

OPPORTUNITIES FOR CONSUMER ENGAGEMENT BEYOND NEW HAMPSHIRE'S RATE REVIEW PROCESS

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TABLE OF CONTENTS

- 1.0 EXECUTIVE SUMMARY 3
 - 1.1 Introduction 3
 - 1.2 New Hampshire Context 3
 - Figure 1: Estimated Insurance Coverage Distribution of NH Population by Coverage Type - 2015 4
 - Figure 2: Comparison of Individual and SHOP Member Counts 5
 - 1.2 Methodology Summary 6
 - 1.3 Key Findings and Recommendations 7
 - Figure 3: Proposed NHID Consumer Framework 12
- 2.0 RESEARCH METHODOLOGY 13
 - Figure 4: Report Data Sources 14
- 3.0 DISCUSSION 17
 - 3.1 Introduction 17
 - 3.2 Current Rate Review Process 18
 - Table 1: Entities, Roles, and Functions in Rate Review Process 19
 - Figure 5: New Hampshire Rate Filing Review Process Summary Example 20
 - 3.3 Rate Review Process Engagement 20
 - Figure 6: Consumer Advocates’ Perception of Consumers’ Level of Education of the Rate Review Process (n=20) 21
 - Figure 7: Consumer Advocates’ Perception on the Level of Their Education About the Rate Review Process (n=20) 22
 - Figure 8: Consumer Advocates Concern About Insurance Rates by Market Type (n=20) 23
 - Table 2: Top 3 Ranked Methods to Reduce Insurance Rates - Producers and Consumer Advocates 23
 - Table 3: Survey of General Consumer Health Information Website Features (5/21/15) 24
 - Table 4: Survey of Consumer Website Functions Related to Rate Review Process (5/21/15 & updated 6/23/15) 25
 - Figure 9: Comparison of Consumer Advocate and Producer Perceptions Regarding the Usefulness of the Public Display of Carrier Rate Submissions for Public Comment 27
 - 3.4 Consumer Health Literacy and Engagement 27
 - Figure 10: Consumers Information Requirements When Entering and Navigating the System 28
 - Table 5: Comparison of Consumer Understanding of Various Topics When First Coming in Contact With Insurance Market 30
 - Table 6: Number of On-Exchange Medical Carriers, Plans, and Hospitals - 2014-2016 31
 - Table 7: Number of On-Exchange Dental Carriers and Plans - 2014-2016 31
 - 3.5 NHID Consumer Framework 32
- 4.0 CONCLUSION 34
- APPENDICES 36
 - A-1 Annotated Bibliography 36
 - A-2 Producer Survey Instrument 36
 - A-3 Producer Survey Results Summary 36
 - A-4 Consumer Advocate Survey Instrument 36
 - A-5 Consumer Advocate Survey Results Summary 36
 - A-6 Screen Shots of Consumer Rate Review Websites (AR, CA, NY, OR, WA) 36
 - A-7 Rate Review Detail Process Map 36

1.0 EXECUTIVE SUMMARY

1.1 Introduction

The New Hampshire Insurance Department (NHID) contracted with Louis Karno & Company and its partner, Pero Consulting Group LLC, under RFP-RRG-308 to provide research and recommendations regarding consumer engagement with New Hampshire’s rate review process in the individual and small group markets.

The core aim of this research was to understand New Hampshire consumers’ knowledge of the rate review process and to review best practices of other states to determine a set of recommendations for NHID. This was done to support NHID’s desire to determine whether New Hampshire can better support consumers during the rate review process and encourage more consumer input into the process.

For this report, the rate review process was broadly examined from a variety of perspectives – consumer, producer, regulatory, carrier – resulting in findings and recommendations focused not only on rate review, but also opportunities for broader NHID consumer engagement. These opportunities for consumer engagement became the foundation for a proposed consumer transparency framework for NHID’s consideration.

It is evident from this research that “*rates versus rate review*” is what consumers are focused on. It is also clear from this research that there are opportunities both for improving consumer health literacy and for the NHID to develop a broader consumer engagement strategy. This strategy should be inclusive of both how consumers purchase insurance products and how they ultimately access their benefits.

1.2 New Hampshire Context

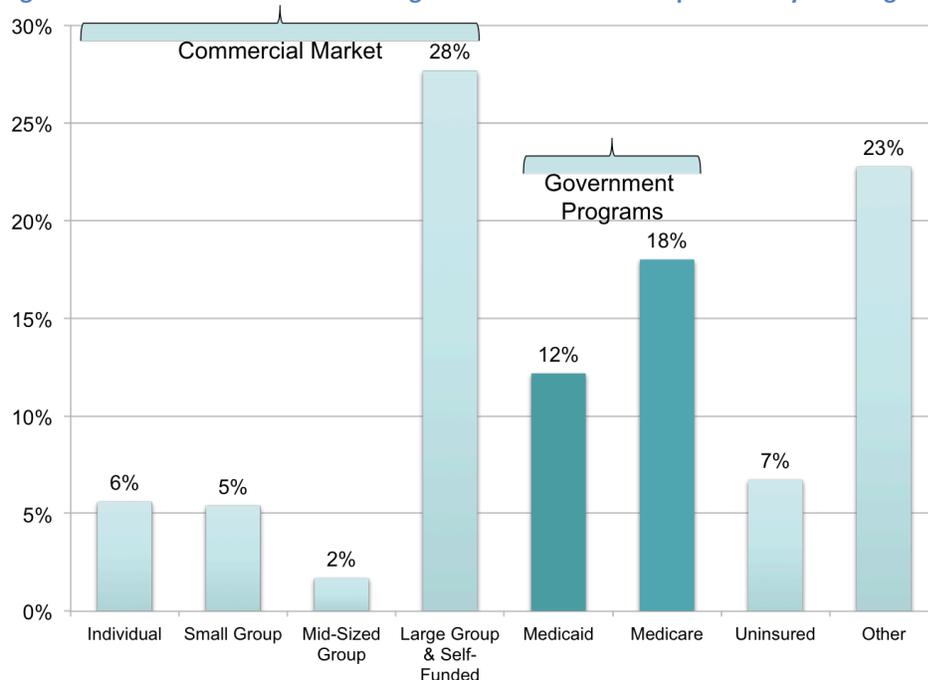
Unlike many states, New Hampshire has had a rate review process with strong regulatory abilities in place for nearly two decades. This process has been strengthened in recent years under the Patient Protection and Affordable Care Act (PPACA) with additional carrier reporting requirements and the ability for consumers to comment directly on rate filings. The current rate review process is discussed in Section 3.2 and Appendix A-7.

Since 2011, NHID has published an annual rate review report with a detailed analysis of medical cost drivers and released its findings via public meetings. Additionally, through the most recent rate review grants, NHID has published or is currently leading projects focused on: The New Hampshire insurance market, network adequacy, and health care reform options.

The research and findings of this report are focused on New Hampshire’s individual and small group marketplaces. The opinions sought from NHID staff, a literature review, producers, consumer advocates, and industry organizations all focus on these two markets. In total, the individual and small group markets represent a relatively small proportion (11%) of the coverage in New Hampshire (Figure 1).

Figure 1 depicts the current estimated insurance coverage distribution in the New Hampshire Insurance market for 2015. The individual (6%), small group (5%), mid-sized (2%), large group and self funded (28%), Medicaid (12%), and uninsured (7%) figures were taken from a report released by the Wakely Consulting Group in January 2015 which created 2015 projections¹. The Kaiser Family Foundation states that Medicare represents 18%² of New Hampshire's population, and the remainder is represented as Other (23%).

Figure 1: Estimated Insurance Coverage Distribution of NH Population by Coverage Type - 2015



Between November 15, 2014 and February 15, 2015, 53,005 people in New Hampshire enrolled via Healthcare.gov according to a March 2015 issue brief authored by the US Department of Health and Human Services (DHHS).³ This represents only four (4%) percent of New Hampshire's total population of 1,326,813 as of 2014 per US Census Bureau⁴.

Based upon data provided by NHID⁵, the 2015 membership on the Exchange is growing, and the majority of it remains in the individual versus SHOP (small business) market (Figure 2).

¹ [Wakely Consulting Group Phase II report: New Hampshire Health Insurance Market Analysis.](#)

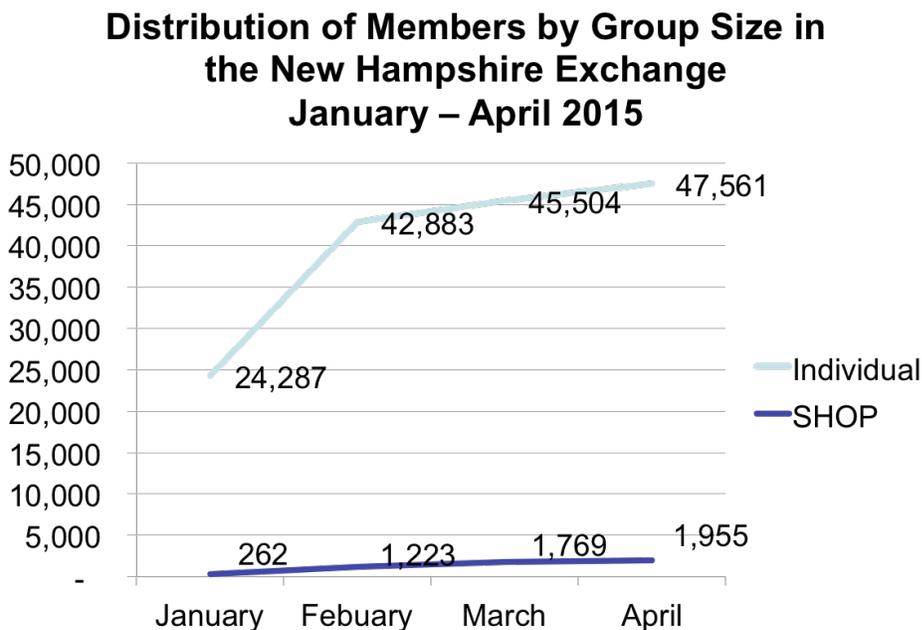
² [Kaiser Foundation: Medicare Beneficiaries as a Percent of Total Population.](#)

³ [DHHS/ASPE Issue Brief: March Enrollment Report.](#)

⁴ [US Census Bureau New Hampshire Quick Facts.](#)

⁵ [2015 QHP Monthly Membership Report.](#)

Figure 2: Comparison of Individual and SHOP Member Counts



New Hampshire’s implementation of the health insurance marketplace under PPACA and the way consumer engagement and support is managed is different than other states. There are three primary functions served by three different parties⁶:

1. Federal Marketplace functions are performed by the federal government and include: Healthcare.gov, toll-free hotline, tax credit administration, cost of coverage calculator, and operation of the Navigator program. In addition, the federal government developed the SHOP Exchange for small employers and makes final Qualified Health Plan (QHP) certification decisions.
2. Plan Management functions are performed by the NHID and include: QHP review, collection and analysis of plan rate and benefit package information, ongoing issuer oversight, plan monitoring and data analysis for quality, and assisting consumers who have carrier complaints.
3. Consumer Assistance functions are performed by Covering New Hampshire⁷ that manages State-specific outreach and education and the Marketplace Assister program, while the federal government maintains call center operations, website management, consumer correspondence on eligibility/enrollment, and the selection of Navigators.

⁶ Documentation received on June 23, 2015 from NHID staff.

⁷ [Covering New Hampshire](#), a project/client of the New Hampshire Health Plan, is a client of Louis Karno & Company Communications.

In addition to the above backdrop on New Hampshire’s unique implementation of its health insurance marketplace, the NHID has stated publicly that it has three primary priorities that benefit NH’s insurance consumers⁸:

1. Ensure carrier financial solvency
2. Foster a competitive insurance marketplace
3. Provide consumer services.

Beyond the consumer carrier complaint management functions listed under Plan Management functions, NHID currently has two primary ways to directly engage with and support New Hampshire consumers:

1. The Consumer Services Division assists consumers who have problems with coverage, including issues with HealthCare.gov.
2. NHID supports multiple transparency efforts including: NH HealthCost⁹ price transparency website, consumer forums, and an annual cost drivers report. This is in addition to consumer-focused FAQs, reports, and links made available on the NHID website.

1.2 Methodology Summary

As described in more detail in Section 2.0, the conclusions in this report were drawn from a synthesis of the multiple data sources:

- NHID staff interviews
- A literature review, including a review of individual states’ consumer-focused rate review websites
- Phone interviews with state officials, producers (known commonly as “insurance agents”), consumer advocates, insurers, and industry associations
- A web-based survey of New Hampshire producers
- A web-based survey of New Hampshire consumer advocates
- A state-wide conference call discussion with Navigators/Marketplace Assisters (MPAs)
- A community listening session
- An analysis of data from the NHID Consumer Services Division’s call tracking platform.

⁸ NHID Commissioner R. Seigny speaking at a NHID-sponsored consumer listening session held May 7, Manchester, NH.

⁹ [NH HealthCost website](#).

While the sample sizes were small for many of these sources, the patterns that emerged were consistent across the various data sources.

1.3 Key Findings and Recommendations

The findings in this report are focused on two broad areas:

1. Rate review and consumer interaction with the rate review process.
2. Consumer transparency, engagement, and health literacy.

With regards to rate review and consumer interaction with the rate review process, there are nine findings¹⁰:

1. The research of producers and consumer advocates in New Hampshire revealed that most stakeholders, not just consumers, do not understand the New Hampshire rate review process. “Rates versus rate review” was a common sentiment among those surveyed.
2. Producers perceived themselves to be more educated about the rate review process than consumer advocates: Seventy-five percent (75%) said they did not need more information about the rate review process. By contrast, 30% of consumer advocates said they were “educated” about the rate review process, and 50% stated they “*needed more information.*”¹¹ Eighty-five percent (85%) of consumer advocate respondents said consumers were “not educated” or “somewhat educated” about New Hampshire’s rate review process¹².
3. While 76% of producers stated they needed no more information about New Hampshire’s rate review process, many indicated interest in cost driver information.¹³ In both the individual and small group markets, producers stated that benefit package price, deductible and out-of-pocket costs, and provider network were substantially more important to consumers than participation in or understanding the rate review process. This last statement also correlates to data from the consumer advocate survey.
4. States have not received guidance or any voluntary standards from federal agencies regarding what type of rate review information should be made available to consumers and in what format. Consumers Union has developed a set of recommendations for advocates and consumers and is actively involved in working with states to improve transparency for consumers^{14 & 15}. Some states, such as Washington, Oregon, California,

¹⁰ The findings are not in any type of rank order. The numbering is for ease of reference.

¹¹ Appendix A-3.

¹² Appendix A-5.

¹³ Ibid.

¹⁴ 2014 December 24, Mendelsohn, D and March 2015 phone conversation and 2014 May, Roberto, S, et al.

New York, and Arkansas, have independently developed comprehensive web portals for consumers to be able to view rate filings, comment on rate filings, learn about public meetings, and perform other functions¹⁶. Table 4 surveys state website features.

5. Ninety percent (90%) of consumer advocate survey respondents stated that having a public website such as New York's or Oregon's would be "useful" or "very useful", whereas in contrast only 38% of producers surveyed stated it would be "useful" or "very useful."¹⁷ When speaking anonymously with officials in two of these states directly, however, concern was voiced that rate review transparency was utilizing scarce resources that could be possibly re-directed for consumer transparency efforts, one example of which is the NH HealthCost website.
6. While the NHID makes provisions on its website¹⁸ for numerous ways for consumers to interact with the rate review process including the ability to comment on rates, view rates on Healthcare.gov, view rate review exceptions on Healthcare.gov, find information about cost drivers, link to the NHID's NH HealthCost website, submit a complaint, and other functions, the website organization appears haphazard and difficult to navigate from a consumer perspective. There is an ongoing effort within NHID to redesign the website in 2015.
7. As of June 3, 2015, no rate review comments have been made in New Hampshire using the National Association of Insurance Commissioner's (NAIC) System for Electronic Rate and Form Filing (SERFF) web-based interface¹⁹. If the NHID were to create a more seamless website interface for consumers to be able to make rate review comments online such as Oregon or Washington have done (Table 4), the cost of web development may not make sense given low consumer participation in the rate review process. There may also be a "chicken and egg" problem in that without development of a more consumer-friendly website, consumers will not comment on rate filings. This research was not able to assess this in more detail.
8. Some states, such as California and Colorado, have been able to quantify the benefit of their rate review programs in terms of weighted average increase/decrease by product segment, geography, and consumer subsidy level^{20 & 21}. This information is used to help market and justify California's rate review program²². New Hampshire currently does not quantify the benefits of its rate review program, nor does it compare rates and increases to those in neighboring states²³.

¹⁵ [Rate Review - Resources for Advocates and Consumers developed by Consumers Union.](#)

¹⁶ Appendix A-6.

¹⁷ Appendix A-5.

¹⁸ [New Hampshire Insurance Department website.](#)

¹⁹ June 3, 2015 email from NHID actuarial staff.

²⁰ Phone conversation with Consumers Union staff March 2015.

²¹ [Covered California Health Insurance Companies and Plan Rates for 2015.](#)

²² 2014 April, Weinstein, Z and Rusch, E.

²³ NHID staff interview comment March 17, 2015.

9. The analysis of health insurance inquiries via the NHID’s call tracking system dataset validates that rates are of concern, but the extent of which via this vehicle is unknown. Based upon the call logs examined between October 2, 2013 and February 27, 2015 – nine percent (9%) of all calls tracked indicate a rate-related issue of *some type*, but this does not necessarily mean rate review. Within the top five call reasons (rates being the #4 top reason), issues of network adequacy (reason #1), the Small Business Health Options Program (SHOP) Exchange marketplace (reason #3), and deductible and co-payments (reason #5) directly tie into the next set of findings regarding consumer health literacy.

With regards to consumer transparency, engagement, and health literacy, there are nine findings²⁴:

1. As evidenced through the interviews and surveys conducted for this report, consumers in the individual and small group marketplaces are viewed as being poorly educated on both the purchasing and the utilization of health insurance products. Even with a wide variety of education sources (i.e., websites, producers, Navigators/MPAs, non-profits, Healthcare.gov), producers believed that 86% of consumers in the individual market are not educated or somewhat educated regarding purchasing and utilizing health insurance products. In the small group market, this number dropped to 56%. Neither individual nor small group consumers were considered “very educated.” Eighty percent (80%) of respondents to the consumer advocate survey considered New Hampshire’s consumers to be “not educated” or “somewhat educated” about how to purchase and utilize health insurance products in the individual market. This number decreased to 50% in the small group market.²⁵
2. This report’s research with producers and consumer advocates reveals low levels of awareness of web tools to help consumers purchase and use insurance products, as well as poor understanding of the product benefits and provider networks²⁶.
3. When the notion of consumer education was explored further, consumers purchasing health insurance were viewed as needing to primarily understand information about: benefit package price, deductibles and out of pocket costs, and provider networks. This opinion was voiced both by the producers and consumer advocates, who were concerned that, especially on the insurance exchange, consumers are buying only on price, with little understanding of the benefits and networks they are purchasing.²⁷
4. In addition to understanding how to purchase health insurance, consumers were seen by both producers and consumer advocates as needing to understand: PPACA, the open

²⁴ The findings are not in any type of rank order. The numbering is for ease of reference.

²⁵ Appendix A-3 and Appendix A-5.

²⁶ Ibid.

²⁷ Ibid.

enrollment period, tax penalties, and how to make enrollment changes on Healthcare.gov.²⁸

5. There is no one entity in New Hampshire that is responsible for consumer education about benefits and benefit utilization. Producers who were directly interviewed stated they had a key role in educating consumers. While this may be true, consumers have the opportunity to receive education via a wide variety of sources, including: Healthcare.gov, Navigators/MPAs, non-profit consumer organizations, insurance carriers, and producers. While the NHID provides educational materials, websites, forums, news releases, and other information, it is not designated as the primary source for consumer education due to the health insurance marketplace Consumer Assistance functions provided by Covering New Hampshire and the federal government.
6. In both the individual and small group markets, consumer awareness of websites designed to assist consumers is perceived as low. The consumer advocate survey results found that only 20% or fewer (depending on the website) of consumers were “very aware” or “aware” of such websites and tools as: the NHID website, NHID’s NH HealthCost website, carrier cost and quality websites, carrier concierge services, hospital websites, and Medicare’s hospital compare website. For producers, this number was less than 8% or fewer, depending on the website.²⁹
7. NHID currently has multiple ways to support and engage consumers, including: the annual cost driver reports, NH HealthCost website, an annual rate hearing, links to Healthcare.gov, links to NAIC’s InsureUonline.org, and multiple ways to contact the NHID’s Consumer Services personnel. Beyond these efforts, there appears to be further opportunity for the NHID to develop a more comprehensive “consumer transparency framework” (discussed in detail in Section 3.5) that would consolidate consumer messaging and engagement regarding rate review, purchasing insurance, using insurance, and Healthcare.gov.
8. Navigators/MPAs, rather than producers, are often the point of contact for consumers on the exchange. While the Navigators/MPAs have received extensive training³⁰ they do not have the same state licensing and training requirements required of producers³¹. By New Hampshire statute, Navigators/MPAs may not facilitate the sale of insurance products, and yet there is also no specific mandate for Navigators/MPAs to refer consumers to a licensed producer³².
9. There are an increasing number of health products being sold on the insurance Exchange (Healthcare.gov) – a five-fold increase in carriers and a nearly six-fold increase

²⁸ Ibid.

²⁹ Ibid.

³⁰ [Centers for Medicare & Medicaid training for navigators, agents, brokers & other assisters.](#)

³¹ [NHID Producer Licenses.](#)

³² RSA 420-N:8:II.

in plans offered between 2014 and 2016³³ (Table 5). This is likely to lead to additional consumer confusion due to lack of comparison tools within Healthcare.gov and to increasing product complexity (i.e., narrow networks). This concern was expressed multiple times during interviews with producers and consumer advocates.

