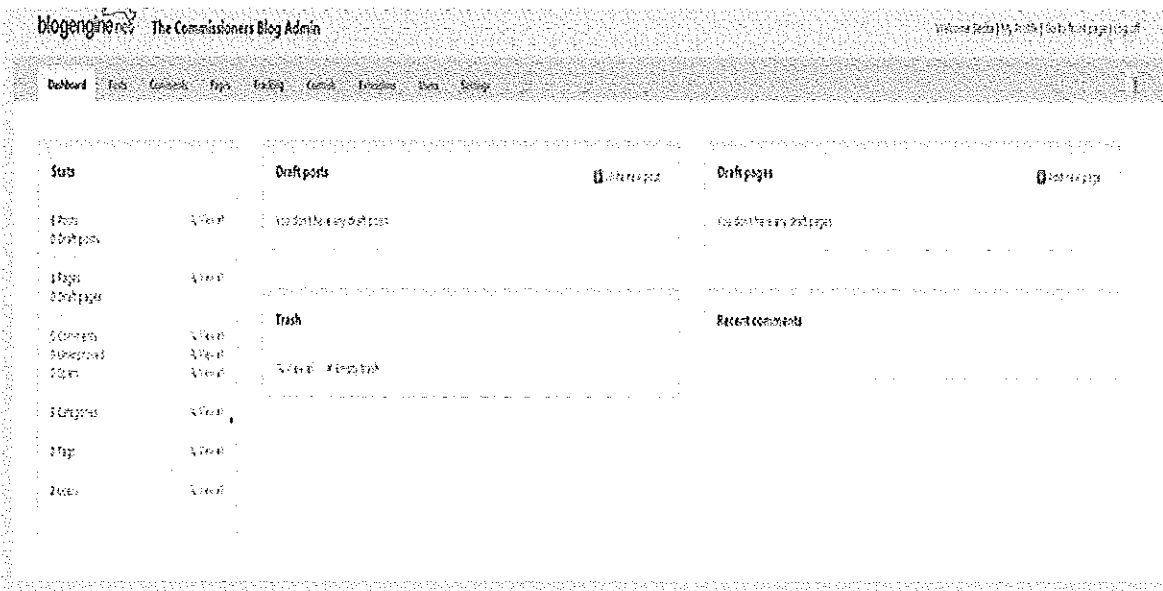


## Development/Implementation Plan

The rate review site will be developed with software that is compatible with the MID technology platform specified in RFP 3654. This platform consists of:

- Microsoft Windows 2008 Server
- Microsoft Internet Information Server (IIS) 7
- Microsoft Visual Studio 2008
- Microsoft .NET Framework 3.5
- Microsoft Active Server Pages (ASP) .NET
- Microsoft Visual Basic .NET
- Oracle 11g

Additionally we will be setting up BlogEngine.NET (an open source blogging software tool) that will be used for developing content for MID site as specified in the approved RFP response from Getinsured.com.



We will also setup Microsoft Report Pack for IIS. This software will be used to track and report user metrics. The user metrics will be extracted from IIS server log files. The list of reports available with this report pack is displayed in the screen below.

SQL Server Reporting Services  
Home >  
**DailyReports**

Search for:

Contents Properties

Show Details

- Browser Statistics**  
Shows a table of web site activity grouped the number of visits based on the browser type. With drill down, you can view the version information for each type of browser on a daily basis.
- Country Statistics**  
Shows a table and pie chart of web site activity grouped by the number of visits based on the country of origin.
- Day of Month**  
Shows a chart and table of web site activity grouped by number of visitors, page views, page hits, and bytes transferred for each day of the month.
- Day of Week**  
Shows a bubble chart, bar graphs and table of web site activity grouped by day of the week and includes number of visitors, page views, page hits, and bandwidth details.
- Global Statistics**  
Shows a chart of web site activity grouped by the number of visitors and bandwidth for one or more sites. You can drill through on the chart to a monthly web site summary.
- Hourly Statistics**  
Shows a chart and table of web site activity grouped by number of visitors, page views, bytes transferred for each hour of the day.
- Length Statistics**  
Shows a table and chart of web site activity grouped by the number of visits based on the amount of time spent on the site.
- OS Statistics**  
Shows a table and chart of web site activity grouped by number of visits based on the type of operating system. You can drill down to web site details for each operating system.
- Pages**  
Shows a table and chart that shows the top 5 pages per site based on the number of visits and bandwidth.
- Site Summary**  
Shows web site summary statistics grouped by time period, visitors and pages and allows you to compare monthly changes in site activity. Includes a document map and all other site details. You can filter by month, year and server.
- Time Period**  
Consists of sub reports showing web site time statistics (by Day of Week, Hour of Day, and Day of Month).
- Visitors**  
Consists of sub reports of web site visitor statistics grouped by time and date.