Based upon the report findings, there are five recommendations³⁴:

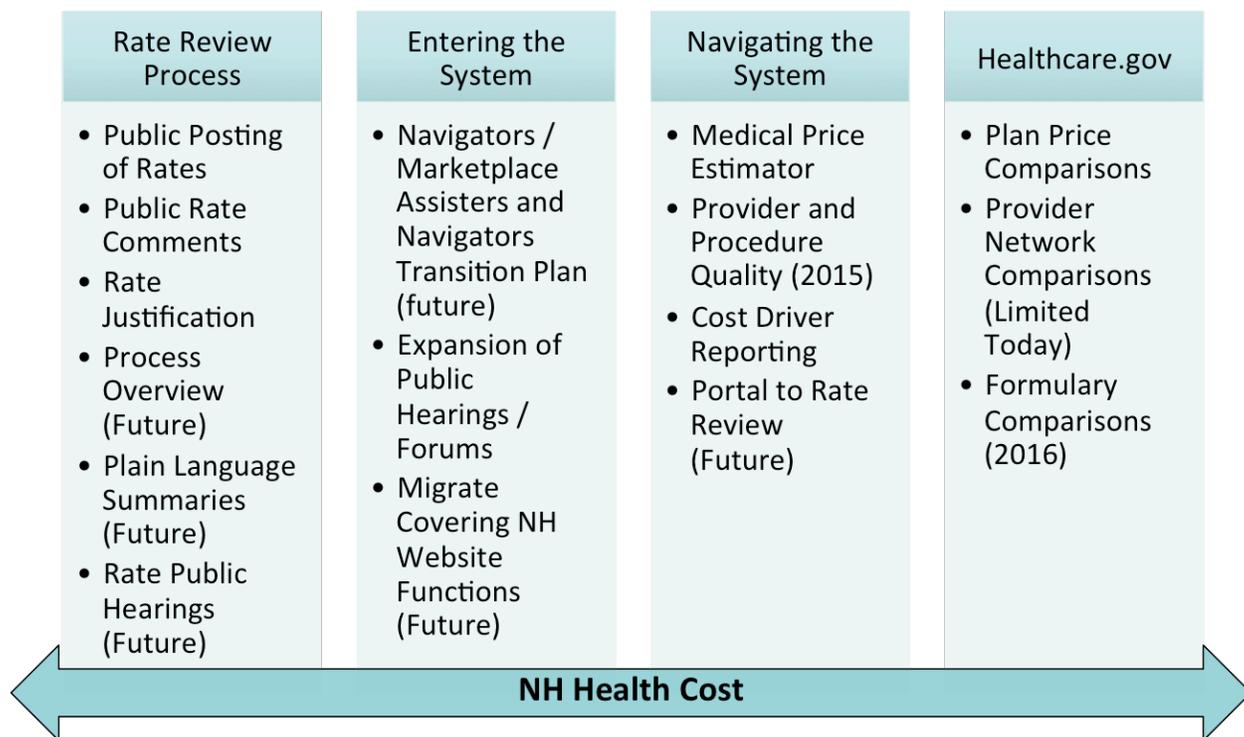
1. To bolster health literacy, provide transparency, engage consumers, and to further cement the role of the NHID with consumers, the NHID should consider developing a broader consumer transparency framework. This framework would be used to guide NHID priorities, provide a communication mechanism for stakeholders, and leverage the NH HealthCost platform by expanding its content depth. Figure 3 is a depiction of said framework and includes four, broad components which are discussed in detail in Section 3.5:
 - a. The rate review process.
 - b. How consumers enter the insurance system when making purchasing decisions.
 - c. How consumers navigate the use of their insurance (i.e., provider networks, price and quality of providers, formularies, co-payments, deductibles, etc.).
 - d. Healthcare.gov.

Some of these items shown in Figure 3 are already currently being provided by NHID. The authors recommend that the NH HealthCost website and brand be further leveraged to provide the vehicle to deliver this broader consumer transparency framework to New Hampshire consumers.

³³ Information retrieved from NHID public meeting held June 5, 2015, Concord, NH.

³⁴ The recommendations are not in any type of rank order. The numbering is for ease of reference.

Figure 3: Proposed NHID Consumer Framework



2. There is an opportunity to provide more consumer-facing information about rate review to consumers, and to allow for more transparency into the rate review process. Should NHID wish to imitate states such as Oregon and Washington, both of whom have designed consumer-centric rate review processes and websites (Table 4), then the authors minimally recommend that that the NHID develop a public website with the following components:
 - a. A description, similar to Figure 5, of New Hampshire’s rate review process with explanatory, supporting text.
 - b. Tighter systems integration between the NHID website or the NH HealthCost website with the NAIC SERFF website using NAIC’s application program interface (API) toolkit in order to allow consumers to:
 - i. View filings
 - ii. View filing summaries
 - iii. Comment on specific filings.
 - c. Statistics regarding New Hampshire’s rate review process that would demonstrate the value of the NHID rate review process.
3. NHID should consider a process to elicit feedback from New Hampshire’s producer community regarding Healthcare.gov and compile that data for the Centers for Medicare and Medicaid Services. The producers are very close to Healthcare.gov’s

shortcomings and would provide a “business voice” that could augment and/or be a proxy for the “consumer voice.” An example of relevant feedback is the producers’ current inability to assist their customers directly on the Healthcare.gov website with client services such as address changes. Gaining this type of direct feedback from producers would optimally lead to the development of a more formalized, NHID producer engagement program.

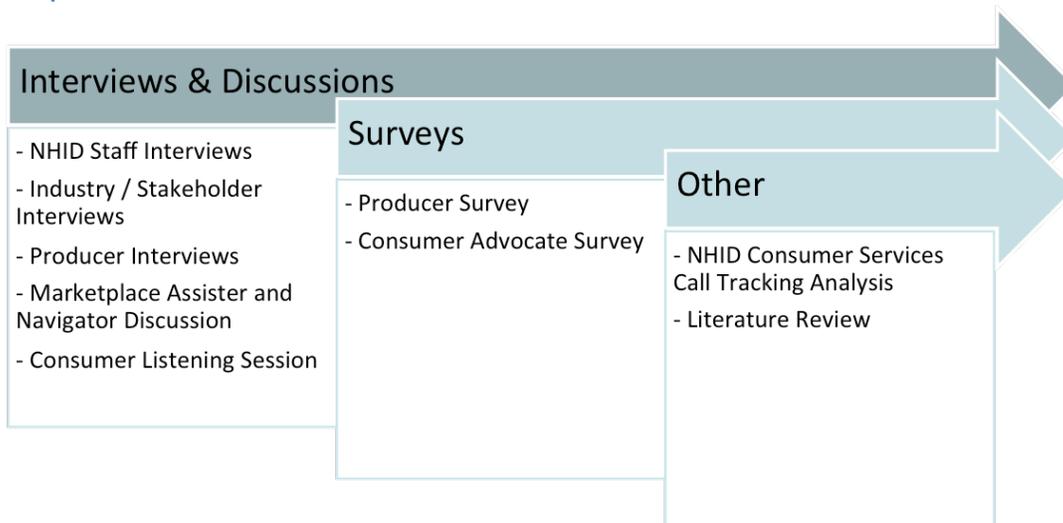
4. The Navigator/MPA programming and the Covering New Hampshire website have filled a large void in consumer literacy over the past 24 months, and it is unclear how these needs will be maintained in the future. NHID should encourage the formal development of a transition plan for Covering New Hampshire’s services. This will likely include partnerships between the producers and the Navigators/MPAs prior to the end of 2015, in order to increase the likelihood that remaining uninsured consumers will enroll. It should also consider the tools and information components of the Covering New Hampshire website and how they might integrate with NH HealthCost in the future.
5. NHID’s Consumer Services Division call tracking platform was lacking in its ability to supply detailed analysis to inform this project’s research questions surrounding rate review inquiries. The authors recommend that the NHID consider reviewing the current capabilities and gaps of the call tracking system to determine whether an upgraded or newer technology could assist NHID in making data driven decisions.

These findings and recommendations are discussed in more detail in Section 3.0.

2.0 Research Methodology

This research project was designed to synthesize information from a wide variety of sources, and to be able to draw conclusions based upon the cross-verification of sources. In order to accomplish this, a combination of qualitative and quantitative data was collected. These data include interviews and discussion, surveys, and other methods. Figure 4 depicts the data sources used for this report that were synthesized in Section 3.0. While the sample sizes were small for many of these sources, the patterns that emerged were consistent across the various data sources.

Figure 4: Report Data Sources



Each of the data sources in Figure 4 is described below, in the order in which they were conducted:

NHID STAFF INTERVIEWS

After the project kick off meeting, the first phase of the project included a series of NHID staff interviews. These interviews were designed to obtain a variety of views on the background for this project, ideas on project execution, and to better understand the roles of various Department personnel in the rate review process. Several of the interviews resulted in names of external stakeholders to be interviewed.

LITERATURE REVIEW

A literature review was performed at the start of the project, and an annotated bibliography can be found in Appendix A-1. The review was focused on how states were approaching rate review from a consumer perspective, and generated a partial list of organizations and individuals to interview by phone.

INDUSTRY / STAKEHOLDER INTERVIEWS

Phone interviews and email conversations regarding consumer engagement in the rate review process and the consumer-focused role of an insurance department were held with state insurance departments including: Arkansas, California, New York, Oregon, and Washington. Additional phone interviews and email conversations were held with staff from: Consumers Union, CMS, NAIC, and NCSL. Finally, conversations were held with several insurance carrier representatives to gain their perspectives.

NAVIGATORS/MPAs FACILITATED DISCUSSION

A decision was made to facilitate a discussion with the Navigators/MPA community as well as to include them in the consumer advocate survey. The discussion was held in a conference call

format in order to accommodate the geographic breadth of the Navigators/MPAs. The conference call was held on March 26, 2015, with 11 participants, and was designed to elicit discussion regarding topics including:

- Their knowledge of New Hampshire's rate review process
- The degree to which this community interfaces with producers (insurance brokers)
- The role NHID has in terms of providing information to consumers
- Issues that consumers face when both purchasing and utilizing insurance
- Healthcare.gov.

NHID CALL TRACKING ANALYSIS

The NHID Consumer Services Division maintains a call tracking database for calls received. In order to attempt to understand the volume and types of rate review concerns from consumers, the call tracking data was requested for analysis. A dataset from October 1, 2013 to February 27, 2015 was created by the NHID Consumer Services Division. A key word analysis was run to group the call log records by topic and by carrier. There were limitations to the degree of specificity available from the call tracking system analysis.

PRODUCER CALLS AND PRODUCER SURVEY METHODOLOGY

The producer survey was developed with input from the producer interviews, data collected in the call with Navigators/MPAs, and from NHID program and operations staff. The survey instrument is found in Appendix A-2 and the results in Appendix A-3.

The survey was put into the field via email on April 6, 2015. It was sent to 206 producer email addresses provided by the NHID. The first reminder notice was sent on April 10, 2015 to 153 producers who had not responded and to 13 who had started to respond but had incomplete responses. The second reminder was sent on April 15, 2015 to 141 producers who had not responded and to 12 who had started to respond but had incomplete responses.

The survey was closed on April 17, 2015 with 69 responses. Of these 69 responses, 16 incomplete responses were deleted permanently from the survey analysis file, leaving a final $n=53$.

Characteristics of the producers who responded to the survey include:

- 85% of respondents have been producers more than 5 years; 68% more than 10 years
- 51% of respondents are independent producers, with the remainder belonging to an agency; of these, fewer than 6% were part of a national agency
- 53% of the respondents' business is on-exchange (Healthcare.gov) individual business

- The majority of respondents are not part of either Anthem’s or Harvard Pilgrim’s producer advisory councils (PACs)
- Fewer than 6% stated that they had ever submitted a rate review comment.

CONSUMER ADVOCATE SURVEY METHODOLOGY

The consumer advocate survey was designed as a proxy for reaching consumers directly. It was developed with input from stakeholder interviews, a call with Navigators/MPAs, and NHID operations and policy staff. The survey instrument is found in Appendix A-4 and the results in Appendix A-5.

The survey was put into the field via a consumer advocacy contact list maintained by Louis Karno & Company on April 16, 2015. Surveys were not tied to individual email addresses. A reminder was sent on April 21, 2015 to those who had not responded. An additional survey link was sent to a contact at Consumers Union on April 22, 2015. A final reminder was sent to the contact list on May 4, 2015.

The survey closed on May 5, 2015. Three (3) incomplete surveys were deleted due to only being partially completed, two (2) surveys were considered nearly complete and were kept in the data set, and final dataset had $n=20$.

Characteristics of the consumer advocates who responded to the survey include:

- 45% stated that they have been consumer advocates for more than 5 years; 45% have been advocates for 3 years or less
- 80% of the respondents worked for organizations which have been advocating on behalf of consumers for 5 for more years
- 55% of respondents identified themselves as Navigators/MPAs, 20% as policy advocates, and the remaining 25% as “other”
- 85% of respondents stated that they had never participated in the rate review process themselves or on behalf of New Hampshire consumers.

CONSUMER LISTENING SESSIONS

Consumer listening sessions were designed with the intention of both gaining direct consumer input, and validating the other research already gathered.

The process included developing and facilitating two, consumer listening sessions, with one located in Manchester and the other in the Lakes Region. To drive consumer attendance, the following steps were taken by Louis Karno and Company:

- Ads were developed and placed in local, regional newspapers and the Union Leader

- Outreach was conducted via: NHID’s mailing list, the Manchester Public Health Department, regional hospitals, public health advocacy groups, local chambers of commerce, local companies, producers (100+), Facebook ads, and Navigators/MPAs.

The Manchester session attracted four people, and resulted in a 90-minute discussion on topics such as the health care marketplace and the Exchange plans in the state. The second, Lakes Region session was cancelled by NHID, but phone interviews were conducted with multiple individuals who had pre-enrolled for the session.

3.0 Discussion

3.1 Introduction

The New Hampshire Insurance Department (NHID) contracted with Louis Karno & Company, and its partner Pero Consulting Group LLC, under RFP RRG-308 to provide research and recommendations regarding consumer engagement with New Hampshire’s rate review process in the small and individual markets.

The core aim of this research was to understand New Hampshire consumers’ knowledge of the rate review process, and to review best practices of other states to determine a set of possible recommendations for NHID. This was done to support NHID’s desire to determine if New Hampshire can better support consumers during the rate review process, and achieve more consumer input to the process.

During this work, the rate review process was broadly examined from a variety of perspectives – consumer, producer, regulatory, carrier – resulting in findings and recommendations focused not only on rate review, but also opportunities for broader NHID consumer engagement. It is clear from this research that “rates versus rate review” is what consumers are focused on.

“Consumers need the entire picture, not just the rates.”

– Consumer advocate survey comment

It is also clear from this research that there are opportunities for both improving consumer health literacy, and for NHID to develop a broader consumer engagement strategy both in how consumers purchase insurance products and how they ultimately access their benefits.

Unlike many states, New Hampshire has had a solid rate review process for nearly two decades with strong regulatory abilities. This process has been strengthened in recent years under the PPACA with additional carrier reporting requirements and the ability for consumers to comment directly on rate filings. Since 2011, NHID has published an annual rate review report with a detailed analysis of medical cost drivers, and released it at a public meeting.

Additionally, under the most recent rate review grants, NHID has published or is currently

leading projects focused on: the New Hampshire insurance market, network adequacy, and health care reform options.

This report's focus is on New Hampshire's individual and small group marketplace. The opinions sought from producers, consumer advocates, industry organizations, NHID, and a literature review all focus on these two markets. In total, the individual and small group markets represent a relatively small proportion (11%) of the coverage in New Hampshire (Figure 1).

Figure 1 depicts the current estimated insurance coverage distribution in the New Hampshire Insurance market for 2015. The individual (6%), small group (5%), mid-sized (2%), large group and self funded (28%), Medicaid (12%), and uninsured (7%) figures were taken from a report released by the Wakely Consulting Group in January 2015 which created 2015 projections³⁵. The Kaiser Family Foundation states that Medicare represents 18%³⁶ of NH's population, and the remainder is distributed as Other (23%).

Between November 15, 2014 and February 15, 2015, 53,005 people in New Hampshire enrolled via Healthcare.gov according to a March 2015 issue brief authored by the US Department of Health and Human Services (DHHS).³⁷ This represents four percent of New Hampshire's total population of 1,326,813 as of 2014 per US Census Bureau³⁸.

Based upon data provided by the NHID³⁹, the 2015 membership on the Exchange is growing, and the majority of it remains in the individual versus SHOP (small business) market as shown in Figure 2.

For the surveys conducted for this report, these two markets, individual and small group (SHOP), were the primary areas of focus.

3.2 Current Rate Review Process

New Hampshire's current rate review process involves multiple parties and systems. NHID, carriers, and consumers (the parties) interact via two primary information technology portals:

1. National Association of Insurance Commissioners' System for Electronic Rate and Form Filing (NAIC SERFF)
2. Centers for Medicare and Medicaid Services' Health Insurance Oversight System (CMS HIOS).

Table 1 highlights each entity, their roles, and their functions.

³⁵ [Wakely Consulting Group Phase II report: New Hampshire Health Insurance Market Analysis.](#)

³⁶ [Kaiser Foundation: Medicare Beneficiaries as a Percent of Total Population.](#)

³⁷ [DHHS/ASPE Issue Brief: March Enrollment Report.](#)

³⁸ [US Census Bureau New Hampshire Quick Facts.](#)

³⁹ [2015 QHP Monthly Membership Report.](#)

Table 1: Entities, Roles, and Functions in Rate Review Process

Entity	Roles and Functions in New Hampshire’s Rate Review Process
NH Insurance Department	The NHID is responsible for the overall rate review process. This includes receiving the initial rate review requests, reviewing the external comments, requesting additional information from carriers if needed, conducting the rate review, and filing the final decision.
Carriers	Carriers are responsible for initiating the rate review process, responding to NHID information requests, and providing CMS with information if rate requests are greater than ten percent.
Consumers	Within New Hampshire’s rate review process, consumers have two points of access. First, they can make a comment on a specific rate filing via an email link from the NHID website ⁴⁰ . Second, they may view information on the Healthcare.gov website related to approved carrier rate submissions that more than 10% as well as final rates while purchasing health coverage.

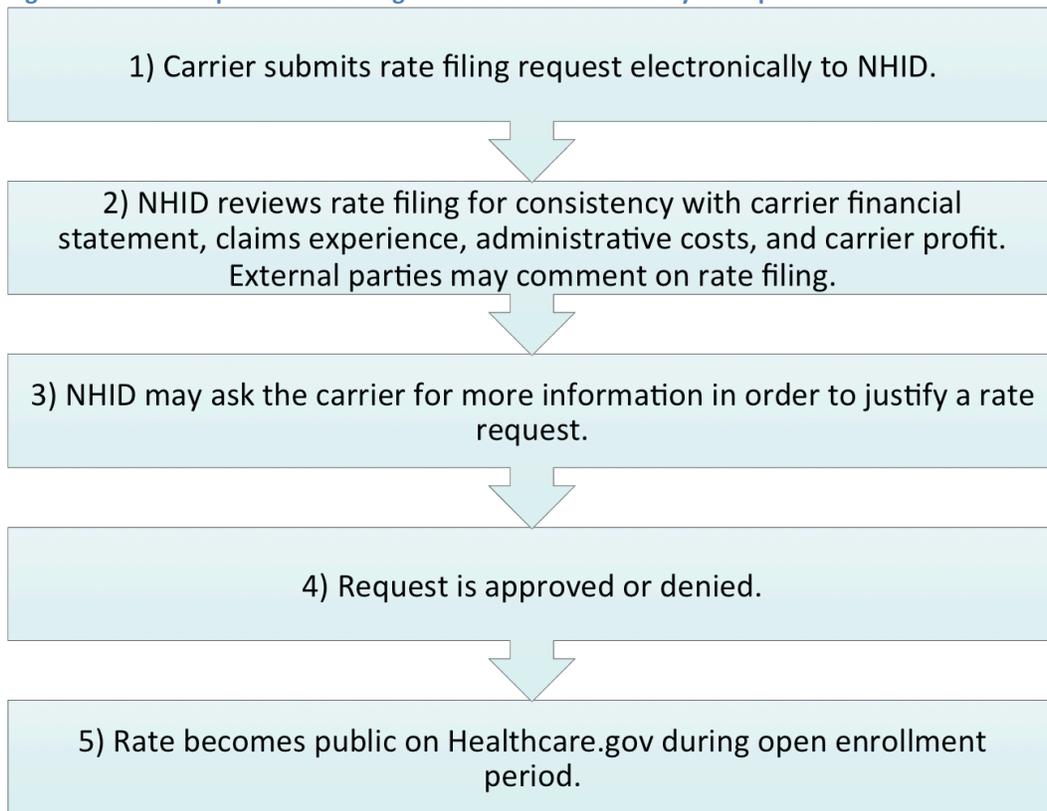
The interaction between the NHID and the carriers occurs using the NAIC SERFF portal. The SERFF portal also feeds the CMS HIOS portal so that consumers can ultimately view information on Healthcare.gov. Carriers also have a portal to NAIC SERFF to allow them to view NHID’s final decisions. A detailed flow chart of the processes and interactions described above is found in Appendix A-7.

For those products on the insurance Exchange, Figure 5 summarizes the New Hampshire rate review process in five steps. This type of simplistic, visual summary is found on rate review websites such as Arkansas and Oregon, and is intended by those states to be helpful to consumers in understanding and engaging with the rate review process⁴¹.

⁴⁰ [NHID 2016 Proposed Rate Filings Comment Email Link](#).

⁴¹ Appendix A-6.

Figure 5: New Hampshire Rate Filing Review Process Summary Example



3.3 Rate Review Process Engagement

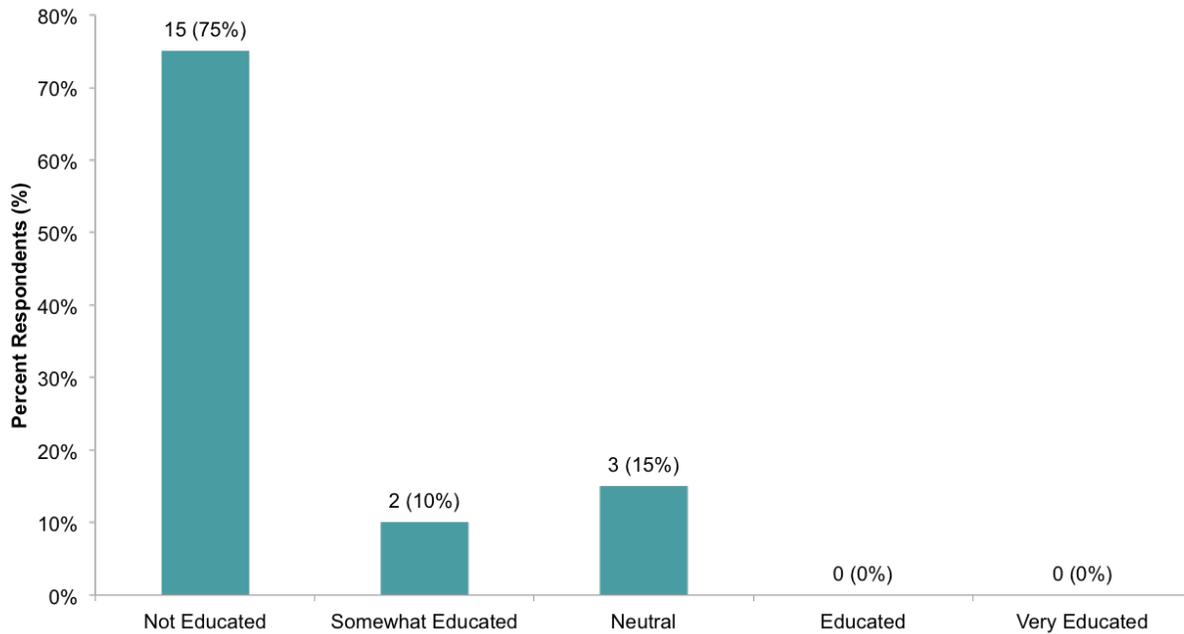
As described in Section 3.2, there is fairly limited engagement between New Hampshire consumers and the rate review process. This notion of limited consumer engagement in the rate review process was summarized by one producer with the quote “Consumers don’t care about rate review, they care about rates.” As shown in Figure 6 from the consumer advocate survey, 85% of New Hampshire consumers were “not educated” or “somewhat educated” about the rate review process and the remaining 15% were⁴².

“This [the rate review process] is something that is not in the mind of people on a day to day basis.”

– Consumer advocate survey comment

⁴² Appendix A-5.

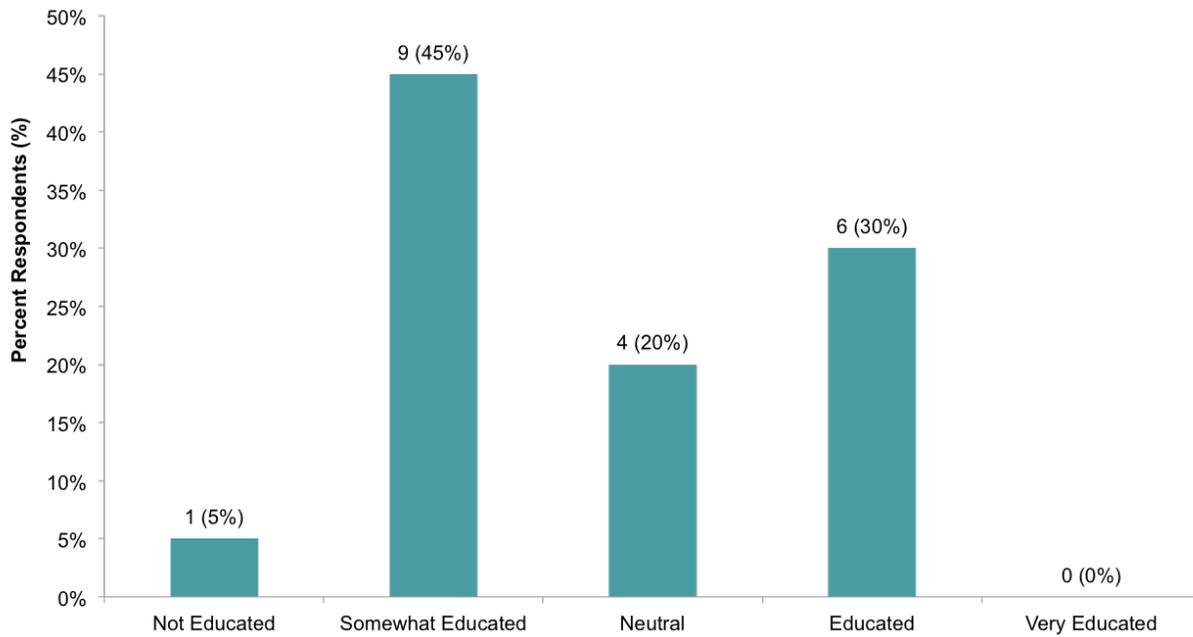
Figure 6: Consumer Advocates' Perception of Consumers' Level of Education of the Rate Review Process (n=20)



Further, as shown in Figure 7, only 30% of respondents to the consumer advocate survey stated that they themselves were “educated” about the New Hampshire rate review process, 20% indicated they were “neutral,” and the remaining 50% were “somewhat educated” or “not educated.”⁴³

⁴³ Appendix A-5.

Figure 7: Consumer Advocates' Perception on the Level of Their Education About the Rate Review Process (n=20)



As shown in Figure 8, consumer advocates were concerned with rates in the individual and small group market, with 90% being “concerned” or “very concerned” in the individual market and 65% being “concerned” or “very concerned” in the small group market⁴⁴. In terms of what

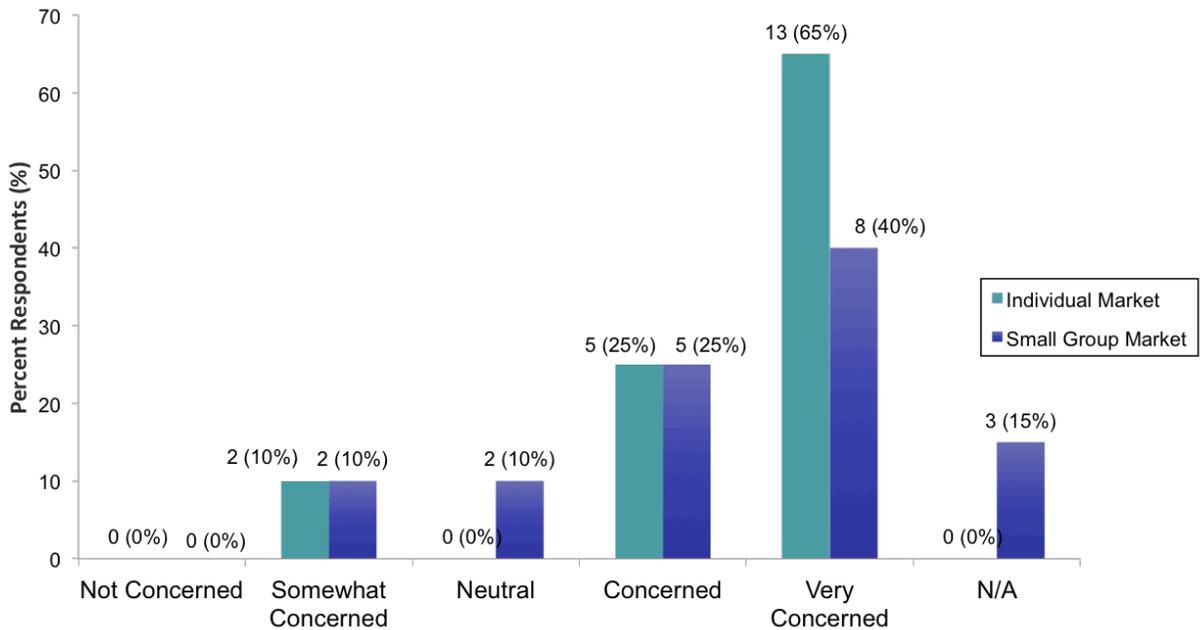
“Rate review can do little to impact rates. Cost drivers are more important.”
– Producer survey comment

could be done to reduce rates, only 13% of producers who responded said that to “involve the consumer in the rate review process” would have an impact⁴⁵.

⁴⁴ Appendix A-5.

⁴⁵ Appendix A-3.

Figure 8: Consumer Advocates Concern About Insurance Rates by Market Type (n=20)



To reduce insurance rates in New Hampshire, the top three reasons from producers and consumers advocates are shown in Table 2⁴⁶. There are similarities in their respective responses in terms of educating the market on health care cost drivers and providing cost data to consumers on medical procedures. The latter of which is the primary purpose of NHID’s innovative NH HealthCost website.

“We need transparency of cost and quality of all services offered from providers. We need to educate consumers on how to practice consumerism within the health care system.”
 – Producer survey comment

Table 2: Top 3 Ranked Methods to Reduce Insurance Rates - Producers and Consumer Advocates

Ranking	Producers	Consumer Advocates
#1	Educate the Market on Health Care Cost Drivers (68%) <u>tied with</u> Provide Cost Data to Consumers on Medical Procedures (68%)	Educate the Market on Health Care Cost Drivers (60%)
#2	Limit Malpractice Awards/Tort Reform (64%)	Involved the Consumers in the Rate Review Process (55%)
#3	Allow the “Free Market” to Control Prices (64.2%)	Provide Cost Data to Consumers on Medical Procedures (50%) <u>tied with</u> Provide Quality Data to Consumers on Individual Health Care Providers (50%)

⁴⁶ Appendix A-3 and Appendix A-5.

Other states have used some of their rate review grant funding to provide dedicated websites, or augmented their insurance department websites to provide more information about the state’s rate review process, thus allowing the consumer to interact electronically by submitting comments, signing up for email notifications, and receiving notice public hearings. This report examined five of those states (Arkansas, California, New York, Oregon, and Washington) from two perspectives⁴⁷:

1. A survey of general consumer health information website features (Table 3).
2. A survey of consumer website functions related to rate review (Table 4).

The site content from these five states could be used to help develop new website content for New Hampshire.

These five states were chosen by the report authors as “best practice” states for providing information in an easy to understand format for consumers based upon literature review, conversations with industry leaders, and by functional analysis of their website capabilities. One regulator in a state with an active rate review process stated: *“We just need basic consumer understanding of how insurance works, especially the out of pocket benefits. We need tools for the consumers so that they know what they will spend when they visit a provider.”*

Table 3’s survey delineates New Hampshire (green) versus the five states for both health insurance FAQs / health literacy and having an online complaint system. It should be noted that New Hampshire does have plans via the fall 2015 release of NH HealthCost website to provide the health insurance FAQs and health literacy information.

Table 3: Survey of General Consumer Health Information Website Features (5/21/15)

Website Feature	AR	CA	NY	OR	WA	NH
Health Insurance FAQs / Health Literacy	Yes; separate page on Medical Loss Ratio and Rebates	Yes; comprehensive; PPO Quality Report Card available	Yes	Yes; consumer guide as PDF download	Yes	No; Planned for New Hampshire HealthCost website expansion
Online consumer complaint system	No; toll-free number to file a complaint is provided	Yes; toll-free number is another option	Yes	Yes; mail or fax are also options	Yes; can also check status online; complaint comparison tool and carrier complaint index	Yes; mail is another option

⁴⁷ Appendix A-6 and review of individual state websites May 21, 2015.

Table 4 contains an additional survey of New Hampshire and the five states. It was conducted in terms of the consumer website functions related specifically to the rate review process. Appendix A-6 includes detailed screen shots of the functionality from each of these five states' websites. Several of these state websites are fairly extensive in the way that they have integrated the NAIC SERFF system interfaces so that the NAIC SERFF system is transparent to the consumer. In contrast, New Hampshire has links from its site to various aspects of the NAIC SERFF platform, but it is not considered by the report authors to be consumer friendly.

Table 4: Survey of Consumer Website Functions Related to Rate Review Process (5/21/15 & updated 6/23/15)

Website Feature	AR	CA	NY	OR	WA	NH
Rate review process is explained	Yes; four step process detailed	Yes; dedicated FAQ section	Yes; FAQ page	Yes; six step process detailed	Yes; describes factors and process	No
FAQs about rates and rate increases	Yes	Yes	Yes	Yes	Yes	Indirectly via annual cost drivers report
Allow consumers to look up rate filings	Yes; in process and approved	Yes; in progress and complete; by company or interactive filing search; initial filing documents	Yes; pending, withdrawn, and approved; EASY SERFF link to filing, rate change summary, application, decision summary	Yes; all filings, pending files, approved filings, Medigap rate histories	Yes; by company or group size; can view the request summary, complete request, decision, comments	Indirectly via NAIC SERFF link
Notify consumers of rate increases	No; there is a general AR Insurance Department newsletter sign up	Email sent when new filings available for viewing	No	Yes; via email; can select which carriers to be notified of changes	Yes; via email listserv	
Inform consumers about rate hearings	No	No	No	Yes; via Email or Twitter; hearings also streamed via web	Yes; via Email	Yes; annual hearing occurs

Website Feature	AR	CA	NY	OR	WA	NH
Allow consumers to comment on specific rate filings	No; email to Insurance Department required	Yes; online	Yes; online or mail	Yes; online	Yes; online	Yes; via NHID website email link
Allow consumers to view other comments	No	Yes; while in process or after approved	Yes; after approved	Yes; after approved	Yes; while in process or after approved	No
Consumer friendly rate review summaries	No	No	Yes	No	Yes	No
Other	Link to Arkansas All Payer Claims Database website; page describes rate review grants		Link provided to New York's insurance exchange	The OSPIRG Foundation sometimes creates citizen petitions and analysis of specific rate reviews and they are online	Consolidates publishing of all current rates via a GIS county map; individual carrier rates by product available	

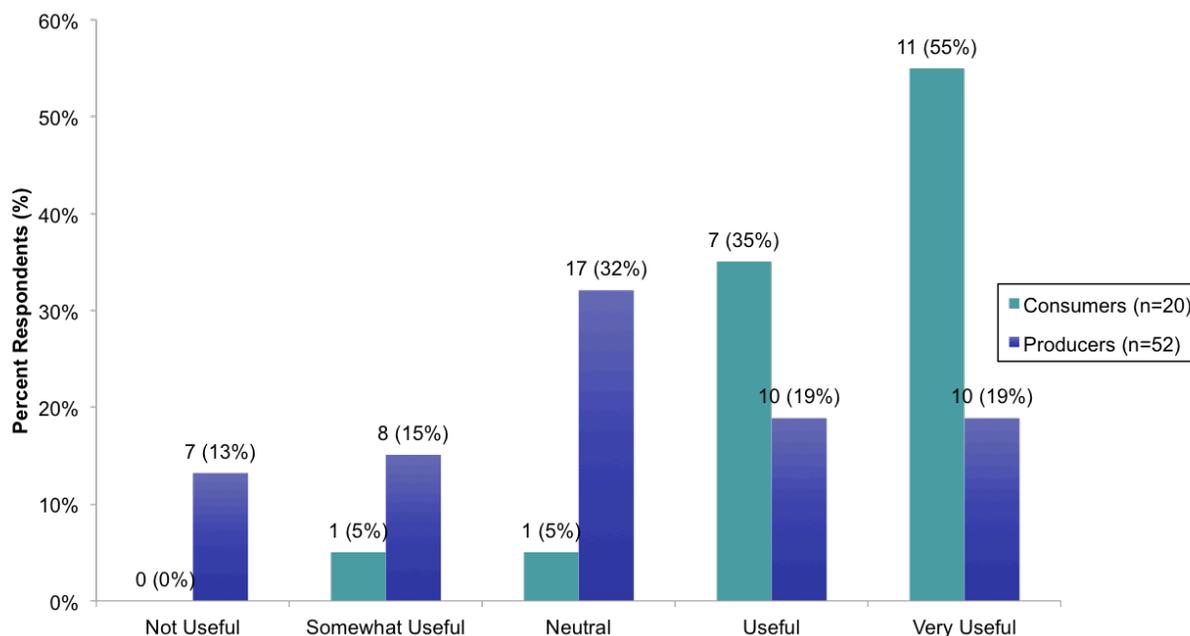
“I think transparency and ability to comment has innate value for consumers. Requiring that a carrier make public their rates pushes insurance providers to be accountable. Public comment allows consumers to submit concerns about published rates, which fosters a sense that they are able to voice their concerns about a process that impacts their household economics.”
 – Consumer advocate survey

Specific to the notion of New Hampshire creating a public website where consumers could comment on rate filings, 90% of consumer advocate survey⁴⁸ respondents stated that having a public website such as New York's or Oregon's would be “useful” or “very useful” whereas in contrast only 38% of producers surveyed⁴⁹ stated it would be “useful” or “very useful” (Figure 9). NHID is not currently developing plain language summaries, but via their website, the SERFF database can be queried and the entire rate filing reviewed.

⁴⁸ Appendix A-5.

⁴⁹ Appendix A-3.

Figure 9: Comparison of Consumer Advocate and Producer Perceptions Regarding the Usefulness of the Public Display of Carrier Rate Submissions for Public Comment



As stated previously, New Hampshire does allow for comments to be made, via a link to the SERFF interface from the NHID website, however, to date, no comments have been made using this interface⁵⁰. Even if the NHID believes that these comments are useful and would like to make the web experience more user friendly, the cost of future iterations of web development to include a more seamless interface with SERFF (such as Oregon or Washington have done), may be prohibitive given low usage.

3.4 Consumer Health Literacy and Engagement

“I do not think there is enough plan information on the Healthcare.gov website. I have spoken to many clients who don't even know what type of plan they purchased.”

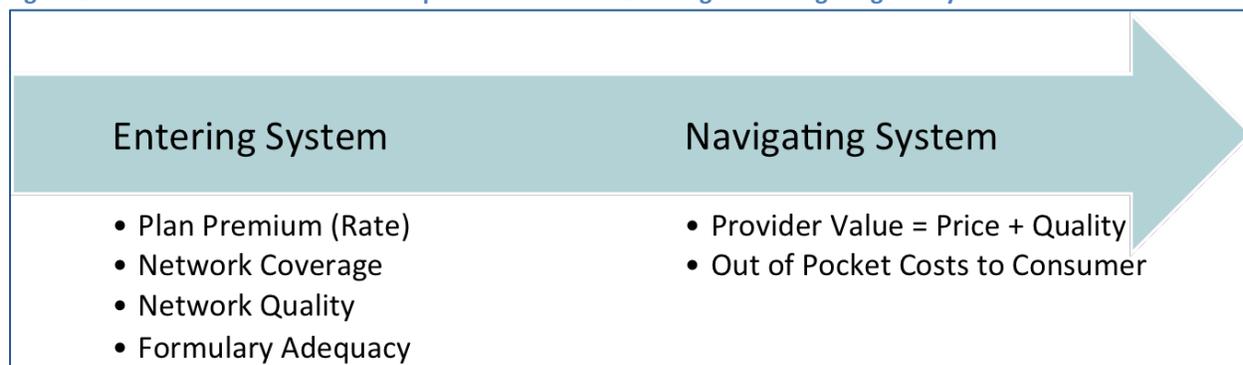
– Producer survey comment

What is clear from this research is that consumers in the individual and small group marketplaces, especially those using Healthcare.gov, need additional knowledge in order to both purchase an appropriate product as well as to navigate the system and use the product.

Figure 10 illustrates some of the types of information needed by consumers both when they are entering the insurance system and when they navigate the system after purchasing insurance.

⁵⁰ Email exchange regarding SERFF report results with NHID personnel on June 3, 2015.

Figure 10: Consumers Information Requirements When Entering and Navigating the System



Based upon the authors’ conversations with producers and analyzing the two surveys, even with Navigators/MPAs, Healthcare.gov, consumer organizations, NHID, carrier, producer, and other resources, consumers are still having difficulty making sense of all the information available when entering the system. Many of the individuals interviewed for this project stated that purchases were being made often purely on price without a basic understanding of network coverage, quality, or formularies. While NHID has devoted significant resources (i.e., NH HealthCost, annual cost drivers report, etc.) to help those in the market understand how to navigate the system, NHID does not have a current strategy to help consumers who are entering the system.

More than 60 percent of the target population for state health insurance exchanges does not understand fundamental health insurance concepts, according to a report published in the December 2013 issue of *Health Affairs*. The Health Reform Monitoring Survey data examined in this study indicates that only about 40 percent of the target insurance marketplace population understood all nine key concepts of health insurance--premiums, deductibles, copayments, coinsurance, maximum annual out-of-pocket spending limits, provider networks, covered services, annual limits on services, and non-covered or excluded services.⁵¹

Another study – published in the *Journal of Health Economics* – also concluded that consumers do not understand how insurance works. Of 202 surveyed adults, only 14 percent correctly

“Only 14% of adults surveyed correctly understood deductibles, co-pays, co-insurance & out of pocket maximums”³⁷

understood deductibles, copays, co-insurance, and out-of-pocket maximums.⁵² The lead investigator of this study, George Loewenstein, noted that even when consumers were given a relatively simple hypothetical plan and asked to calculate their cost for a four-day hospital stay, only 11 percent could. “And people were off by a lot,” Loewenstein says, “by thousands of dollars.”⁵³

⁵¹ Long et al. (2013) The Health Reform Monitoring Survey: Addressing Data Gaps To Provide Timely Insights Into The Affordable Care Act Health Aff 10.1377/hlthaff.2013.0934; published ahead of print December 18, 2013.

⁵² Loewenstein et al. (2013) [Consumers’ misunderstanding of health insurance](#), *Journal of Health Economics* Volume 32, Issue 5, September 2013, Pages 850–86.

⁵³ [Obamacare Hurdle: Consumers Flunk Health Insurance 101](#), August 06, 2013 11:37 AM ET Julie Rovner.

Similarly, a Kaiser Family Foundation survey found that more than four in 10 uninsured people could not correctly identify the definitions of critical health insurance terms, such as “premium,” “deductible” and “provider network.” Even more of the uninsured could not

“Four in 10 uninsured people could not correctly identify the definitions of critical health insurance terms⁵⁴”

correctly answer questions that required calculating the amount an insured person would have to pay for a hospital stay (61%) or an out-of-network lab test (91%) based on the plan’s cost-sharing requirements. The insurance literacy quiz used in this study identified several trends in health insurance understanding and awareness. Specifically, education demonstrated a strong correlation with health care insurance

literacy, as did consumer age. Importantly, uninsured consumers expressed a lack of familiarity with health insurance terms and concepts⁵⁴.

Collectively, these studies reveal that it is challenging for consumers to comprehend the costs and benefits of various health insurance plans. As a result of not fully understanding the terms and concepts, it is challenging for consumers to choose the plan that best meets their needs. Lack of health insurance literacy and comprehension is particularly lower for younger adults, those who haven’t attended college, and the uninsured. As more people gain insurance under the ACA, these individuals may need extra help navigating their plans, particularly if they are becoming insured for the first time. Levels of health insurance literacy may rise as more people have access to, learn to navigate and use health insurance.

The research conducted for this report with producers and consumer advocates reveals low levels of awareness of web tools to help consumers purchase and use insurance products, as well as poor understanding of the product benefits and provider networks. The surveys of producers and consumer advocates both asked questions regarding consumers understanding of topics impacting their selection and usage of insurance products.

“Consumers need to be able to compare products to each other with comparable information - like comparing ‘apples to apples.’ There are so many variables from plan to plan making it difficult to do a comparison that is meaningful to the consumer.”

– Consumer advocate survey

As shown in Table 5, it is clear from both the consumer advocate and producer surveys, that consumer level of understanding is limited regarding a number of topics when they first make contact with the insurance market⁵⁵:

⁵⁴ Mira Norton, Liz Hamel, and Mollyann Brodie, [Assessing Americans' Familiarity With Health Insurance Terms and Concepts](#), Nov 11, 2014.

⁵⁵ Appendix A-3 and Appendix A-5.

Table 5: Comparison of Consumer Understanding of Various Topics When First Coming in Contact With Insurance Market

Topics	Consumer Advocate Survey Results		Producer Survey Results	
	<i>“Understand Extremely Well” or “Understand Well”</i>		<i>Understand Extremely Well” or “Understand Well”</i>	
	Individual Market	Small Group Market	Individual Market	Small Group Market
PPACA	11%	30%	0%	0%
Rate Review Process	5%	30%	0%	0%
Open Enrollment Period	37%	35%	15%	6%
Tax Penalties	21%	30%	7%	6%
When Rates Are Made Available	11%	30%	9%	2%
Purchased Product’s Provider Network	26%	35%	26%	10%
Purchased Product’s Deductible and Out of Pocket Costs	21%	30%	35%	23%
How to Make Enrollment Changes on Healthcare.gov	11%	30%	2%	4%

At the same time, the research demonstrated that provider networks and deductibles and out of pocket consumer costs are very important to consumers, both from the point of view of producers and consumer advocates:

- **Provider Network Importance** – 90% of consumer advocates and 98% of producers stated that provider networks were “very important” or “important” to consumers in the individual market, whereas the numbers were 89% and 98% in the group market, respectively.
- **Deductibles and Out of Pocket Costs Importance** – 90% of consumer advocates and 98% of producers stated that deductibles and out of pocket costs were “very important” or “important” to consumers in the individual market, whereas the numbers were 89% and 98% in the group market, respectively.

These surveys and national research demonstrate problems with consumer health literacy, and NHID should consider adopting strategies that boost the health literacy of consumers.

Based upon information from a NHID public information session regarding networks that will be on the insurance exchange in the next open enrollment period, there is a higher likelihood of even more consumer confusion as consumers enter the system. Table 6 depicts a five-fold

increase in the number of health plans on the Exchange since its inception, and an almost six-fold increase in the number of plans offered.

Table 6: Number of On-Exchange Medical Carriers, Plans, and Hospitals - 2014-2016

Medical	2014	2015	2016
Carriers	1	5	5
Plans	14	60	81
Hospitals	16	26	26

Healthcare.gov has been continually criticized by the producers and consumers advocates interviewed and surveyed for this project for being very poor at helping consumers to compare plans. The plan selector tool offered by Covering New Hampshire appears to have much better options for interactive plan comparison, including:

- metal level
- product selectors
- member responsibility selectors.