## Testing Plan

The testing plan for the project will consist of the following set of tests that will be performed during the course of development:

- **Unit Testing:** GetInsured's Software Engineering team will develop and run unit tests to verify the functionality for the code they have developed. The goal of these white-box unit tests will be to ensure the specific code written by the developer is working as expected and that they have exercised and caught the edge/corner cases in their development.
- **Code Reviews:** GetInsured's software engineering team will conduct regular peer-code review. The goal of the code-review is identify and fix any mistakes in the initial development phase.
- **Integration Testing:** GetInsured's Quality Assurance team will document and develop test cases to perform integration testing of the website. These test cases will include both acceptance and regression test cases.

During the course of the project, GetInsured plans to have weekly builds that will be uploaded to GetInsured's internal test server as well as MID's staging server. GetInsured's Quality Assurance team will perform the integration testing after each weekly build.

The Quality Assurance team will document bugs in an Internal Bug Tracking system. The software developers will go through the software development cycle of fixing these bugs, unit testing and doing code reviews and release the improved software to the QA team. We will iterate through this process to make sure all software defects/bugs are fixed in the system.

## Training Plan

Training on the rate review application will occur in person at the time of product implementation, and will be specific to the roles that the MID staff will fulfill in the operation of the system:

1. Rate Review users will receive documentation and training on the workflow and steps involved in creating a new rate review record, updating an existing record, and deleting a record that is no longer valid. Training will also be provided at the session for additional capabilities such as the downloading of rate review data into Excel.
2. Content Development personnel will be provided with documentation and training on the use of the Blogengines.NET system, so the commissioner's blog, the frequently asked questions, events calendar, and other static content can be maintained, edited and published as needed.
3. IT systems administrators will be provided separate training on the systems components, data schema, webserver requirements, and key integration points, so as to enable ongoing maintenance, backups and modifications to be made by MID staff.

Detailed documentation will be provided for all modules of the system, and as the materials for training sessions are developed over the following weeks, Getinsured will be sensitive to the needs and preferences expressed by MID in our weekly calls.



## Development Milestone Plan

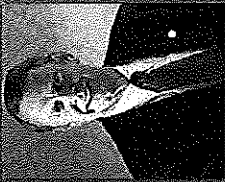
The Software Development will have the following milestones:

- Product Design and Development (June 13 thru July 15)
  - *Screen & Interaction Design*: Design Team will create mockups that outline the look and feel of the website as well describe the user interface aspects of the system.
  - *Technical Design*: The software engineering team will design the data model, create the database schema and define the business logic.
  - *Content* – The Content Team will need to start identifying FAQ, Gloassary, Links, Guides etc
  - *Software Development*: The software engineering team will work on implementing the following modules/subsystems:
    - *Data Model*
    - *User authentication and Security*
    - *Rate Review Dashboard*
    - *End User Rate Review screens*
    - *Blog setup and look and feel changes*
    - *User Metric Report setup*
- Product Implementation And Testing (July 18 thru Aug 12)
  - Product Testing and QA
  - Bug Fixing
  - Install in Staging Environment
  - Review/Refine Content