“Why are we encouraging people to buy their insurance online? Most people go for just price and do not understand what they are purchasing. This purchase is very important. It is not like buying jeans.”
– Producer survey comment

It is interesting to note in Table 7 that while the dental carriers have increased from three to four over the past three years, the total products now offered are fewer in 2016 (15) than in 2014 (22). This report did not specifically examine the dental insurance market, but further research into understanding consumer experiences with dental products may be of future interest to the NHID.

Table 7: Number of On-Exchange Dental Carriers and Plans - 2014-2016

Dental	2014	2015	2016
Carriers	3	3	4
Plans	22	13	15

⁵⁶ Information from NHID network adequacy public meeting held June 5, 2015, Concord, NH

⁵⁷ Information from NHID public meeting held June 5, 2015, Concord, NH

3.5 NHID Consumer Framework

NHID has stated publicly that it has three primary priorities that benefit NH's insurance consumers⁵⁸:

1. Ensure carrier financial solvency.
2. Foster a competitive insurance marketplace.
3. Provide consumer services.

In terms of providing consumer services, today NHID has two primary ways to engage with consumers:

1. The Consumer Services Division assists consumers who have problems with coverage, including issues with HealthCare.gov.
2. NHID has multiple transparency efforts including NH HealthCost, consumer forums, and an annual cost drivers report. This is in addition to information available on the NHID website.

Based upon the need for higher rates of health insurance literacy, the authors of this report have concluded that there is an opportunity for NHID to consider the development of a more comprehensive consumer framework to guide the NHID's future work. This framework is illustrated in Figure 3 in the Executive Summary section and has four primary components which are summarized below:

1. **Rate Review Process.** As described in the recommendations within the Executive Summary, NHID has an opportunity to take existing information made public about the rate review process and actions, and streamline the way it is presented publicly. In addition to the posting of rates, allowing for comments, and sharing filings, including a consumer-oriented process overview, plain language summaries, and public rate hearings would be additional ways to increase transparency.
2. **Entering the System.** Consumer advocates and payers have shown that consumers need more information via increased health literacy efforts in order to be able to confidently purchase insurance from the Exchange. Opportunities exist for continued public outreach, a transition plan developed for the Navigators / MPAs, and migration of

What is the role of an insurance department from a consumer perspective in a post-PPACA environment?

Throughout the interviews conducted for this report, the notion of what the role of an insurance department is post-PPACA relative to consumers became a central question for discussion.

Some of the discussions included concepts such as:

Perhaps it is a "traffic cop" on price? Or is responsible for transparency of price and quality? Perhaps it augments Healthcare.gov if it does not have its own exchange in order to ease the purchasing process? Perhaps it replaces the producer? Perhaps it creates an active purchaser marketplace?

These are all considerations that are being explored by consumer organizations and states across the country.

⁵⁸ NHID Commissioner R. Seigny speaking at a NHID-sponsored consumer listening session held May 7, Manchester, NH.

the Covering New Hampshire website functions that help consumers select appropriate benefit plans.

3. **Navigating the System.** Once consumers are insured, there is information needed to navigate the health care system. One consumer advocated declared during an interview, “We need transparency of cost and quality of all services offered from providers.” One producer commented during the survey process, “We need transparency of cost and quality of all services offered from providers. “We need to educate consumers on how to practice consumerism within the healthcare system.” Practicing consumerism is a difficult task without the tools to do so. The NH HealthCost medical price estimator is one such tool. Future iterations will also include quality information. Some health plans also offer price estimators and information regarding deductibles. These are just the beginning of a wide range of tools expected in future years.
4. **Healthcare.gov.** While Healthcare.gov is not under the direct control or influence of NHID, it is the exchange platform chosen by the State of New Hampshire. NHID needs to consider how to educate the public about Healthcare.gov’s capabilities and limitations – for example, the existing plan price comparisons are limited as are the provider network comparisons, whereas formulary comparisons are required to be added for 2016 enrollment period⁵⁹. Covering New Hampshire has done an excellent job with their plan/product selector tool, and NHID should consider how to continue that service after the Covering New Hampshire contract winds down, and how it can be marketed alongside Healthcare.gov.

It is important to note that many of the items in this proposed framework are already being done, or are being planned for implementation by the NHID. What this framework attempts to do is to bring together these efforts into one place for internal planning and external communication purposes.

To tie these four components together from a consumer on-line perspective, it is recommended that the NH HealthCost website be the platform that is leveraged. The NH HealthCost website has a history that began in 2006. It was one of the first websites of its kind to be developed by any state. It has been used by consumers, policy makers, employers, providers, and payers, and has a solid brand identity in New Hampshire, which is why it is recommended that it be expanded to be the underlying platform for NHID consumer framework. This is not unlike Oregon or Washington, albeit their sites do not yet have the medical price estimator and quality information. There may also be areas of overlap within items in the proposed framework. For example, future access to the rate review process could easily occur via the NH HealthCost website if it were to be expanded.

⁵⁹ 2015, March, Lerche, J; Ehrensman, K.

While many states have developed robust websites and ways for consumers to interact around the rate review process that covers a very small number of consumers (discussion and tables in Section 3.3), New Hampshire has already paved the way towards transparency with NH HealthCost and the analytics derived from the NH Comprehensive Health Information System (NHCHIS). Many of the states the report authors spoke with stated that this was an area of deep need for them, and that New Hampshire may have in fact made better choices by investing its limited funds in helping consumers to navigate the system. Nationally, there continues to be discussion about how all payer claims databases (APCDs) can be used to augment rate review⁶⁰.

A final area of opportunity warranting further discussion relates to the extensive website and consumer services provided by Covering New Hampshire. This website currently provides detailed information to consumers including:

- Eligibility calculator
- Plan comparison tool
- Educational downloads and videos focused on health literacy
- Calendar of key dates related to exchange enrollment
- Glossary.

“Currently one huge benefit of having so many in-person Assisters is that they are able to highlight areas that consumers may not be aware of. As the Assister program decreases, consumers need to be able to get that information in a centralized easy to access location.”

– Consumer advocate survey comment

These website functions, combined with NH HealthCost current and planned (i.e., quality) data could form the solid backbone of a consumer-centric deployment of the framework described above.

4.0 Conclusion

In summary, New Hampshire’s rate review process is little understood by consumers, producers, or consumer advocates. NHID has made sound attempts, via links from its website, to provide transparency and to allow for comments. Future integration opportunities with the NAIC SERFF platform, combined with a more consumer-friendly web interface, could provide New Hampshire with the opportunity for more consumer engagement in the rate review process. As described, there are solid models from other states that New Hampshire can review and emulate.

⁶⁰ 2014 January, Winkelman, R, Lerche, J.

Beyond rate review, the NHID has an opportunity to develop a broader consumer strategy focused on health literacy. Fundamentally, consumers need information when entering the system such as plan premiums, benefits, provider networks, and formularies. Once they have insurance, consumers need information to navigate the system such as provider pricing data, provider quality comparisons, and out-of-pocket cost information. There is no one place today to find all of this information, yet there are excellent tools such as NH HealthCost and the Covering New Hampshire website that maintain important components, and could be expanded.

The consumer transparency framework outlined in this report is meant to provide NHID and its stakeholders with a way bring together multiple efforts geared towards consumer transparency and engagement these efforts into one place for internal debate, planning and external communication purposes.

As New Hampshire continues to implement PPACA, and seeks opportunities beyond the rate review process for consumer engagement, there is an opportunity to reach out further to consumer advocates and producers. While Healthcare.gov will likely continue to have its limitations, the authors of this paper believe that NHID will continue to find ways to innovate on the behalf of New Hampshire consumers.

APPENDICES

All of the appendices below are separate documents in PDF format.

A-1 ANNOTATED BIBLIOGRAPHY

A-2 PRODUCER SURVEY INSTRUMENT

A-3 PRODUCER SURVEY RESULTS SUMMARY

A-4 CONSUMER ADVOCATE SURVEY INSTRUMENT

A-5 CONSUMER ADVOCATE SURVEY RESULTS SUMMARY

A-6 SCREEN SHOTS OF CONSUMER RATE REVIEW WEBSITES (AR, CA, NY, OR, WA)

A-7 RATE REVIEW DETAIL PROCESS MAP

Appendix A-1 Annotated Bibliography

2010 December, Focus on Health Reform: Rate Review: Spotlight on State Efforts to Make Health Insurance More Affordable, Kaiser Family Foundation. The aim of this issue brief was to gain a deeper understanding of how rate regulation works in practice by surveying state statutes and conducting interviews with insurance regulators. There was great variety in state laws and practices for reviewing health insurance rates. States with prior approval authority over rates appear to be better positioned to negotiate reductions in rate requests filed by carriers. In states that do not have this type of authority, it generally takes an egregious and unjustified rate increase for them to ask for reductions. In conclusion, giving states the explicit authority to review rates is important, but regulatory resources and a culture of active review may be equally important.

2011 February 22, Straw, S, et al., Consumer Comment Letter: OCIO-9999-P, Rate Increase Disclosure and Review, to Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, Health Care for America Now. Written on behalf of health care consumers, this letter to the Secretary identifies the need for improved rate review and suggests the national threshold indicating review necessary should be lowered (ACA set it at 10%) in future years to encourage plans to bend the cost curve. Second, although the use of state-specific thresholds may be helpful to account for differences in health care costs and utilization among states, there is concern that a threshold based only on the cost of private health insurance coverage in a state could be circular and may never permit regulators to review rates in many states.

2011 May 23, 45 CFR Part 154, Rate Increase and Disclosure and Review; Final Rule, Vol 76 No 99, Federal Register. This final rule with comment period implements requirements for health insurance issuers regarding disclosure and review of unreasonable premium increases under section 2794 of the Public Health Service Act. The final rule establishes a rate review program to ensure that all rate increases that meet or exceed a specified threshold are reviewed by a State or CMS to determine whether they are unreasonable and that certain rate information be made public.

2011 September, Rate Review Works: Early Achievements of Health Insurance Rate Review Grants, Centers for Medicare and Medicaid Services. This document identifies the need to strengthen rate review programs and outlines the progress US states have made using Health Insurance Rate Review Grants from HHS.

2011 October, Issue Brief: States Making Progress On Rate Review, Families USA. This brief highlights examples of states that are making efforts to improve their rate review processes and discuss how the ACA contributes to strengthening rate review. Issues examined include: seeking greater authority to reject unreasonable rate increases, providing more public information on rate increases, creating opportunities for public input during review or rate increases, collecting more in-depth information and better analyzing data, and using rate review as a tool for cost containment.

2012 June 27, Rate Review White Paper, Adopted by the NAIC Health Insurance and Managed Care (B) Committee on June 27, 2012 Intended for Use by the States as Guidance Only, National Association of Insurance Commissioners. When there is a federally facilitated Exchange (FFE) operating in a particular state, state insurance regulators should be aware of the important changes that impact the requirements of form review, whether coverage is offered inside or outside of an Exchange. This paper discusses those requirements, while focusing in large part on considerations for state departments of insurance that plan to handle or participate in qualified health plan certification for either a state-based Exchange or an FFE.

2012 September, Corlette, S, et al, Cross-Cutting Issues: Monitoring State Implementation of the Affordable Care Act in 10 States: Rate Review, Urban Institute and Robert Wood Johnson Foundation. This report is one of a series of papers focusing on particular implementation of Patient Protection and the Affordable Care Act in 10 case study states. A few state officials and stakeholders saw value in expanding rate review primarily because it would keep the federal government out. However, the majority of respondents appear to view the ACA's rate review provisions as an opportunity to hold insurers more accountable for rates, educate the public about the factors underlying rate increases, and make the rate review process more transparent and inclusive for consumers.

2013 January, Issue Brief: Consumer Attitudes on Health Care Costs: Insights from Focus Groups in Four U.S. Cities, Robert Wood Johnson Foundation. The focus group participants in Philadelphia, Charlotte NC, Chicago, and Denver had diverse backgrounds. Consumers are aware of increased health care premiums and higher deductibles and co-pays, as well as elevated out-of-pocket expenses, but because the consumer does not comprehend these escalating costs, and anger ensues. Focus group participants recognized that rising health care costs have a negative effect on the U.S. economy and job market; nonetheless, their primary concern was their own family's finances.

2013 May, Rate Review Brief: Rate review – What is it and why does it matter? Community Catalyst. This brief defines rate review and discusses how this process helps to control rapid increases in health insurance premiums. Notably, almost every state needs to increase accountability and transparencies of insurance premiums rates to make sure consumers are protected. The ACA strengthens rate review by requiring the US Department of Health and Human Services to work in collaboration with state insurance commissioners and by providing states with a total of \$250 million in federal grants to strengthen their capacity to conduct rate review.

2014, Claxton, G, et al, Employer Health Benefits Annual Survey, The Kaiser Family Foundation and Health Research & Educational Trust. This is the 16th Kaiser/HRET survey and reflects employer-sponsored health benefits in 2014. The survey documents considerable stability among employer-sponsored plans. On average, covered workers contribute the same percentage of the premium for single and family coverage as they did in 2013.

2014 January, Winkelman, R, Lerche, J, Presentation: State Health Reform Assistance Network Rate Review Process Overview, Wakely Consulting Group, Robert Wood Johnson Foundation's State Health Reform Assistance Network Program. Presentation covers the insurance department role, the rate review process and timeline, and opportunities to leverage All-Payer Claims Databases (APCD). Challenges for regulators include the limited tools for performing independent verifications. APCD provides independent verification and analysis of claims, benchmarking, plan design and benefit modeling, cost driver / trend analysis, geographic analysis and outlier identification.

2014 February, Health Insurance Rate Approval / Disapproval (State Implementation Report), State Approval of Health Insurance Rate Increases, National Conference of State Legislators. This article discusses federal health reform since the establishment of the Patient Protection and Affordable Care Act and outlines the processes implemented by states with effective –as defined by HHS-- rate review programs. As for May 3, 2013, 43 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands have effective review for all insurance markets and issuers.

2014 April, Weinstein, Z and Rusch, E, California Health Insurance Rate Review: An analysis of implementation and results for consumers, CALPIRG. Consumers and small businesses have seen lower health insurance rate hikes as a result of increased scrutiny and public transparency under California's new rate review process. Between January 2011 and April 2014, health insurance carriers in the individual and small group markets filed 369 proposed rate changes; however, 44 of these proposals were withdrawn or voluntarily reduced as a result of objections raised in the rate review process. In 14 instances, health insurance carriers moved forward with rate increases that regulators declared unreasonable (estimated to affect 923,237 Californians). Nonetheless, state regulators estimate that rate review has saved California consumers and small businesses \$349 million in health insurance premiums in this time period, with roughly 1.3 million benefiting from the reduced or withdrawn rate increases on average in the first three full years of rate review.

2014 May 12, Fact Sheet: Oregon Health Insurance Rate Review, Oregon Department of Consumer and Business Services. About 30 percent of Oregonians get coverage in insurance markets regulated by the state but only about 10 percent are covered in plans where the state regulates rates. Many insurance companies reported lower-than-expected medical claims costs in 2011 rate requests, slowing growth in health insurance rates in the small employer and individual health insurance markets. Nonetheless, the state's seven largest health insurers remain financially stable, with an average of 2% profit.

2014 May, Roberto, S, et al, An Advocate's Guide to Health Insurance Rate Hikes: What You Can Do To Protect Individual Market Consumers, Consumers Union. This guide aims to inform consumers about the process by which insurers develop premiums and explains the evaluation of insurers' rate filings. The article also provides recommendations for improving state rate review and suggestions for effectively participating in a rate review process.

2014, June 27, Cusano, D, Presentation Alliance for Health Reform: Rate Review Landscape Pre- and Post-Affordable Care Act, The Center on Health Insurance Reforms, Georgetown University Health Policy Institute. Prior to implementation of the Affordable Care Act (ACA), rate review, which varied on a state-by-state basis, entailed filing the rate change and using it. Rate changes were generally not published and there was no mechanism for consumers to provide input. Rate review requirements under the ACA state that while Health and Human Services does not have the authority to disapprove rates, the department will review all rate increases *unless* it has determined that a state has an “effective” rate review program (45 states and the District of Columbia have been designated “effective”). Under the ACA, HHS was also allocated \$250 million to provide to states to improve their rate review programs. The presentation uses New Mexico to demonstrate how one state has utilized HHS grant monies to improve transparency. The Marketplaces create premium transparency across insurers, driving pricing competition among them.

2014, July 31 updated 2014, October 4, Covered California: Health Insurance Companies and Plan Rates for 2015 Keeping the Individual Market in California Affordable. This booklet is a brief summary of information about individual health insurance plans for Covered California. The document includes 2015 statewide rate change summaries and outlines the Covered California Pricing Regions. Covered California sets minimum requirements for participating health insurance companies, as well as standards and criteria that ensure selected health insurance plans provide health care coverage choices that offer the best possible combination of choice, value, quality and service. Based on a competitive bidding process, Covered California tentatively approved 10 health insurance companies to offer coverage beginning this fall for enrollment starting in January 2015: Anthem Blue Cross of California, Blue Shield of California, Chinese Community Health Plan, Health Net, Kaiser Permanente, L.A. Care Health Plan, Molina Healthcare, Sharp Health Plan, Valley Health Plan, and Western Health Advantage. These health insurance companies meet all the state and federal requirements for plans, as well as additional standards established by Covered California. They represent a mix of major insurers and smaller companies, regional and statewide doctor and hospital networks, and for-profit and nonprofit plans. These companies deliver value and choice for consumers, with affordable premiums, a wide selection of benefit levels and robust provider networks.

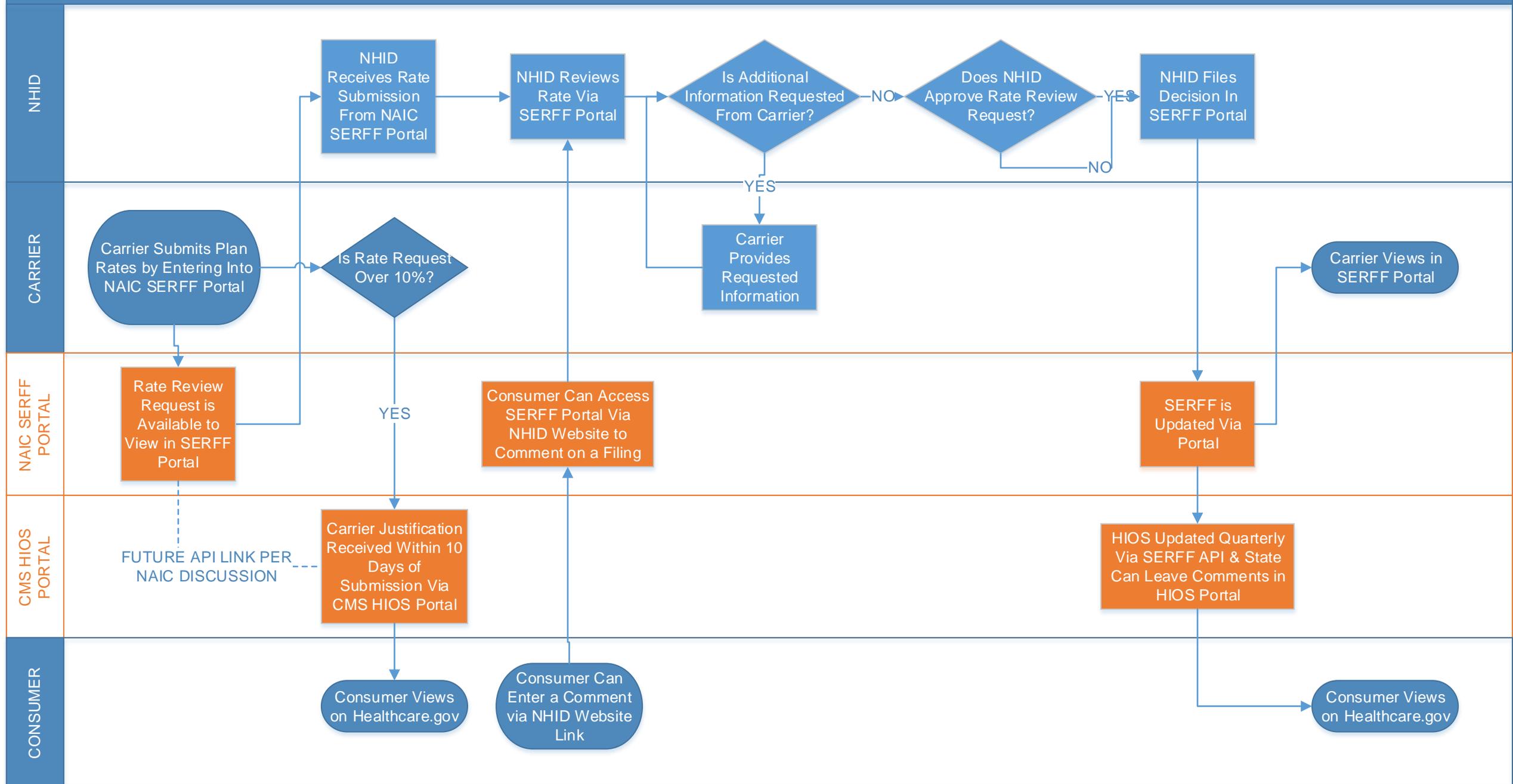
2014 December 24, Mendelsohn, D, Health Insurance Rate Setting: Time to Raise the Bar and Lift the Veil of Secrecy, Health Affairs Blog. This article reports that rate review laws in many US states – although identified by Health and Human Services (HHS) as “effective” – need to be strengthened. A set of recommendations designed to strengthen the rate review process at both the state and federal level is presented. Specifically, the number of health insurance rate proposals reviewed by the states and by HHS should be expanded. Current federal regulations indicate that rate increases above ten percent must be reviewed, but states have the option of selecting a lower threshold, subject to HHS approval. Additionally, HHS, the states, and NAIC should eliminate practices that limit the public’s access to rate review information and inhibit public participation in the rate review process. Currently, most states and HHS allow a trade secret exemption by carriers wishing to shield their rate filing from public scrutiny.

2015 February 27, 45 CFR Parts 154, Rate Increase and Disclosure and Review; Final Rule, Vol 80 No 39, Federal Register. This final rule sets forth payment parameters and provisions related to the risk adjustment, reinsurance, and risk corridors programs; cost sharing parameters and cost-sharing reductions; and user fees for Federally-facilitated Exchanges. It also finalizes additional standards for the individual market annual open enrollment period for the 2016 benefit year, essential health benefits, qualified health plans, network adequacy, quality improvement strategies, the Small Business Health Options Program, guaranteed availability, guaranteed renewability, minimum essential coverage, the rate review program, the medical loss ratio program, and other related topics

2015 January 27, Lerch, J, Rustagi, K, Phillips, B, Market Analysis: PHASE II REPORT PREPARED FOR NEW HAMPSHIRE INSURANCE DEPARTMENT, Wakely Consulting Group. Wakely's analysis focuses on the impact of various policy changes under the ACA and current NH Medicaid (for 2016 and 2017) legislation on the single risk pools under each of the individual and small group health insurance markets. The report concludes the following: The anticipated changes to the health insurance markets over the next few years are expected to have a greater impact on the individual market than they will on the small group market. Enrolling the Medicaid expansion population in QHPs is expected to have a positive impact on the morbidity of the individual market, as is the phase out of grand-mothered policies. In the small group market, the phase out of the grand-mothered policies is expected to have minimal impact on the overall morbidity of the small group market single risk pool. Expansion of the small group market to groups with up to 100 employees could have a negative impact on the small group market single risk pool morbidity level, if a large number of healthier groups choose to self-fund.

2015 March, Lerche, J; Ehrensmann, K., White Paper: Considerations for 2016 Health Insurance Rate Development, Rate Filing, and Rate Review, Wakely Consulting Group. This paper outlines considerations for issuers and regulators with respect to 2016 individual and small group health insurance. These considerations draw from multiple sources, including regulations and guidance released to date. This paper is a reflection of the authors' understanding of the major plan-design and rating requirements outlined in each of the sources above and how they fit together. Of particular interest, with regard to formulary drug list transparency, this paper notes, "Issuers are required to maintain easily accessible, up-to-date, accurate and complete lists of all covered drugs. The lists must be plan specific and available on the issuer's public website."

Health Insurance Rate Setting in Wisconsin: The Rate Review Situation in Wisconsin, ABC For Health, Inc. A public interest law firm in Wisconsin develops the case for rate review transparency in Wisconsin. Wisconsin statute presumes that if price competition exists in the market, then rates are not excessive. ABC for Health, Inc. states adverse risk selection, increase in medical costs, lack of risk pools, and other factors are cause for rate review transparency measures.



LEGEND: BLUE = Process or Interaction with NHID, Carrier, or Consumer ORANGE = Process or Interaction with a System or Platform

Screen Shots of Consumer Rate
Review Websites:
Arkansas
California
New York
Oregon
Washington

Arkansas Insurance Department

<http://arhealthpremiums.arkansas.gov>

HEALTH INSURANCE PREMIUM RATE REVIEW DIVISION



REVIEW PROCESS	CONSUMER GUIDE	PENDING AND DISPOSITION OF RATES	RATE FAQ	REBATES

About Us

The Health Insurance Rate Review Division (HIRRD) of the Arkansas Insurance Department (AID) is charged with protecting Arkansas health insurance consumers from unreasonable premium rate increases.

The Affordable Care Act (ACA) requires states to establish a process for reviewing these increases. Under this rate review program, health insurers seeking to increase Arkansas insurance premium rates must now provide consumers with easy to understand information about the reasons for significant rate increases and post justification for those increases on HIRRD website. The U.S. Department of Health and Human Services will also post these justifications and other material on its website: <https://ratereview.healthcare.gov/>.

These steps are expected to bring greater transparency, accountability and help moderate increases in Arkansas insurance premium rates and provide those who buy Arkansas health insurance with greater value for their premium dollar.

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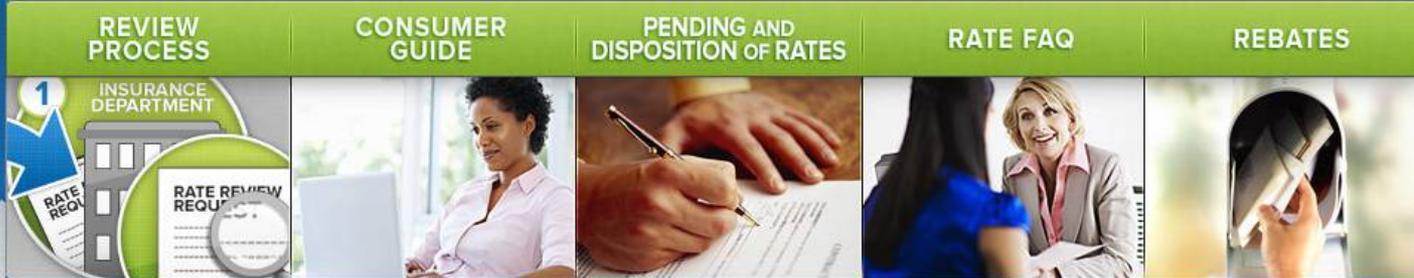
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Step 2 - Post/Consumer Comments

The Arkansas Insurance Department posts rate filing documents online. Consumers may email comments regarding rate increase requests to: insurance.hirr@arkansas.gov or mail comments to the Arkansas Insurance Department: Attn: Health Insurance Premium Rate Review Division, 1200 West Third Street, Little Rock, AR 72201.

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CONSUMER GUIDE

PENDING AND DISPOSITION OF RATES

RATE FAQ

REBATES



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Why rates matter to me?

The increase of health insurance rates can affect the cost of your premium. A rate is a base price for health benefits. [What are health insurance premiums?](#) A premium is the specific amount you pay as a policyholder. The actual premium you pay may be higher or lower than a rate based on factors such as your age and where you live.

When a company submits a request for a health insurance premium increase at or above the 10% threshold for individual or small employer health plans, consumers may access pending and disposition of rates changes through our website.

You may submit comments [here](#), or email your comments to insurance.hirr@arkansas.gov or mail to: Attn: Health Insurance Premium Rate Review Division, 1200 West Third Street, Little Rock, Arkansas 72201. Consumer comments will be taken into consideration.

» [Click Here to Search Public Filings](#)

» [Click Here to learn more about Medical Loss Ratio \(MLR\) and Rebates](#)

Here's an overview of AID's [Health Insurance Rate Review Process](#).

Sample: Summary of Coverage and Benefits

Under the Affordable Care Act, health insurers and employers who offer coverage for their employees must provide clear, consistent information about health plans.

Click here to view the [sample template](#)

Helpful links:

- [Health Care Government website](#)
- [Centers for Medicare & Medicaid Services](#)
- [Arkansas Insurance Department](#)
- [Shedding Light on Insurance Industry Practices](#)

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Pending and Disposition of Rates

These two charts show health insurance premium rates currently under review and recent rate changes reviewed by the Arkansas Insurance Department. A public comment tab is located on the Pending Rates chart for citizens to express their opinions on changes in health insurance premium costs.

Current Rates

[Recent Rates](#) | [Current Rates](#)

CompanyName	Type	% Requested	# of Members	Comments & More Info
-------------	------	-------------	--------------	----------------------

No Current Rates to view at this time

Recent Rates

[Recent Rates](#) | [Current Rates](#)

CompanyName	Type	% Requested	% Approved	Effective Date	Status	Comments & More Info
Golden Rule Insurance		9.900%	0.000%	1/8/2013	Not Approved	
SERFF Tracking Number		AMMS-128800060				
# of members		1042				
Type of Insurance		- Individual				
Notes		**Disapproved request based on low loss ratio and the possibility that the company will be required to issue a rebate on this block of business.				
United Security Life and Health		9.900%	5.000%	1/17/2013	Approved	
United Security Life and Health		16.200%	5.000%	1/17/2013	Approved	
QualChoice Life and Health		9.900%	9.900%	1/29/2013	Approved	
National Foundation Life		14.380%	0.000%	2/27/2013	Not Approved	
Freedom Life Insurance		14.380%	0.000%	2/27/2013	Not Approved	
National Foundation Life		14.380%	0.000%	2/27/2013	Not Approved	
United Healthcare		7.190%	7.190%	4/1/2013	Approved	
United Healthcare		4.980%	4.980%	4/1/2013	Approved	
Guarantee Trust Life Insurance		9.900%	9.900%	4/12/2013	Approved	

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Company Name	<input type="text"/>
SERFF Number	<input type="text"/>
Naic	<input type="text"/>
Type	<input type="text"/>
Closed	From: <input type="text"/>  To: <input type="text"/> 
TOI	<input type="text"/>
Sub-TOI	<input type="text"/>
Sort by	<input type="text" value="Select Field"/> <input type="text" value="Select Order"/>
Records per page	<input type="text" value="Select Value"/>
Clear Search Criteria <input type="button" value="Search"/>	

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Company Name	<input type="text" value="company"/>
SERFF Number	<input type="text"/>
Naic	<input type="text"/>
Type	<input type="text"/>
Closed	From: <input type="text"/> To: <input type="text"/>
TOI	<input type="text"/>
Sub-TOI	<input type="text"/>
Sort by	Select Field <input type="text"/> Select Order <input type="text"/>
Records per page	Select Value <input type="text"/>
Clear Search Criteria <input type="button" value="Search"/>	

SERFF Tracking Number	Company Name	Naic	Type	Closed	TOI	Sub-TOI
AEGB-125582484	Transamerica Life Insurance Company	86231	Form	04/17/08	L04I Individual Life - Term	L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
AEGE-125627935	Transamerica Life Insurance Company	86231	Form	05/05/08	L06I Individual Life - Variable	L06I.002 Single Life - Flexible Premium
AEMN-125561512	RiverSource Life Insurance Company	65005	Form	04/10/08	A02.1I Individual Annuities-Deferred Non-Variable and Variable	A02.1I.002 Flexible Premium
AGNN-125616094	AIG Annuity Insurance Company	70432	Form	04/22/08	A02I Individual Annuities-Deferred Non-Variable	A02I.003 Single Premium
ALSB-125634961	Lincoln Benefit Life Company	65595	Form	06/03/08	A05I Individual Annuities-Immediate Non-Variable	A05I.000 Annuities - Immediate Non-variable
AMGN-125323102	American General Life Insurance Company	60488	Form/Rate	06/05/08	H07I Individual Health - Specified Disease - Limited Benefit	H07I.002A Dread Disease - Cancer Only
AMGN-125683336	American General Life Insurance Company	60488	Form	06/11/08	L09I Individual Life - Flexible Premium Adjustable Life	L09I.001 Single Life
AMMS-125632456	Golden Rule Insurance Company	62286	Rate	05/07/08	H10I Individual Health - Dental	H10I.000 Health - Dental
AMRP-125680425	World Insurance Company	70629	Rate	06/11/08	H16I Individual Health - Major Medical	H16I.005A Individual - Preferred Provider (PPO)
BFLI-125630644	Bankers Fidelity Life Insurance Company	61239	Form	05/27/08	MS05I Individual Medicare Supplement - Standard Plans	MS05I.001 Plan A
CCGN-125648676	Connecticut General Life Insurance Company	62308	Form	05/19/08	L07I Individual Life - Whole	L07I.101 Fixed/Indeterminate Premium - Single Life
CMPL-125629515	Forethought Life Insurance Company	91642	Form	05/05/08	A02I Individual Annuities-Deferred Non-Variable	A02I.003 Single Premium
CPWA-125632506	United States Fire	61113	F	04/28/08	H100 C... Health - T...	H100.000 Health - T...



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Rate Review Grants

The Health Insurance Rate Review Division (HIRRD) of the Arkansas Insurance Department (AID) was created under the Affordable Care Act (ACA) to protect consumers and employers from unreasonable [health insurance premium rate increases](#).

HIRRD is federally funded through U.S. Department of Health and Human Services grants. Since 2010, DHHS has awarded AID \$9,187,892 million in grant funding. These grant funds are being used to expand and enhance Arkansas' process for rate review and to bring greater transparency and openness to the [premium rate review](#) process while directly involving the consumer. These steps will provide Arkansas consumers who buy insurance with greater value for their premium dollar.

U.S. Department of Health and Human Services Grants and Rate Review Program

Arkansas Rate Review Grants:

- [Cycle I - Cycle IV Grant Award](#)

Cycle I:

- [Cycle I Grant Application](#)
- [First Quarterly Report](#)
- [Second Quarterly Report](#)
- [Third Quarterly Report](#)
- [Fourth Quarterly Report](#)
- [Final Cycle I Report](#)

Cycle II:

- [Cycle II Grant Application](#)
- [First Quarterly Report](#)



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Frequently Asked Questions

Here at the Arkansas Insurance Department we receive many questions regarding health insurance costs; where premium dollars are spent and who protects consumers like you from unreasonable premium rate increases. The Health Insurance Premium Rate Review Division is tasked with protecting consumers from unreasonable rate increases. Below is a list of questions and answers regarding the rate review process and what you can do if you feel your insurance premium was increased incorrectly. For additional questions, please call the Arkansas Insurance Department 1-800-282-9134.

1. [What is an insurance premium?](#)
2. [How do insurance companies determine premium health insurance rates?](#)
3. [What is the Arkansas Insurance Department's \(AID\) role in setting health insurance premiums?](#)
4. [Why do my premiums go up?](#)
5. [What if I feel my health insurance premium increased incorrectly?](#)
6. [How can I reduce my insurance premiums?](#)

Q. What is an insurance premium?

A. A premium is the amount paid for your health insurance or plan. You and/or your employer

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Medical Loss Ratio (MLR) and Rebates

The health reform law, called the Affordable Care Act (ACA), features a number of tools to help make health insurance more affordable. One way the ACA makes sure consumers are getting better value for their health care dollars is called the medical loss ratio. Below is a list of questions and answers that provides helpful medical loss ratio information. For additional questions, please call the Arkansas Insurance Department at 1-800-282-9134.

FAQ

What is a medical loss ratio?

In general, a medical loss ratio (or MLR) is the amount of health insurance premiums that an insurer spends on health care and activities to improve health care quality. It is expressed as a percentage: for example, an MLR of 80% means 80 cents out of every premium dollar the plan receives are spent on health care or quality improvement, with the other dollars spent on overhead, profits, and administrative costs.

Why is the federal medical loss ratio important?

The health care reform law, called the Affordable Care Act, features a number of tools to help make health insurance more affordable. The medical loss ratio is one way the law makes sure consumers get better value for their health care dollars.

Starting in 2012, when insurers do not spend enough of their premium dollars on health care and achieve lower than an 80% medical loss ratio, rebates must be given to people enrolled in

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Welcome to the Arkansas All-Payer Claims Database

There is a growing demand and need for transparency of health care information in Arkansas to promote high-value care and advance research. Consumers, employers, and policymakers are advocating for greater reporting of the prices of health care services as a way to encourage consumers to choose low-cost, high-quality providers and to promote competition based on the value. The Arkansas All-Payer Claims Database (APCD) is a dynamic tool that will enable the state to further its transparency objectives by collecting health care data from public and private sources and empowering Arkansans with information to better understand how and where health care is being delivered and how much is being spent. Please see the "How to Use the APCD Website" box below to learn how to navigate the Arkansas APCD website.

What's New?

- Click here to review a [current fact sheet](#) on the Arkansas APCD

Reports and Maps

Click below to view initial reporting available from the Arkansas APCD.

[Start Here!](#)

Security

Click below to learn more about APCD data security and protection efforts.

- [APCD Security Overview](#)
- [APCD Data Protection FAQs](#)

Data Submitters and Data Requesters

Click below to access the Arkansas APCD Web Portal.

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How to Use APCD Website

Below is a summary of the tabs listed at the top of the Arkansas APCD page, each representing different content areas of the website:

- Visit the [Reports and Maps](#) to view reports on the price and utilization of select procedures
- Visit the [Resources](#) find additional information on health care transparency efforts in Arkansas and the national-level
- Visit the [Governance](#) to learn more about Arkansas APCD oversight and governing authority

Health Care System Transparency

The Arkansas APCD is an exciting initiative that builds upon increased efforts at health care system transparency in Arkansas. Click here to read the latest [issue brief](#) on health care data transparency and click here to see additional resources on transparency efforts at the state and national-level.

California Department of Insurance

<https://interactive.web.insurance.ca.gov/apex/f?p=102:2:0::NO::>



Dave Jones
California
Insurance
Commissioner

California Department of Insurance

Insurance Protection for All Californians

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This virtual viewing room allows you to see insurance company rate filings, examination reports, and related information.

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Prepare for natural disasters

Insurance Diversity Initiative

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Administrative Hearings and Public Programs

Learn about administrative hearings and other public programs

Before You Buy Earthquake Insurance

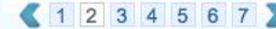
Consumer Hotline
1-800-927-4357 (HELP)

Licensing Hotline
1-800-967-9331

**California Low Cost
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1-866-602-8861

Anthem Data Breach

Information about the Anthem breach and CDI's efforts to help consumers [Learn more](#)



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Types of Insurance

Whether you are looking to purchase insurance or simply trying to understand the insurance you currently have, the links below provide guidance to help you make the right decision for your situation. Insurance can be one of the most important ongoing purchases you make to protect yourself and your family from financial hardship. Since your needs and financial situation change over time, it is important to understand and review your insurance policies on a regular basis to decide if the same policies are still right for you.

- [Automobile](#)
- [Health](#)
- [Homeowner/Residential](#)
- [Life & Annuity](#)
- [Long-Term Care](#)
- [Medicare Supplement](#)
- [Pet](#)
- [Workers' Compensation](#)
- [Information Guides](#)

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[Consumers](#)

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[Automobile](#)

[Homeowner/Residential](#)

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[Pet](#)

[Workers' Compensation](#)

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[Information Guides](#)

[Health Insurance Information](#)

[Company and Agent/Broker Information](#)

[Laws & Regulations](#)

[Virtual Viewing Room](#)

[Dealing with Catastrophes](#)

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Rate Filings

Rate Filings by Company

Interactive Rate Filing Search

Frequently Asked Questions

What Is A Rate?

A rate is the price for health insurance. It is also referred to as a "premium" or "premium rate."



What Are Health Rate Filings?

The law requires health insurers to notify both policyholders and the California Department of Insurance (CDI) when they propose to change their rates.



How Does Rate Review Work?

When an insurance company files its rates with CDI, our experts known as actuaries review the filing to make sure any proposed rate increase is justified. The Commissioner has the authority to review rates for reasonableness, but cannot approve or deny rate increases.



How Can You Participate?

You have an opportunity to provide feedback/comments for consideration by Department staff as they review filings for compliance with legal requirements and actuarial standards. Simply navigate to the details page for any rate filing to review or submit public comments.

If you would like to receive notifications when new filings are submitted for review, please register on our [subscriptions site](#).

How To Find Your Insurance Company

Health insurance rate filings are posted as they become available. You can sort and filter the list of rate filings by company name, filing date, etc. Select any rate filing submission from the list to review additional details contained within the filing.

- I would like to search for a specific company.
- I would like to view a list of all companies.
- I would like to view an interactive list of all filings.

Go

Information about some rate filings are also posted on the website of the U.S. Department of Health and Human Services. You can find information about selected California health insurance rate filings by visiting the [HealthCare.gov Rate Review webpage](#).

Welcome to the Department's Interactive Rate Filings search tool where you can sort, filter, and download the latest rate filings. You can view pre-prepared reports based on the most popularly requested information. You can also create your own customized reports by selecting report column headers to filter and/or sort data using criteria including: company name, type of coverage, effective date of a rate change, average rate change, the status of the filing, and more.

[REGISTER HERE](#) to receive notifications when new rate filings are submitted for review.

Select a State Tracking Number from the list below to view additional details or to submit a public comment related to a specific filing.

Reports 1. All Rate Filings
 Rows 15

Company Name	State Tracking Number	Type of Coverage	Average Annual Rate Change Proposed	Range Rate Change Proposed	Covered Lives	Status	Average Annual Rate Change Implemented	Proposed Effective Date
Aetna Life Insurance Company	HAO-2015-0078	Small Group	23.1%	-14.6% to 35.7%	7,512	Review in Progress		07/01/15
Health Net Life Insurance Company	HAO-2015-0070	Small Group	14.2%	11.8% to 16.3%	7,226	Review in Progress		07/01/15
Health Net Life Insurance Company	HAO-2015-0069	Small Group	7%	7% to 7%	760	Review in Progress		07/01/15
Central United Life Insurance Company	HAO-2015-0033	Individual	8.5%	8.5% to 8.5%	26	Review Completed	5%	06/01/15
Aetna Life Insurance Company	HAO-2015-0015	Small Group	12%	-10.4% to 21.2%	6,095	Review Completed	10.4%	04/01/15
Health Net Life Insurance Company	HAO-2015-0014	Small Group	15.5%	9.6% to 30.2%	21,894	Review in Progress		04/01/15
UnitedHealthcare Insurance Company	HAO-2015-0010	Small Group	8.5%	3.2% to 10.8%	11,064	Review in Progress		04/01/15
Anthem Blue Cross Life and Health Insurance Company	HAO-2014-0253	Individual	8.7%	-37.4% to 24.9%	169,152	Review in Progress		04/01/15
Sterling Life Insurance Company	HAO-2014-0245	Small Group	4.5%	-17% to 12.4%	254	Review Completed	4.5%	01/01/15
Kaiser Permanente Insurance Company	HAO-2014-0240	Small Group	8%	8% to 8%	148	Review Completed	8%	01/01/15
Kaiser Permanente Insurance Company	HAO-2014-0241	Small Group	8%	8% to 8%	358	Review Completed	8%	01/01/15
Kaiser Permanente Insurance Company	HAO-2014-0237	Small Group	7.4%	7% to 7.9%	308	Review Completed	2.1%	01/01/15
Blue Shield of California Life & Health Insurance Company	HAO-2014-0231	Individual	9.6%	8.6% to 9.7%	61,528	Review Completed	9.6%	01/01/15
Health Net Life Insurance Company	HAO-2014-0229	Individual	10.8%	9.8% to 12.6%	32,385	Review Completed	10.8%	01/01/15
Health Net Life Insurance Company	HAO-2014-0227	Small Group	6.6%	6.6% to 6.6%	5,885	Review Completed	6.6%	12/01/14

Select a subject below to find answers to frequently asked questions regarding health rate filings.

What is a rate?

The price for health insurance is known as a rate or a premium rate. A premium rate is the specific amount a policyholder pays for insurance coverage. A premium rate is usually paid on a monthly basis. The premium rate is separate and apart from any co-pay, co-insurance or deductible that may have to be paid for services being rendered. The premium rate typically depends upon the type of policy and the factors listed below.

Individual or Family Policies (for those who don't receive health insurance through work)

Premium rates for individual or family policies may depend upon the following factors:

- Age of each person covered by the policy
- How much of the cost of care is covered by the policy. For example, a high deductible means you pay more out of pocket for your care
- Number of dependents (family members) in the policy
- Where you live in California
- Network of providers (doctors and hospitals) offered by the plan you choose

Small Group Policies (for employers who provide benefits to their employees when the employer has between 2 and 50 employees)

Premium rates for small groups may depend upon the following factors:

- Ages of enrolled employees and dependents
- Benefits your employer chooses
- Number of dependents an employee has that are covered by the policy
- Where your employer is located
- Network of providers (doctors and hospitals) for the plan your employer chooses

When you buy your own insurance as an individual, you pay the premium rate. When you get covered through your job, your employer pays the premium rate or you and your employer share the premium rate.

What are health rate filings?

How does rate review work?

What is the difference between the small group and individual insurance markets?

[Return To Interactive List](#)

Aetna Life Insurance Company - (25 of 25)

Status: Review in Progress

Type of Coverage: Small Group

Filing #: AETN-130035566

State Tracking #: HAO-2015-0078

Date Filed: 04/30/2015

Covered Lives: 7,512

Proposed Effective Date: 07/01/2015

	Proposed Rate Change	Implemented Rate Change
Annual Average:	23.1%	-
Annual Range:	-14.6% to 35.7%	-

[< Previous](#)

Attachments (2)

Initial Filing documents contain detailed information provided by the company in the initial rate change request. Additional documents obtained during the rate review process are stored as Subsequent Submissions. Select a specific download from the list below to view/save copies of an attachment.