|   |                    |                    |
|---|--------------------|--------------------|
| <b>Product Design and Development</b>         | <b>Mon 6/13/11</b> | <b>Fri 7/15/11</b> |
| Screen/Interaction Design - Admin Screens     | Mon 6/13/11        | Fri 6/17/11        |
| Screen/Interaction Design - User Screens      | Mon 6/13/11        | Fri 6/17/11        |
| Screen/Integration Design - Rest of Screens   | Mon 6/13/11        | Fri 6/17/11        |
| Technical Design                              | Mon 6/13/11        | Fri 6/17/11        |
| Content - FAQ, Glossary, Links, Guides, etc   | Mon 6/13/11        | Fri 7/8/11         |
| <i>Weekly Regular Conference Call</i>         | Fri 6/17/11        | Fri 6/17/11        |
| Test/QA Plan                                  | Mon 6/20/11        | Thu 6/23/11        |
| <b>Software Development</b>                   | <b>Mon 6/20/11</b> | <b>Fri 7/15/11</b> |
| Data Model                                    | Mon 6/20/11        | Fri 6/24/11        |
| User authentication and Security              | Mon 6/27/11        | Fri 7/15/11        |
| Admin Screens                                 | Mon 6/27/11        | Fri 7/15/11        |
| End User Screens                              | Mon 6/27/11        | Fri 7/15/11        |
| Integrate Blog                                | Mon 6/27/11        | Wed 7/6/11         |
| Administrative Reporting (Clicks, Users, etc) | Mon 6/27/11        | Fri 7/1/11         |
| Integrate Calendar                            | Mon 7/4/11         | Fri 7/8/11         |
| Content Pages                                 | Mon 7/11/11        | Fri 7/15/11        |
| <i>Weekly Regular Conference Call</i>         | Fri 6/24/11        | Fri 6/24/11        |
| <i>Weekly Regular Conference Call</i>         | Fri 7/1/11         | Fri 7/1/11         |
| Prepare Development Environment               | Wed 7/13/11        | Fri 7/15/11        |
| <i>Weekly Regular Conference Call</i>         | Fri 7/15/11        | Fri 7/15/11        |
| <b>Product Implementation and Testing</b>     | <b>Mon 7/18/11</b> | <b>Fri 8/12/11</b> |
| Product Testing and QA                        | Mon 7/18/11        | Fri 8/5/11         |
| Bug Fixing                                    | Mon 7/18/11        | Fri 8/5/11         |
| Install in Staging Environment                | Mon 7/18/11        | Wed 7/20/11        |
| Review / Refine Content                       | Mon 7/18/11        | Fri 8/5/11         |
| <i>Weekly Regular Conference Call</i>         | Fri 7/22/11        | Fri 7/22/11        |
| <i>Weekly Regular Conference Call</i>         | Fri 7/29/11        | Fri 7/29/11        |
| <i>On-site Meeting with MID Staff</i>         | Fri 8/5/11         | Fri 8/5/11         |
| Prepare Training Materials                    | Mon 8/8/11         | Fri 8/12/11        |
| <i>Weekly Regular Conference Call</i>         | Fri 8/12/11        | Fri 8/12/11        |



Insurance Department  
MISSISSIPPI



**Mike Chaney**  
Commissioner, and  
State Fire Marshal

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Search

Most Recent Rate Changes

Search By Company:  All | Type Of Insurance:  All | From Date:  | To Date:  | Search

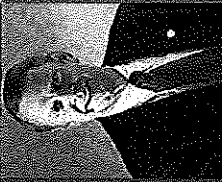
Export Add New Compare View Audit Trail View Error Log