Type	Attachment
Initial Filing Part 1 of 2	Download
Initial Filing Part 2 of 2	Download

1 - 2

Public Comments (0)

You have an opportunity to provide feedback/comments for consideration by Department staff as they review filings for compliance with legal requirements and actuarial standards. Comments should be submitted within 60 days of the date of filing. No response to submitted comments will be provided by Department staff. However, your comments will be posted on our website. Please review our [Comment Policy](#) for information regarding comments and their use on our website.

If you have a specific complaint against an insurer, please do not submit complaints or requests for assistance here. Instead, complaints or Requests for Assistance should be submitted by completing a [Request for Assistance Form](#).

Thank you for your interest in and comments about these rate filings.

[Submit Comment](#)

No comments found.

NY State Department of Financial Services

http://dfs.ny.gov/consumer/health_ins_prem.htm



Health Insurance Premiums

Health insurance premiums are the monthly amount you or your employer pay to an insurance company. The insurance company collects premiums from all of its policyholders and uses that money to pay for their medical claims. The insurance company can also use premiums to pay for its administrative expenses and to earn profit.

- [Learn more about health insurance and your rights as a health insurance consumer](#)

Premium Rate Increases and Prior Approval

The Prior Approval law requires health insurers make an application to the Department of Financial Services to evaluate their proposed rate changes. The Department reviews the rate applications along with the insurer's underlying calculations to make sure that any premium rate increases are justified and not excessive. During its review, the Department may request more information from the insurer and consider comments from policyholders or the public (see "Consumer Notification" below). Rate applications and all documents relating to an application can be found here:

- [View insurer's rate applications and approved rate increases by company \(portal\)](#)

Submit a comment about an insurer's proposed rate increase

DFS has set up a website to allow policyholders to submit comments about an insurer's proposed premium rate increase. Insurers must also send their customers a notice about a proposed premium rate increase when they file the application with DFS. This notice should state that an application has been filed and that you can review the application on the DFS website and submit comments about the premium increase.

- [Click here to submit a comment about an application for a rate increase](#)

The insurance company is also required to send policyholders a second, more specific notice if a final premium rate has been approved. This notice will contain more specific information about your particular premiums.

Insurers' Justifications for Proposed Rate Increases

Health insurers must file a copy of a plain-English summary of the reasons why they are requesting a premium rate increase. This summary is called the "preliminary justification" and must be filed for all (non-Grandfathered) individual and small group rate applications. The



Navigation

Prior Approval / Rate Applications By Company / Rate Applications By Company

- Aetna Health Inc. (NY)
- Aetna Life Insurance Company
- Affinity Health Plan, Inc.
- American Family Life Assurance Company of New York
- American Progressive Life and Health Insurance Company of New York
- Atlantis Health Plan
- Bankers Conseco Life Insurance Company
- Capital District Physicians Health Plan Inc.
- CDPHP Universal Benefits, Inc.
- Crystal Run Health Insurance Company, Inc.
- Empire HealthChoice Assurance, Inc.
- Empire HealthChoice HMO, Inc.
- Excellus Health Plan
- First United American Life Insurance Company
- GHI HMO Select, Inc.
- Group Health Incorporated
- The Guardian Life Insurance Company of America
- Hartford Life Insurance Company (NAIC # 88072)
- Health Insurance Plan of Greater New York, Inc.
- Health Republic Insurance of New York, Corp. (formerly Freelancer Health Service Corp)
- Healthfirst PHSP, Inc.

Rate Applications by Company Introduction

If you are seeking information about a rate application that applies to you, select your Company Name from the listing in the Navigation Pane to the left.

From there, in the window directly below this one, you will be able to navigate to the application you're interested in by selecting the following options, each of which will lead you to the next:

- Pending, Withdrawn, or Approved Application
- Implementation Date
- Market Segment

Once you find the application you're seeking, you will find all documents related to that application.

Legend - Market Segments

- SG = Small Group
- LG = Large Group
- HMO = Health Maintenance Organization
- POS = Point-of-Service
- IND or DP = Individual Direct Pay
- Med Supp = Medicare Supplemental



Navigation

- Rate Applications By Company
- **Submit a Comment**
- Summary of Actions - Premium Requests

Submit a Comment

This Form is to be used by consumers to comment on Health Insurance rates filings.

NOTES:

- Comments submitted through this page only apply to open applications.
- Please do not use this form to file a complaint. If you are a consumer and want to file a complaint, select How To File A Complaint.
- This form is NOT to be used by Agents or Brokers for licensing inquiries.
- For 'Submit Comments by Mail' information, please select this link.

Please select the company name and the type of coverage and insurance that you are commenting on, and your comment itself, in the designated areas below.

These comments will be considered by Department staff as they review insurance rates change filings for compliance with Department regulations.

Prior Approval

Select the Insurance Company Name

Do you have an Individual or group policy?

Select the Type of Insurance you have:

First Name(required):

Last Name(required):

Email Address(required):

Your Comments (required):

Submit



Navigation

- Rate Applications By Company
 - **Aetna Health Inc. (NY)**
 - Aetna Life Insurance Company
 - Affinity Health Plan, Inc.
 - American Family Life Assurance Company of New York
 - American Progressive Life and Health Insurance Company of New York
 - Atlantis Health Plan
 - Bankers Conesco Life Insurance Company
 - Capital District Physicians Health Plan Inc.
 - CDPHP Universal Benefits, Inc.
 - Crystal Run Health Insurance Company, Inc.
 - Empire HealthChoice Assurance, Inc.
 - Empire HealthChoice HMO, Inc.
 - Excellus Health Plan
 - First United American Life Insurance Company
 - GHI HMO Select, Inc.
 - Group Health Incorporated
 - The Guardian Life Insurance Company of America
 - Hartford Life Insurance Company (NAIC # 88072)
 - Health Insurance Plan of Greater New York, Inc.
 - Health Republic Insurance of New York, Corp. (formerly Freelancer Health Services Corp)
 - Healthfirst PHSP, Inc.
 - HealthNow New York Incorporated
 - HIP Insurance Company of New York

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Aetna Health Inc. (NY)

Pending Applications

Withdrawn Applications

Approved Applications



Navigation

- Rate Applications By Company
 - **Aetna Health Inc. (NY)**
 - Aetna Life Insurance Company
 - Affinity Health Plan, Inc.
 - American Family Life Assurance Company of New York
 - American Progressive Life and Health Insurance Company of New York
 - Atlantis Health Plan
 - Bankers Consecro Life Insurance Company
 - Capital District Physicians Health Plan Inc.
 - CDPHP Universal Benefits, Inc.
 - Crystal Run Health Insurance Company, Inc.
 - Empire HealthChoice Assurance, Inc.
 - Empire HealthChoice HMO, Inc.
 - Excellus Health Plan
 - First United American Life Insurance Company
 - GHI-HMO Select, Inc.
 - Group Health Incorporated
 - The Guardian Life Insurance Company of America
 - Hartford Life Insurance Company (NAIC # 88072)
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- HMO = Health Maintenance Organization
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- IND or DP = Individual Direct Pay
- Med Supp = Medicare Supplemental

Aetna Health Inc. (NY)

Pending Applications

Withdrawn Applications

Approved Applications

Effective July 1, 2015

Effective January 1, 2015

Effective January 1, 2014

Effective July 1, 2013



Navigation

- Rate Applications By Company
 - **Aetna Health Inc. (NY)**
 - Aetna Life Insurance Company
 - Affinity Health Plan, Inc.
 - American Family Life Assurance Company of New York
 - American Progressive Life and Health Insurance Company of New York
 - Atlantic Health Plan
 - Bankers Conesco Life Insurance Company
 - Capital District Physicians Health Plan Inc.
 - CDPHP Universal Benefits, Inc.
 - Crystal Run Health Insurance Company, Inc.
 - Empire HealthChoice Assurance, Inc.
 - Empire HealthChoice HMO, Inc.
 - Excelus Health Plan
 - First United American Life Insurance Company
 - GHIHMO Select, Inc.
 - Group Health Incorporated
 - The Guardian Life Insurance Company of America
 - Hartford Life Insurance Company (NAIC # 88072)
 - Health Insurance Plan of Greater New York, Inc.
 - Health Republic Insurance of New York, Corp. (formerly Freelancer Health Service Corp)
 - Healthfirst PHSP, Inc.
 - HealthNow New York Incorporated
 - HIP Insurance Company of New York
 - Humana Insurance Company of New York
 - Independent Health Association
 - Independent Health Benefits Corporation

Rate Applications by Company Introduction

If you are seeking information about a rate application that applies to you, select your Company Name from the listing in the Navigation Pane to the left.

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- SG = Small Group
- LG = Large Group
- HMO = Health Maintenance Organization
- POS = Point-of-Service
- IND or DP = Individual Direct Pay
- Med Supp = Medicare Supplemental

Aetna Health Inc. (NY)

Pending Applications

Withdrawn Applications

Approved Applications

Effective July 1, 2015

Effective January 1, 2015

SG HMO_Off-Exchange
AETN-129591063

Effective January 1, 2014

Large Group HMO: AETN 129736609

Effective July 1, 2013

Effective January 1, 2013

Effective January 1, 2012



Navigation

Prior Approval / Rate Applications By Company /
Rate Applications By Company / Aetna Health Inc. (NY) /
Large Group HMO: AETN-128841943

Aetna Health Inc. (NY)

Large Group HMO

Approved: Effective dates in 2013 by Quarter

Table with 5 main columns: Market Segment and Product, SERFF File # and Documentation, Region, Requested Annual Percentage Rate Change (Base Medical Plan), and Approved Annual Percentage Rate Change (Base Medical Plan). It contains 4 rows of data for different quarters in 2013 and 2014.

HELP AND INFORMATION



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Navigation

- [Prior Approval / Rate Applications By Company /](#)
- [Rate Applications By Company / Aetna Health Inc. \(NY\) /](#)
- [Large Group HMO: AETN-128841943](#)

Aetna Health Inc. (NY)

Large Group HMO

Approved: Effective dates in 2013 by Quarter

Market Segment and Product	SERFF File # and Documentation	Region	Requested Annual Percentage Rate Change (Base Medical Plan)				Approved Annual Percentage Rate Change (Base Medical Plan)		
			Renewing In	Lowest	Highest	Weighted Average	Lowest	Highest	Weighted Average
LG HMO	AETN-128841943	NY	J.Jl.2013-Sept.2013	+5.90%	+5.90%	+5.90%	+1.90%	+1.90%	+1.90%
	Rate Application		Oct.2013-Dec.2013	+9.60%	+9.60%	+9.60%	+5.40%	+5.40%	+5.40%
	Rate Manual		Jan.2014-Apr.2014	+13.60%	+13.60%	+13.60%	+9.10%	+9.10%	+9.10%
	Approved Rate Manual		Apr.2014-Jun.2014	+16.30%	+16.30%	+16.30%	+11.80%	+11.80%	+11.80%
	Narrative								
	Notice								
	Preliminary Justification								
	Comments								

HELP AND INFORMATION



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Health Insurance Rate Review (Prior Approval) Consumer FAQs

- What is “prior approval”?
- What types of policies are subject to prior approval?
- How does the Department decide whether to approve a rate increase?
- What is “medical loss ratio” or “MLR” and why does it matter?
- How often can an insurance company ask for a premium increase?
- Can a rate increase take effect during my current enrollment period or will it become effective upon renewal?
- Why do my premiums increase every year?
- The Medical Consumer Price Index rose only a small percent (usually 3-4%) yet my premiums increased at a much higher percentage. Why?
- Does the Department consider affordability when deciding on rate requests?
- Do consumers have an opportunity to comment on premium increases?
- What can I do to keep my premiums reasonable?
- I just received notification that my rates are increasing. How do I know they are charging me the correct amount?

What is “prior approval”?

“Prior approval” is the process used by the New York State Department of Financial Services to review premium adjustments requested by health insurers before the insurers can apply the rates. Prior approval was signed into law on June 8, 2010. Under prior approval, the Department has the authority to review the actuarial assumptions behind insurer’s proposed rates and to review the financial condition of the insurer to make certain proposed rates are fair and appropriate. The Department may approve, reject or modify the insurer’s proposed rates.

What types of policies are subject to prior approval?

Prior approval applies to community rated policies issued by commercial health insurers (both for-profit and not-for-profit) and Health Maintenance Organizations (HMOs) in New York State. Specifically, prior approval applies to the following types of policies:

- Individual, direct pay



Navigation

- Rate Applications By Company
- Submit a Comment
- **Summary of Actions - Premium Requests**

Summary of Actions - Premium Requests

The following tables represent the average percentage changes in premiums across all New York rating regions for individual and small group markets.

2015 INDIVIDUAL MARKET RATE ACTION - OVERALL SUMMARY

Company	Requested Average Change	Approved Average Change	Reduction
Aetna Life Insurance Co.	+19.96%	+5.32%	-14.64%
Affinity Health Plan*	-12.58%	-15.21%	-2.63%
CDPHP*	+6.69%	+0.15%	-6.54%
Emblem-HIP*	+9.81%	+6.72%	-3.09%
Empire BlueCross BlueShield HMO*	+18.40%	+7.37%	-11.03%
Excelsus*	+19.59%	+9.23%	-10.36%
Fidelis*	+7.14%	+3.23%	-3.91%
Health Republic Insurance of New York*	+15.35%	+13.04%	-2.31%
Healthfirst*	-9.67%	-11.95%	-2.28%
HealthNow*	+7.24%	+1.41%	-5.83%
Independent Health Benefits Corp.*	+5.44%	-2.01%	-7.45%
MetroPlus Health Plan*	+17.76%	+6.90%	-10.86%
MVP Health Care*	+18.31%	+11.97%	-6.34%
Care Connect (North Shore LJ)*	-1.24%	-3.22%	-1.98%
Oscar*	+6.28%	+3.88%	-2.40%
Oxford Health Plan	+1.06%	-9.41%	-10.49%
UnitedHealthcare of NY*	-5.85%	-15.32%	-9.47%
All Companies	+12.50%	+5.70%	-6.80%

* Companies that offer individual coverage on the NY State of Health Individual Marketplace

(Note: Freelancers Insurance Company, Crystal Run Health Plan, Montefiore Insurance Company, and Wellcare of NY* are new entrants to the market and are selling new products with new premium rates, and therefore did not request rate increases. Accordingly, their premium rates are not shown in the above chart.)



DEPARTMENT of FINANCIAL SERVICES

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Health Insurance Rate Request Filing - Public Comments

Insurance companies are required to send you a notice about a proposed premium rate increase when they file their application with DFS to increase the rate. The notice should state that an application has been filed and that you can review the application on this website and that you may also submit comments about the premium increase.

- Comments submitted should only apply to open applications.
- Please submit your comments within 30 days of the date a filing is posted on the Department website.
- Comments received may be posted on this website. Personal contact information will NOT be shown.
- Including your contact information (address & telephone number) is optional, and will not be made public.

Comments will be considered by Department staff as they review insurance rates change filings for compliance with Department guidelines and actuarial standards.

Submit Comments Online

To submit a comment about a health insurance rate increase electronically use our secure portal application.

▪ [Submit a Comment](#)

Submit Comments by Mail

If you wish to send comments by mail please use the following address:

New York State Department of Financial Services
Health Bureau - Premium Rate Adjustments
One State Street
New York, NY 10004

Updated 05/22/2014

Oregon Insurance Division

<http://oregon.gov/DCBS/insurance/healthrates/Pages/health-rates.aspx>



Oregon Insurance Division

2016 proposed health insurance rates

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Rate filings

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Learn more

- [Rate FAQs](#)
- [Rate review process](#)
- [Rate grants](#)
- [Using health insurance](#)

Rate filing deadline for 2016 individual and small employer health plans is April 30, 2015

- [Learn more about what's new in 2016](#)
- [Consumer Guide to Health Insurance Rate Review in Oregon](#)

This Oregon Insurance Division site provides information on health insurance rates for individual and small group plans. You can find pending and approved filings, watch public hearings, learn about the rate review process, and comment on filings.

Rate review process

- Welcome
- Contact us
- ☰ Rate filings
- ☰ Get involved
- ☰ Learn more
 - Approved rates for 2015 health plans
 - Proposed rates for 2016 health plans
 - Rate FAQs
 - ▶ **Rate review process**
 - Guide to Rate Review in Oregon
 - Rate grants
 - Using health insurance

Oregon's health insurance
Rate Review Process

Click text below for more information.

- 1

 An insurer submits a rate request to the Oregon Insurance Division
- 2

 All documents are available on this website and to those who sign up for email notification
- 3

 The Insurance Division actuaries review the insurer's rate request
- 4

 Preliminary decisions are announced
- 5

 Public hearings are scheduled in most cases
- 6

 Oregon insurance commissioner makes final decision

Department of Consumer and Business Services / Oregon Insurance Division / Oregon Health Rates / Find a filing

Find a filing

Use this page to view rate request documents, comment on specific rate requests, and view public comments.

records per page

Company Name	Type	Requested Silver Standard Plan		Approved Silver Standard Plan		Status	Effective Date	Public Comments
		Rate	% Change	Rate	% Change			
ATRIO HEALTH PLANS, INC.		\$324	-5.1%			Pending	01/01/2016	Make Comment
ATRIO HEALTH PLANS, INC.		\$292	+18.4%			Pending	01/01/2016	Make Comment
BRIDGESPAN HEALTH COMPANY		\$289	+15%			Pending	01/01/2016	Make Comment
FREEDOM LIFE INSURANCE COMPANY OF AMERICA		\$481	+0%			Withdrawn	01/01/2016	Make Comment
HEALTH NET HEALTH PLAN OF OREGON, INC.		\$346	+7.2%			Pending	01/01/2016	Make Comment
HEALTH NET HEALTH PLAN OF OREGON, INC.		\$240	+9%			Pending	01/01/2016	Make Comment
HEALTH REPUBLIC INSURANCE COMPANY		\$332	+37.8%			Pending	01/01/2016	Public Comments Make Comment
HEALTH REPUBLIC INSURANCE COMPANY		\$307	+15%			Pending	01/01/2016	Make Comment
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST		\$245	-1.95%			Pending	01/01/2016	Make Comment

Find a filing

Use this page to view rate request documents, comment on specific rate requests, and view public comments.

records per page

Company Name	Type	Requested Silver Standard Plan		Approved Silver Standard Plan		Status	Effective Date	Public Comments
		Rate	% Change	Rate	% Change			
ATRIO HEALTH PLANS, INC.		\$324	-5.1%			Pending	01/01/2016	Make Comment

SERFF Tracking Number: ATHP-130053031

Type of Insurance: Small Employer

- Rate Request Documents:**
- [Rate Request](#)
 - [Filing Correspondence](#)
 - [Rate Tables & Factors](#)
 - [Cost Containment & Quality Improvement](#)
 - [Unified Rate Review Template](#)

Standard Plan Rates:

	Requested	Approved
Bronze:	\$257 (-5.1%)	
Silver:	\$324 (-5.1%)	
Gold:	\$386 (-5.1%)	

ATRIO HEALTH PLANS, INC.		\$292	+18.4%			Pending	01/01/2016	Make Comment
BRIDGESPAN HEALTH COMPANY		\$289	+15%			Pending	01/01/2016	Make Comment

Department of Consumer and Business Services / Oregon Insurance Division / Oregon Health Rates / Rate FAQs

Rate FAQs

- Welcome
- Contact us
- ▣ Rate filings
- ▣ Get involved
- ▣ Learn more
 - Approved rates for 2015 health plans
 - Proposed rates for 2016 health plans
 - ▶ **Rate FAQs**
 - Rate review process
 - Guide to Rate Review in Oregon
 - Rate grants
 - Using health insurance

- What plans do you regulate?
- What is the timeline for reviewing 2016 proposed rates?
- What is the difference between grandfathered plans and non-grandfathered plans?
- How does rate review affect my premium?
- How can I shop for insurance?
- How can I participate in rate review?
- How are health insurance rates set?
- What protects me from overpricing?
- How can I afford coverage?
- Who can I contact if I have questions about rate review?

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Department of Consumer and Business Services / Oregon Insurance Division / Oregon Health Rates / Public hearings

Public Hearings: Health Insurance Rate Requests

2016 plans

2015 plans

2014 plans

The Insurance Division holds public hearings for rate requests involving individual and small employer health plans. See examples of [rates in your area](#).

Health Net Health Plan of Oregon Public Hearing

What: Health Net Health Plan of Oregon is seeking a 7.82 percent rate increase for Small Group health plans affecting 11,686 members.

When: April 20, 2015 at 10:00 AM

Where: Room 260 of the Labor and Industries Building, 350 Winter St. NE, Salem.

Watch Online: You can also watch the hearing from your computer via live video stream.

Live video streaming: Meetings can be live streamed at www.oregon.gov/DCBS/Pages/video_hearing.aspx

Comment: The public comment period closes at 5 p.m. April 24, 2015. You can comment on the company's rate request in any of the following ways:

- *In person at the hearing.* To testify at the hearing, please sign up at the reception table when you arrive.
- *By phone during the hearing.* To testify by phone, please e-mail sarah.a.mcgovern@state.or.us by 11 a.m. April 16 with your name and phone number. We will call you during the public testimony portion of the hearing, following all in-person testimony. Phone testimony will be taken as time allows in the order we receive e-mail requests.
- *Online.* [Click here](#) to comment online and view the company's rate request documents.

Our review: The Insurance Division considers a variety of factors in determining whether a rate proposal is justified. [Learn more](#)

Questions? Call Ethan Baldwin at 503-947-7660.

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Washington State Office of the Insurance Commissioner

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Find out if you qualify for a special enrollment period >

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How do I?

- File a complaint or check complaint status
- Look up an insurance company or agent
- See if a company has complaints
- Find individual health plans and rates
- Write a health insurance denial appeal letter
- See more consumer tasks

CONNECT WITH US

- Get help with an insurance problem
- Talk to an insurance expert: Call 800-562-6900

Mike Kreidler
Insurance Commissioner

[Ask Mike a question](#)

CURRENT ISSUES AND UPDATES

- Renting out your house or a room?**
See insurance considerations for people who participate in the sharing economy.
- Selling association health plans?**
See the status of association health plans that you may be selling for 2014 and 2015.
- OIC hiring insurance positions in Tumwater
- Seventeen health insurers file 246 health plans for 2016

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Pre-existing conditions & waiting periods

Lost your coverage

Can't afford coverage

Options for people with disabilities

Appealing a health insurance denial

Your health insurance rights

Health insurance rate increases

Health insurance FAQ

Health insurance rate increases

See all rate requests for individual and small group health plans, including a summary for each.

[View rate increases](#)

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Can't afford coverage

Options for people with disabilities

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Health insurance rate increases

View rate increases

Email me when rates increase

See how we review rates

Frequently asked questions

Health insurance FAQ

How we review health rates

We [review all rate requests for individual and small-group plans](#) (employers with 1-50 employees) in Washington state.

Health insurance companies can't change rates more than once a year, unless state or federal law requires a new health benefit.

Factors that affect rates

Individual and small-group health insurance rates are community rated. This means the rates are based on the combined claims everyone files. This is why your rate may go up even if you haven't filed a claim.

Also, the rising cost of medical care impacts rates.

In general, how much you pay depends on:

- | Your age and the age of any family members in your plan;
- | Your family size;
- | Whether or not you smoke;
- | Where you live; and
- | The benefits in your health plan.

What we do

We scrutinize the company's projections and what they're based on, including the last three years' premiums, enrollment, and claims.

We also examine the following information to see if the rate change is reasonable in relation to the plan's benefits:

- | The premiums, claims and administrative costs are consistent with what the company reported in its financial statement.
- | The actual vs. projected medical and prescription-drug costs.
- | The assumptions used to project the medical and prescription-drug costs, including changes in these costs, and in the benefit design.
- | The actual vs. projected administrative costs, including expenses such as agent commissions, taxes, salaries, case-management activities, claims and appeals-processing costs, customer services, etc.
- | How much profit the company expects to make; this is generally called "contribution to surplus" or "projected profit." Whether this amount is considered reasonable depends on the company's current level of surplus, as well as the type of business.

If we believe the rate request is justified, state law requires us to approve the increase.

If we don't believe the rate increase is justified we deny the increase. The insurer can then revise its rate-increase request, or it can request a hearing.

Updated 05/19/2014

SEE ALSO

[Health plans and rates](#)

 Search

Search health insurance rate increases

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1-10 of 169 Results

1 2 3 4 5 6 7 8 9 10 | [Next »](#) | [All](#)

Company	Insurance type	% Requested	% Approved	Effective date	Status	Request details (PDF)	Public comments
AETNA LIFE INSURANCE COMPANY Request #249139 Received 12/18/2012	Small Group	3.3%	3.3%	1/1/2013	Approved	Summary of request Complete request Our decision / rates	1 comments Comments closed
AETNA LIFE INSURANCE COMPANY Request #254745 Received 5/2/2013	Small Group	New plan	New plan	N/A	Not Approved	Summary of request Complete request Our decision / rates	0 comments Comments closed
AETNA LIFE INSURANCE COMPANY Request #256477 Received 6/18/2013	Small Group	New plan	New plan	1/1/2014	Approved	Summary of request Complete request Our decision / rates	0 comments Comments closed
AETNA LIFE INSURANCE COMPANY Request #270520 Received 5/6/2014	Small Group	13.4%	9.4%	1/1/2015	Approved	Summary of request Complete request Our decision / rates	5 comments Comments closed
AETNA LIFE INSURANCE COMPANY Request #285690 Received 4/24/2015	Small Group	9%		1/1/2016	Under review	Summary of request Initial request	0 comments Comments open
ASURIS NORTHWEST HEALTH Request #285769 Received 4/24/2015	Individual	New plan	New plan	1/1/2016	Under review	Summary of request Initial request	1 comments Comments open
ASURIS NORTHWEST HEALTH Request #285655 Received 4/24/2015	Small Group	-4.2%		1/1/2016	Under review	Summary of request Initial request	0 comments Comments open
ASURIS NORTHWEST HEALTH Request #270298 Received 5/2/2014	Individual	3.9%	-1.8% See rates by county	1/1/2015	Approved	Summary of request Complete request Our decision / rates	0 comments Comments closed
ASURIS NORTHWEST HEALTH Request #270162 Received 5/1/2014	Small Group	New plan	New plan	1/1/2015	Approved	Summary of request Complete request Our decision / rates	0 comments Comments closed

Email me when rates increase

Sign up

Get an email when a company files a rate request.

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Re-enter email

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Public comments

AETNA LIFE INSURANCE COMPANY

Approved rate change: 3.3%

Status: Approved

Rate request documents (PDF) [What's this?](#)

[Summary of request](#)

[Complete request](#)

[Our decision / rates](#)

Closed for comment

Sorry. The commenting period is closed.

Comments

1-1 of 1 Results

Obviously they need a rate increase considering their losses but why should administrative expense go to 19% if August 2011 to August 2012 the actual administrative expense was 14.8%?

Posted By: Agent - Seattle
12/27/2012

1-1 of 1 Results

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Your insurance **Complaints & fraud** Find companies & agents Current issues & reforms

File a complaint or check your complaint status

Complaints against an insurance company

If you have a problem with your insurance company, the OIC can require it to explain its actions and make sure it followed Washington state laws and your policy. [Learn more about what we can \(and can't\) do to help.](#)

File a complaint

Check the status of a complaint

File by mail

Complaints against an agent, agency or other insurance licensee

The OIC investigates complaints against agents, agencies and other insurance licensees. When appropriate we take action, such as imposing fines and suspending or revoking a license. We have no authority to order reimbursement payments, except under very limited circumstances.

File a complaint

File by mail

[Complaint confidentiality statement](#)

SEE ALSO

Other places to go for help

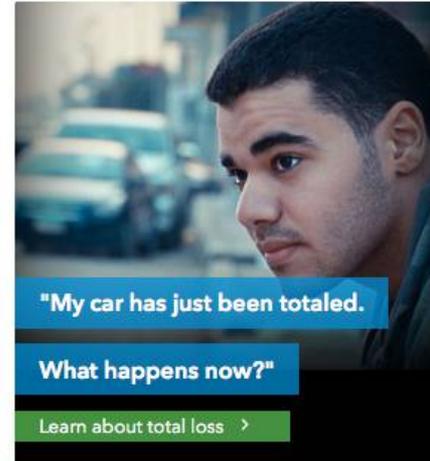
Help for medical providers filing a patient's complaint

Contacting us gets results

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Consumer Complaint Center

Returning user login

Email

Password

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First time user?

File a complaint

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Returning users can login to:

- Check on the status of your complaint
- Add comments/documents
- File a new complaint



Online Services may require use of a PDF reader with multimedia capability.
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Search

Look up an agent, agency, or company

Agent Search
Agency Search
Company Search

Search **All** agents (two year history) Search agents with **Active** licenses only

Search for agent by name or license number

First name Washington state license number (WAOIC) [What is this?](#)

Last name National producer number (NPN) [What is this?](#)

Doing business as (DBA) [What is this?](#)

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City Types of insurance [What is this?](#)

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Name ▲	WAOIC	City	State	Status
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AARONSON, JOHN P	231187	EDMONDS	WASHINGTON	ACTIVE
ABDOUCH, JOHN PHILIP	863683	SAN ANTONIO	TEXAS	ACTIVE
ABERASTURI, JOHN ANDREW	837058	NEW YORK	NEW YORK	ACTIVE
ABERNATHY, JOHNGELINE YVETTE	752142	OLYMPIA	WASHINGTON	INACTIVE
ABERNETHY, JOHN S	144076	MISHAWAKA	INDIANA	ACTIVE
ABRAMSON, JOHN DAVID	764304			ACTIVE
ABRAMSON, JOHN HENRY	210170	HOUSTON	TEXAS	ACTIVE
ABRIL, JOHNNY RAY	810511	IRVINE	CALIFORNIA	ACTIVE
ACOMB, JOHN STEVEN	772305	FALLBROOK	CALIFORNIA	INACTIVE
ACOSTA, JOHN	751036	SAN ANTONIO	TEXAS	INACTIVE
ADAIR, JOHN MATTHEW	828325	GREER	SOUTH CAROLINA	ACTIVE
ADAMS JR, JOHN R	723653	SEATTLE	WASHINGTON	INACTIVE
ADAMS, JOHN	804970	POCATELLO	IDAHO	ACTIVE
ADAMS, JOHN E	211629	WINFIELD	ILLINOIS	ACTIVE
ADAMS, JOHN E	701538	BIRMINGHAM	ALABAMA	ACTIVE
ADAMS, JOHN G	716249	CEDAR CITY	UTAH	ACTIVE
ADAMS, JOHN R	163945	AKRON	OHIO	ACTIVE
ADAMS, JOHN S	1643	SEATTLE	WASHINGTON	ACTIVE
ADAMS, JOHNNY LEE	826357	DAYTON	OHIO	ACTIVE
ADAMS, JOHNNY MARK	792094	WINTER GARDEN	FLORIDA	INACTIVE
ADAMSON, JOHN	809838	LEAWOOD	KANSAS	ACTIVE
ADCOCK III, JOHN A	251298	NEW CASTLE	PENNSYLVANIA	ACTIVE
ADELMAN, JOHN	830763	BEAVERTON	OREGON	ACTIVE

Complaint Comparison Tool

Find out how your insurance company compares to others using our complaint comparison tool. Once you select the type of insurance and the year you want, you will get a ranking of insurance companies based on their number of consumer complaints and market share.

Private Passenger Auto Insurance Complaints

Homeowners Insurance Complaints

Health Carrier Complaints

Title Insurance Complaints

Life Insurance Complaints

Annuity Complaints

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Version 1.5.0.0

2013 Health Carrier Complaints

The insurance company consumer complaint comparison guide provides you with helpful information to assess your insurance company and compare it against other companies.

The complaint index measures the number of consumer complaints for one company in relation to other companies in the same market. A company with a complaint index of 1 has an average number of complaints. A company with a complaint index higher than 1, has more complaints than average.

Please note: Companies with zero complaints in a given year will not show up on the complaint comparison guide. To learn more about your specific company visit our [agent and company lookup tool](#).

Complaint Spreadsheets: [Company Name Order](#) | [Complaint Index Order](#)

Definitions: [Complaint](#) | [Complaint Ratio](#) | [Complaint Index](#) | [Market Share](#) | [Premium](#) | [Printable Version](#)

Search for Company Name

Insurance Type

Year

Include Complaint Ratio

Companies 1 - 21 Sorted by Complaint Index in ascending order

Company Name	# of Complaints	Complaint Index	Market Share	Premium
COMMUNITY HEALTH PLAN OF WASHINGTON	1	0.01842	7.71 %	\$715,175,504
MOLINA HEALTHCARE OF WASHINGTON INC	2	0.02494	11.39 %	\$1,056,422,770.82
COORDINATED CARE CORPORATION	1	0.04767	2.98 %	\$276,338,502.27
UNITEDHEALTHCARE OF WASHINGTON INC	1	0.06244	2.27 %	\$210,937,273
AMERIGROUP WASHINGTON INC	1	0.09240	1.53 %	\$142,547,664
VISION SERVICE PLAN	1	0.39946	0.35 %	\$32,973,997
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST	15	0.70063	3.04 %	\$282,000,444
PROVIDENCE HEALTH PLAN	2	0.82008	0.34 %	\$32,123,132
GROUP HEALTH COOPERATIVE	66	0.82470	11.22 %	\$1,041,505,220.00

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Health

Understanding health insurance

Individuals & families

2015 individual health plans and rates

When can I buy an individual health plan?

Buying an individual health plan

Renewing your individual health plan

Provider networks

Health savings accounts

Direct health care practices

Discount health plans

Small business owners

Large employers

Dental

Long-term care insurance

Veterans

Tribal members

Pre-existing conditions & waiting periods

Lost your coverage

Can't afford coverage

Options for people with disabilities

Appealing a health insurance denial

Your health insurance rights

Health insurance rate increases

Health insurance FAQ

2015 individual health plans and rates

Important: The annual open enrollment period for individual health plans is now closed, unless you qualify for a [special open enrollment period](#).

[Buying an individual health plan](#)

[Renewing your health plan](#)

Health plans and rates by region

Select a region from the map or list below. These plans and rates are approved as of Aug. 28, 2014.



List of health plans and rates by region

Region	Counties
One	King
Two	Clallam, Cowlitz, Grays Harbor, Island, Jefferson, Kitsap, Lewis, Mason, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston, Wahkiakum, Whatcom
Three	Clark, Klickitat, Skamania
Four	Ferry, Lincoln, Pend Oreille, Spokane, Stevens
Five	Adams, Asotin, Benton, Chelan, Columbia, Douglas, Franklin, Garfield, Grant, Kittitas, Okanogan, Walla Walla, Whitman, Yakima

Updated 05/19/2015

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- Dental
- Long-term care insurance
- Veterans
- Tribal members
- Pre-existing conditions & waiting periods
- Lost your coverage
- Can't afford coverage
- Options for people with disabilities
- Appealing a health insurance denial
- Your health insurance rights
- Health insurance rate increases

Health insurance FAQ

Health insurance frequently asked questions

Find out the answers to the most popular questions we receive about health insurance coverage.

Employment-related health insurance

Pre-existing conditions

Buying health insurance

Existing health insurance

SEE ALSO

- Buying an individual plan
- Pre-existing conditions and waiting periods
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Public and hearing notices	Service of legal process (SOP)	Log in to your account	Administrative hearings



Consumer Survey Results

NH Insurance Department RRG 308
June 9, 2015

Presentation Overview

- Methodology Summary
- Key Findings
- Chart Pack

Methodology

- Developed with input from interviews, a call with Navigators/Marketplace Assisters, and NHID
- Timeline
 - Survey link sent to Louis Karno consumer contact list April 16, 2015
 - Reminder sent to Louis Karno consumer contact list April 21, 2015
 - Survey link sent to Consumer Union contact April 22, 2015
 - Reminder sent to Louis Karno consumer contact list May 4, 2015
 - Survey closed May 5, 2015
- 3 incomplete surveys were deleted for being only partially completed, 2 surveys nearly complete and were kept, leaving a final $n=20$

Key Findings

- 55% of respondents identified themselves as Marketplace Assisters/Navigators, 20% as policy advocates, and the remaining 25% as “other”
- 45% stated that they have been consumer advocates for more than 5 years; 45% have been advocates for 3 years or less
- 80% of the respondents worked for organizations which have been advocating on behalf of consumers for 5 or more years
- 85% of respondents never participated in the rate review process themselves or on behalf of NH consumers

Key Findings (continued)

- 30% of respondents stated that they were “educated” about the NH rate review process; 0% said “very educated”; 20% were neutral and the remaining 50% were “somewhat educated” or “not educated”
- 50% of respondents said that they need additional information on NH’s rate review process; comments included:
 - “Many times when I have met with a consumer to purchase a QHP, they have commented on “how expensive the plans are and that they cannot afford it.” Thus many have chosen to go without insurance and pay the fee.”
 - “Consumers do ask what the process is for determining the rates and the deductibles. I would like to be able to answer their question when they ask why the premium and the deductible are so high.
 - “Yes, it would be good to know exactly how it works.”
 - “I think it would be helpful as “back pocket” information. It would be useful to consumer advocates to have a basic understanding as context for annual plan selection, premiums etc. and those issues that directly impact consumers.”
 - “Only for background information. Most consumers do not ask about the process.”

Key Findings (continued)

- 90% of respondents stated that having a public website such as New York or Oregon where comments on rate filings could be made would be “useful” or “very useful”; in contrast, only 38% of producers stated it would be “useful” or “very useful”
- 85% of respondents stated that consumers were “not educated” or “somewhat educated” as to the NH rate review process; 15% were “neutral”
- 90% of respondents were “concerned” or “very concerned” about rates in the individual market whereas only 65% responded accordingly about small group market rates

Key Findings (continued)

- A variety of methods were considered most effective in terms of reducing health insurance rates. Top issues: educate the market on HC cost drivers (60% of respondents), involve consumers (55%) and small groups (45%) in the rate review process, provide cost and quality data to consumers on medical procedures (50%), and increase the number of carriers (45%).
- A variety of payment reform methods were considered to be worth supporting in NH. Top methods: P4P (25% of respondents), provider shared savings (25%), hospital penalties (eg, readmissions) (25%), centers of excellence (25%), and ACO shared risk (20%).

Key Findings

- 80% of respondents considered NH's consumers to be “not educated” or “somewhat educated” about how to purchase and utilize health insurance products in the individual market; this number decreased to 50% in the small group market
- Improving public information was seen to be important. 90% of respondents said that a public website explaining the rate review process was “important” or “very important”; 80% said a public website showing carrier submission details was “important” or “very important”; 85% said that a website allowing public comment on rate review submissions was “important” or “very important” [note, the NHID currently supports this function]; 90% said that notification of public hearings for rate review was “important” or “very important” [note, the NHID currently supports this function]; 90% said that Healthcare.gov should display those carrier's rates higher than 10% was “important” or “very important” [note, Healthcare.gov currently supports this function].

Key Findings (continued)

- Only 30% of respondents felt that it was “important” or “very important” for individuals to participate in the rate review process. In the small group market, this number increased to 50%.
- Similarly, 50% of respondents felt that it was “important” or “very important” for individuals to understand the rate review process, whereas in the small group market, this number increased to 61%.
- The most important things for individuals and small groups to understand were benefit package price (85%, 89%), deductibles and out of pocket costs (90%, 86%), and provider network (90%, 89%).
- In both the individual and small group markets, consumer awareness of websites designed to assist consumers is perceived as low for both the individual and small group markets. These tools include the NHID website, the NHHealthcost.org website, carrier cost and quality websites, carrier concierge services, hospital websites, and Medicare’s hospital compare website.

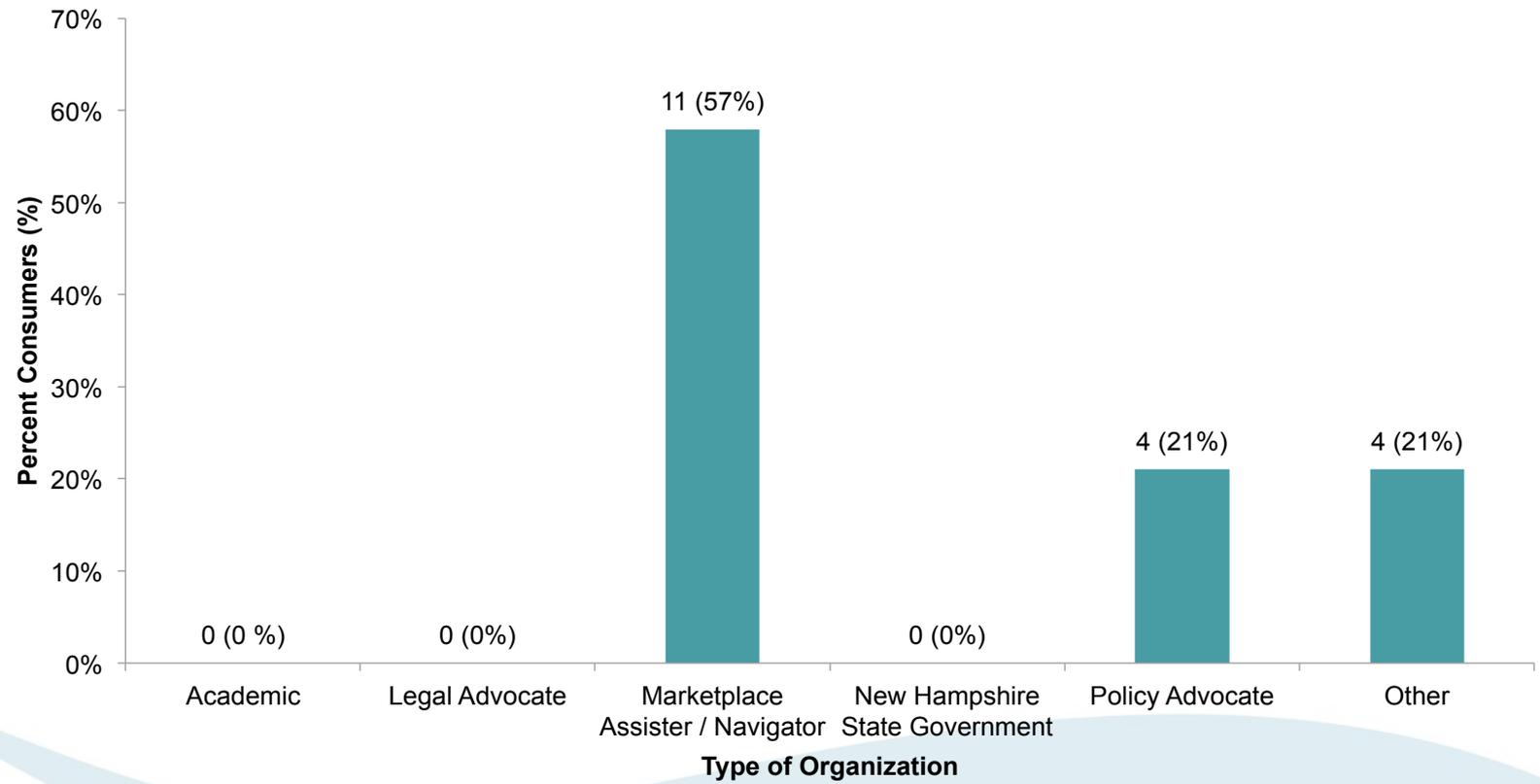
Key Findings (continued)

- Consumer understanding of PPACA, the NH rate review process, open enrollment period, tax penalties, product networks, product deductibles and out of pocket costs, and how to make enrollment changes on Healthcare.gov is very low. There are consumer education opportunities to address each of these.

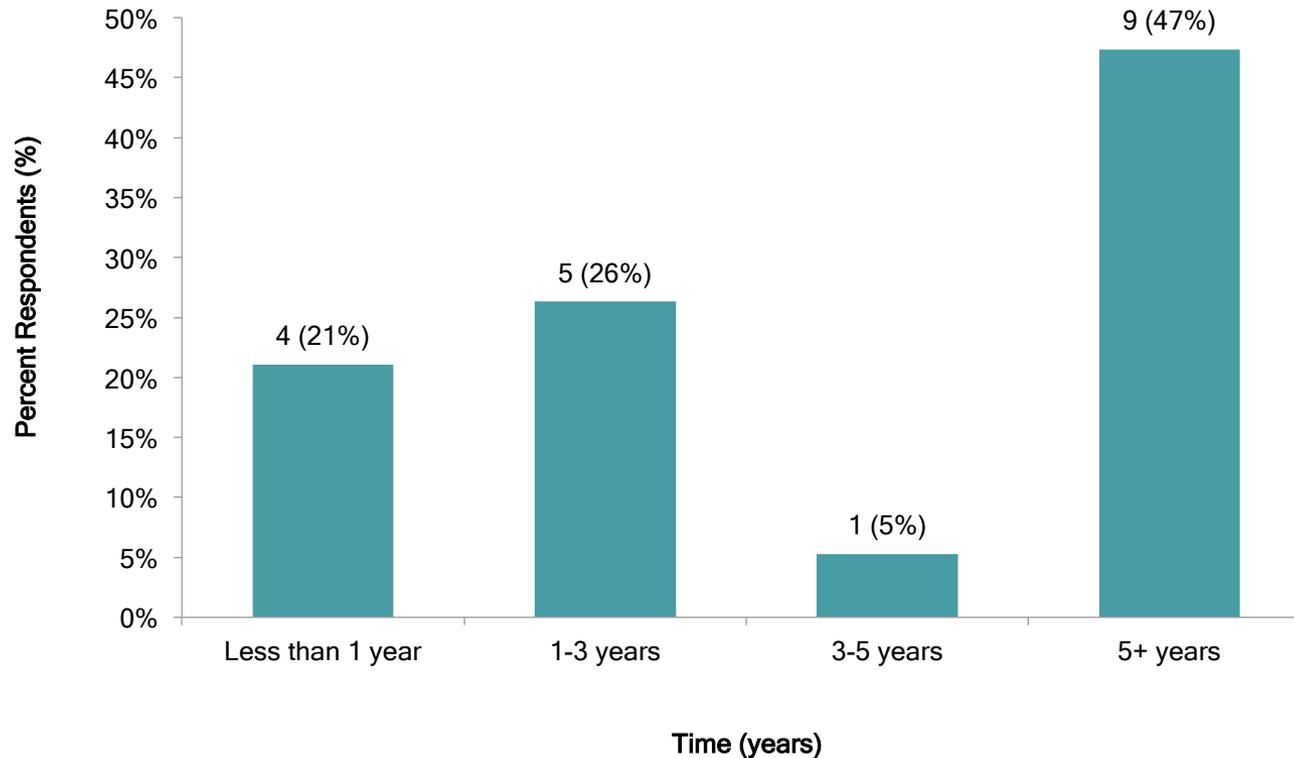
Chartpack

- Individual Question Responses
- Slide Notes Contain Comment Fields
 - Comments have also been summarized in a separate Word document

Q1: Which of the following best describes you and the organization you represent in your consumer advocacy efforts?