| Edit | Delete | Company                         | Policy Form No | Type Of Insurance                     | Date Of Current Rate Increase | Percentage Of Current Rate Increase | 2010       | 2009       | 2008       | 2007       | 2006       |
|------|--------|---------------------------------|----------------|---------------------------------------|-------------------------------|-------------------------------------|------------|------------|------------|------------|------------|
|      |        | <input type="checkbox"/> Aetna  | H2-2424        | Group Long Term Care - Nursing Home   | 06/29/2011                    | 16                                  | 01/01/2010 | 01/01/2009 | 01/01/2008 | 01/01/2007 | 01/01/2006 |
|      |        | <input type="checkbox"/> Aetna  | H-12224        | Individual Health - Sickness          | 07/05/2011                    | 13                                  | 01/05/2010 | 01/21/2009 | 01/15/2008 | 01/16/2007 | 01/03/2006 |
|      |        | <input type="checkbox"/> Aetna  | H2-34343       | Individual Health - Individual Health | 07/12/2011                    | 12.20                               | 01/01/2010 | 01/01/2009 | 01/01/2008 | 01/01/2007 | 01/01/2006 |
|      |        | <input type="checkbox"/> Aetna  | H3-2223        | Group Long Term Care - Nursing Home   | 06/29/2011                    | 12.20                               | 01/01/2010 | 01/01/2009 | 01/01/2008 | 01/01/2007 | 01/01/2006 |
|      |        | <input type="checkbox"/> Humana | H8-13223       | Individual Health - Short Term Care   | 07/05/2011                    | 12.20                               | 01/01/2010 | 01/01/2009 | 01/01/2008 | 01/01/2007 | 01/01/2006 |
|      |        | <input type="checkbox"/> Aetna  | H2-23423       | Group Health - Short Term Care        | 07/12/2011                    | 12                                  | 07/12/2010 | 07/12/2009 | 07/12/2008 | 07/12/2007 | 07/12/2006 |

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# Insurance Department MISSISSIPPI

## View Rate Changes

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### Aetna

Policy Form #: H9-2323

Type of Insurance: Group Health - Group Health

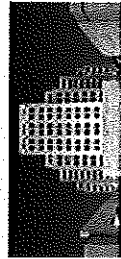
Policy Approval: 07/05/2011

Current Rate Increase: 06/27/2011

Current Rate Increase: 34%

|                                      | 2010       | 2009       | 2008       | 2007       | 2006       |
|--------------------------------------|------------|------------|------------|------------|------------|
| Date of Last (5) Year Increases      | 07/18/2010 | 02/12/2009 | 02/21/2008 | 02/22/2007 | 02/22/2006 |
| Percentage of Last (5) Yrs Increases | 0          | 0          | 0          | 0          | 0          |
| Last (5) Years Loss Ratio            | 0          | 0          | 0          | 0          | 0          |
| No. of MS Insureds                   | 0          | 0          | 0          | 0          | 0          |

[Resources](#) [FAQ's](#) [Feedback](#)





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## Compare Health Insurance Rate Changes

If you are looking for change your health insurance for yourself and your dependees, because of rate increase, here's a tool that will help you compare rate increase and medical loss ratios of all health insurance companies in the state. A look at the five year trends of rate increase of these companies may help you anticipate future rate changes and consider alternatives. Start by searching for your insurers name below.



Search By

Aetna

Search



### Help & Advice

If you need help in understanding how to interpret the rate increase data represented here please read through the help section. If you cannot find your answer online, contact the Mississippi Insurance Department.  
www.mid.state.ms.us or call 800-562-2957 or 601-359-2453 or email to help@mid.state.ms.us



### Frequently Asked Questions

- What is a 'network' plan type?
- What is an individual or family health insurance plan?
- What types of individual or family health insurance plans do I have to choose from?
- How do HMO plans work?
- How do PPO plans work?
- What types of HMO models can I choose from?
- How do indemnity plans work?
- How do point of service (POS) plans work?



### Resources

- Health insurance and the role of consumers and providers
- Glossary of terms and acronyms used on health insurance
- How to guide about shopping for health insurance:background information about concepts



### The Commissioner's Blog

Jun 03, 2011 Anthem to lower health insurance rate hikes.



### Related Links

HealthCare.gov  
NAIC



### Events Calendar

March 28 -2011 - 10:00 AM  
A representative from the State Fire


|      |   |
|------|---|
| 2008 | 0 |
| 2007 | 0 |
| 2006 | 0 |

**NO Of Mississippi Insureds\***

|      |   |
|------|---|
| 2010 | 0 |
| 2009 | 0 |
| 2008 | 0 |
| 2007 | 0 |
| 2006 | 0 |

**Policy Approval**

Summary of rate increase explanation

Policy Approval:  

**Edit Uploaded Files**

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\*Number Of Mississippi Insureds refers to the number of insureds covered under individual policies and/or group policies.