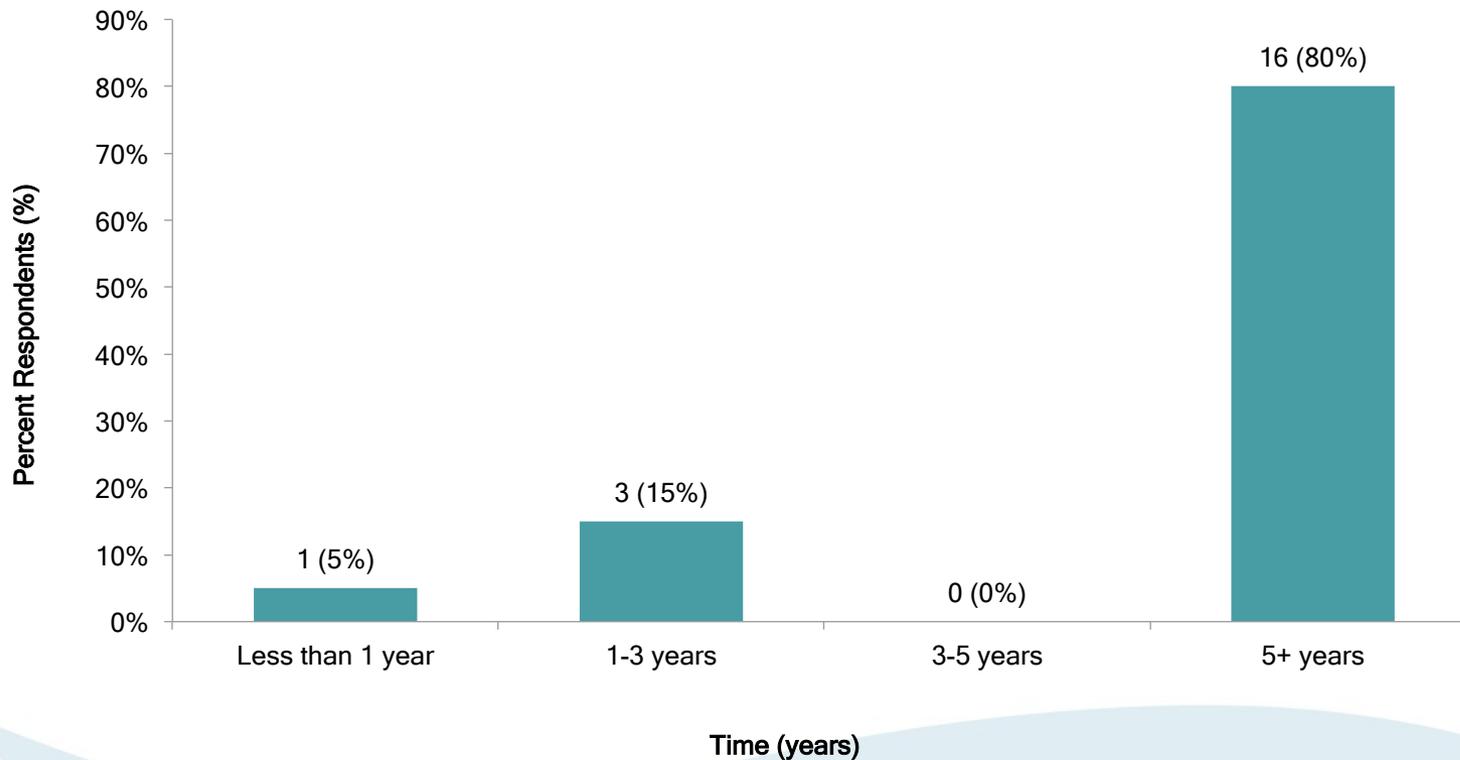


Q2: How many years have you been working as a consumer advocate?



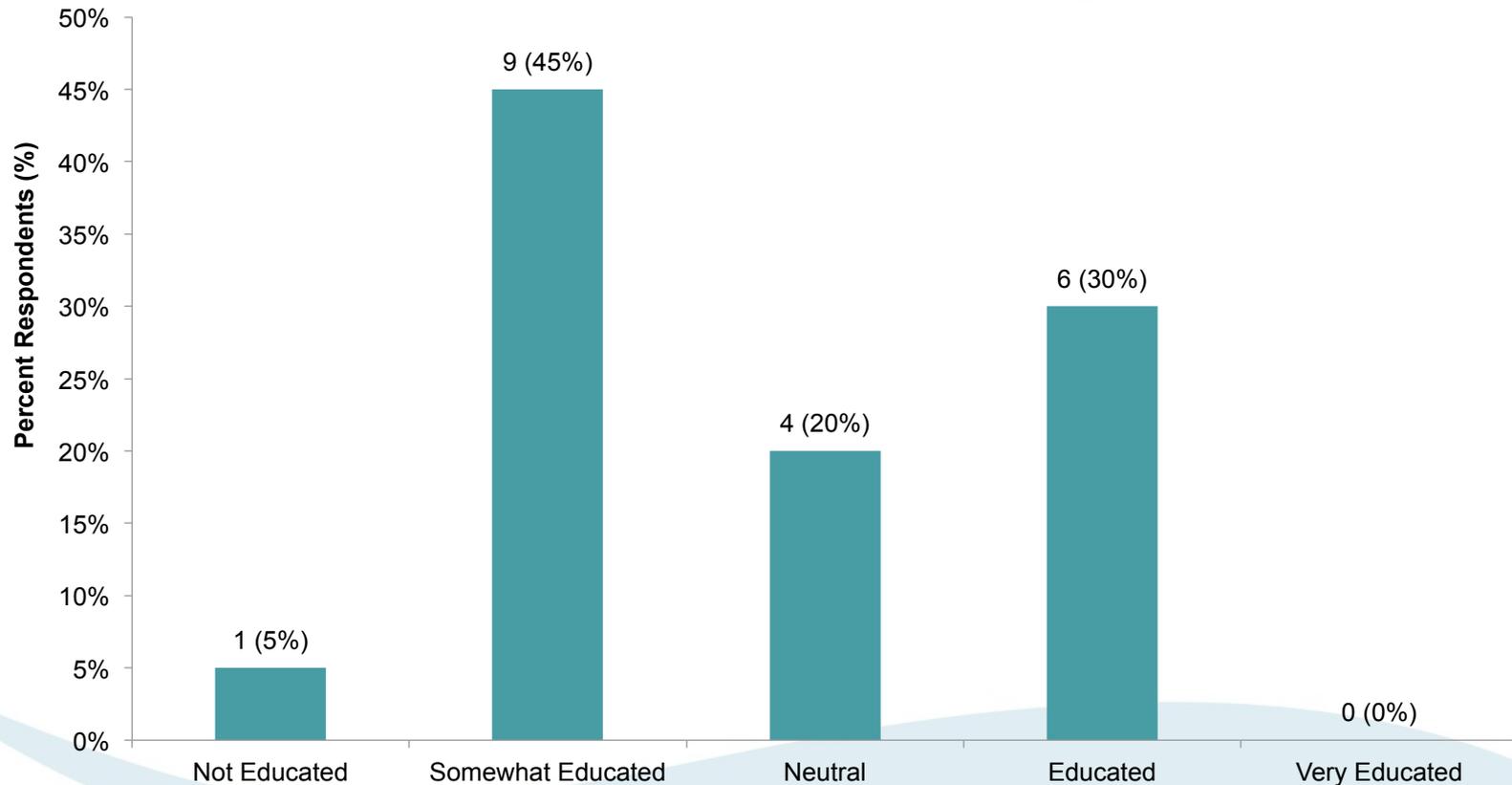
n=19

Q3: How many years has your organization been working on consumer health insurance issues?

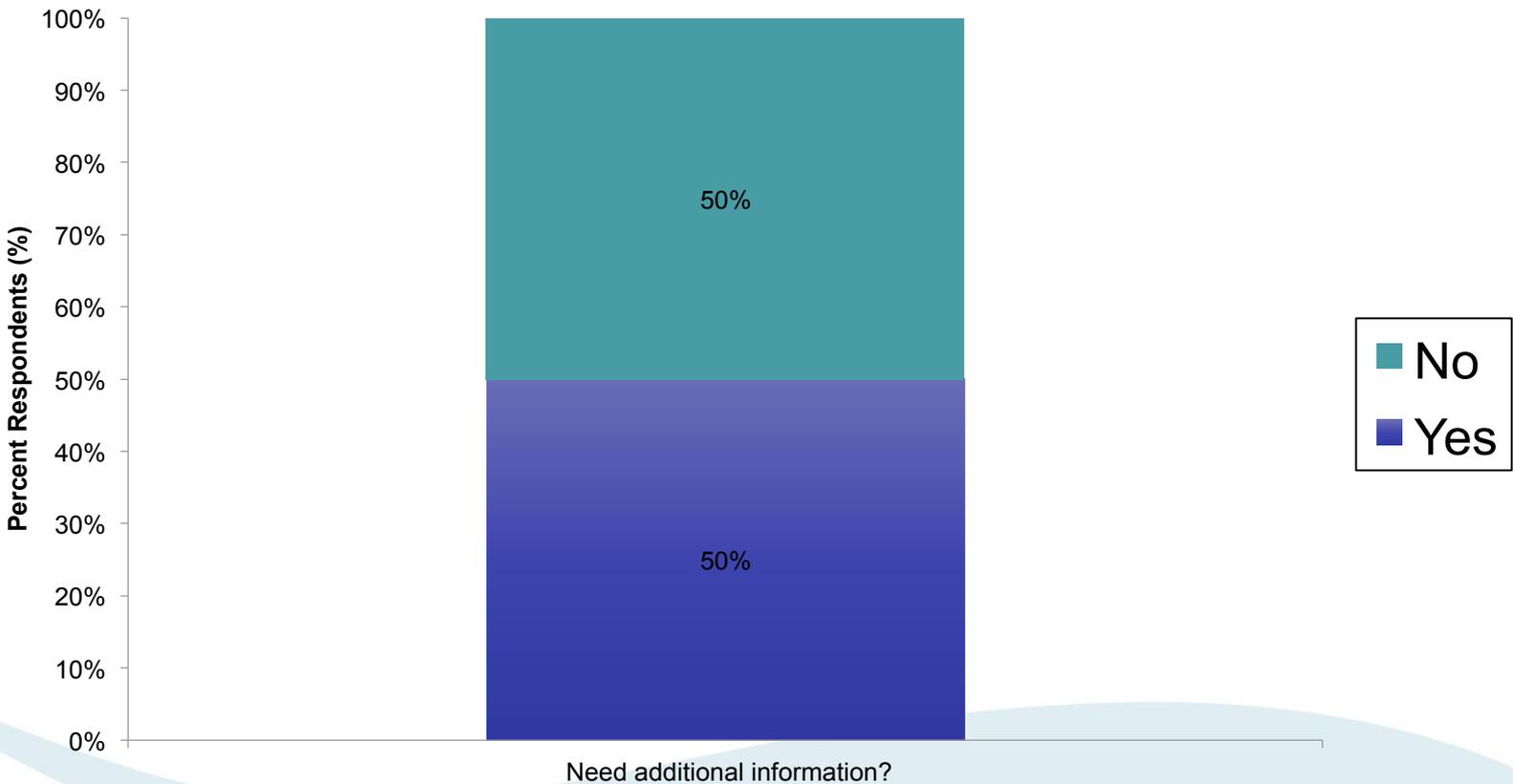


n=20

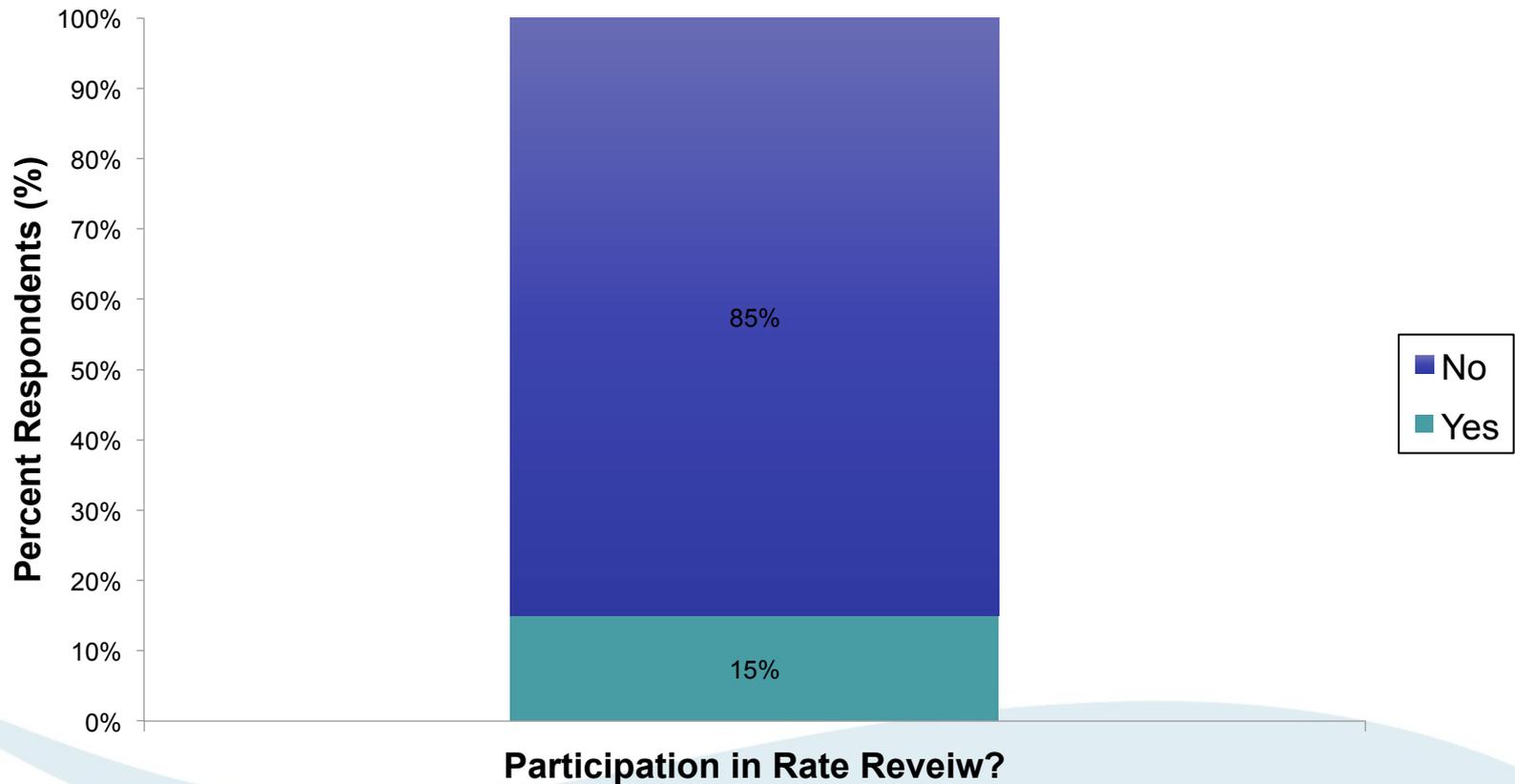
Q5: How educated are YOU regarding New Hampshire's health insurance rate review process?



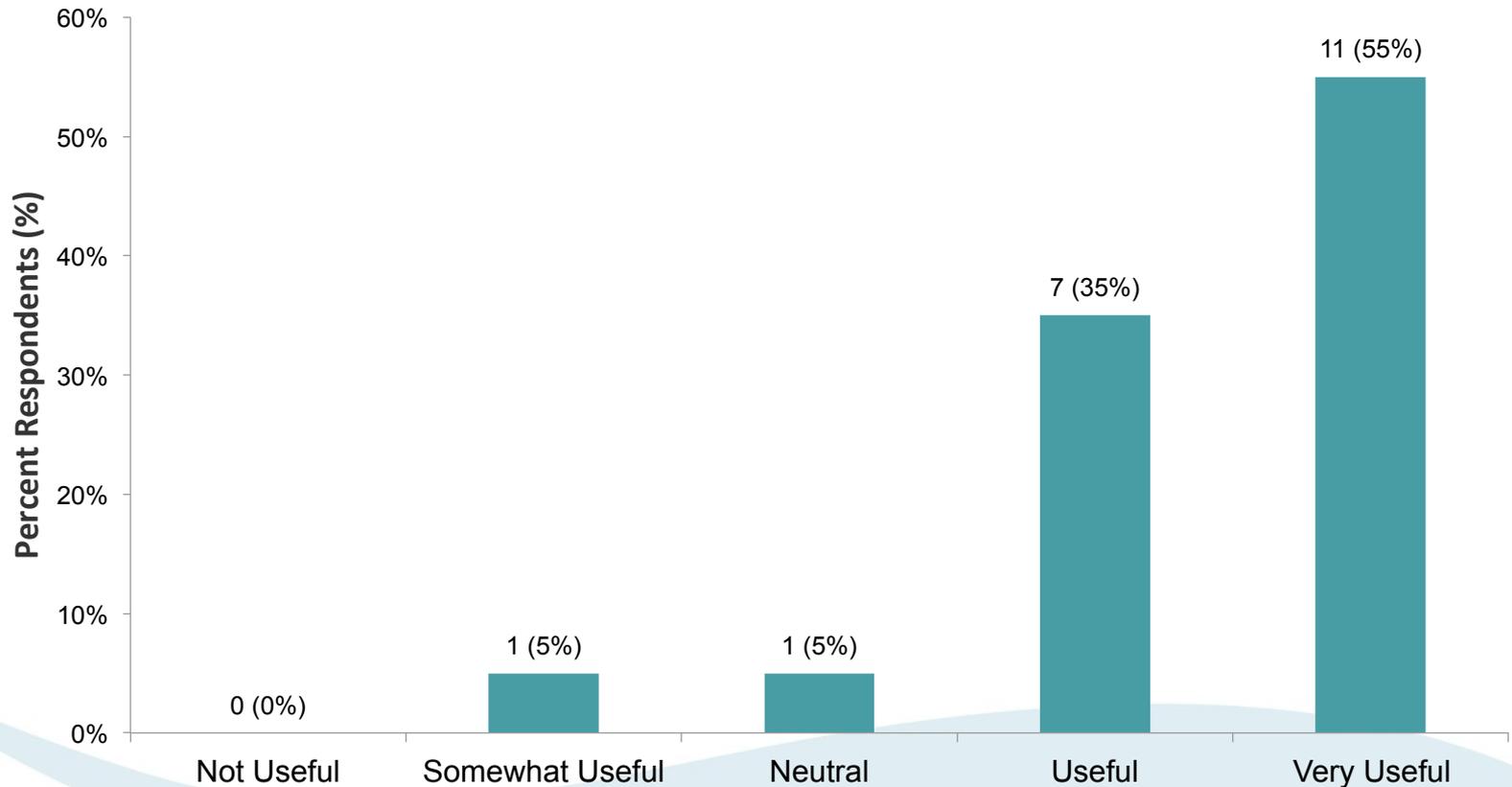
Q6: As a consumer advocate, do you have any additional need for information on New Hampshire's health insurance rate review process?



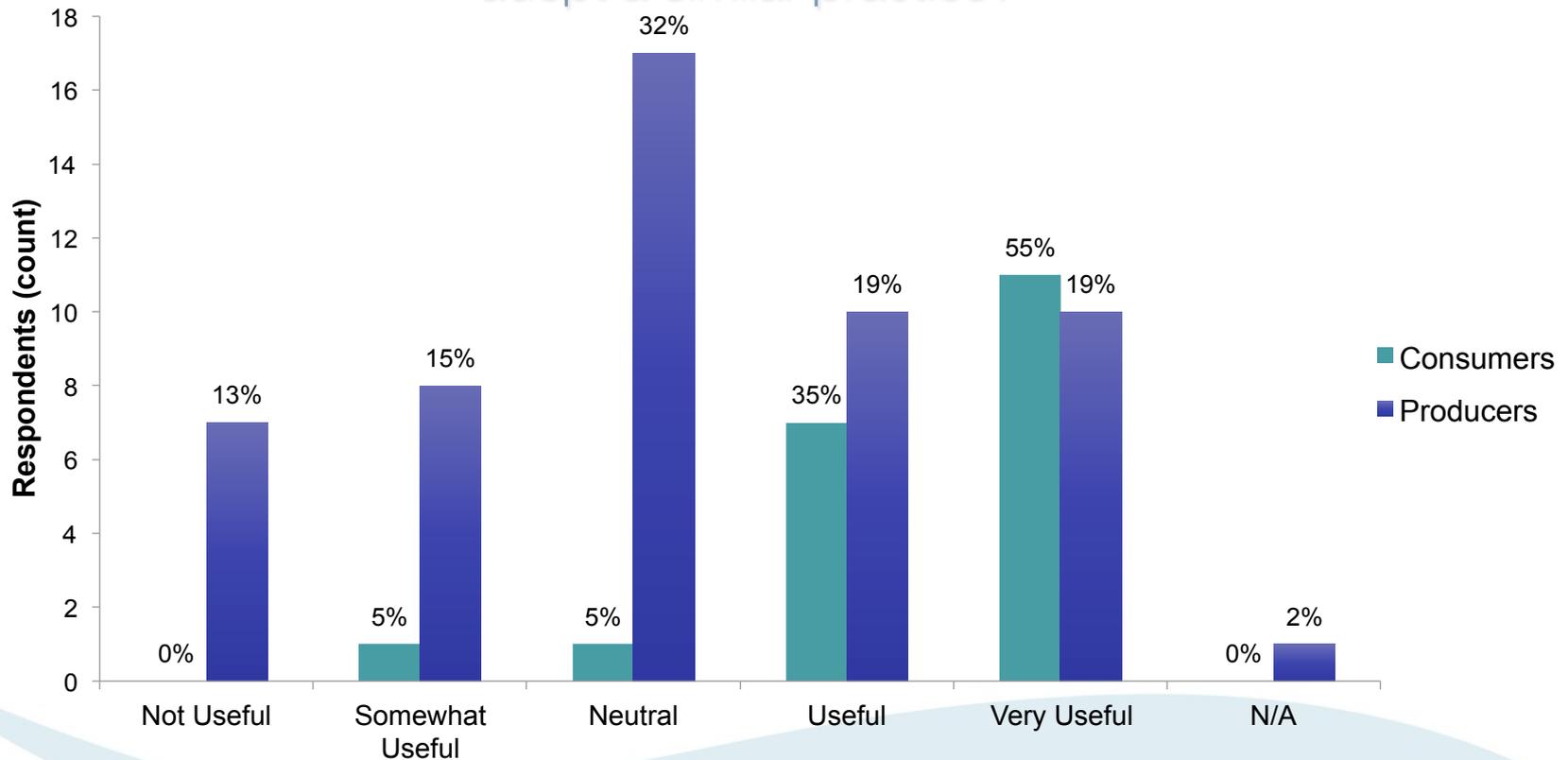
Q7: Have you ever participated in the health insurance rate review process yourself or on behalf of consumers in New Hampshire (i.e., by submitting a comment, attending the annual hearing on premium rate review, contacting the New Hampshire Insurance Department on behalf of a consumer, etc.)?



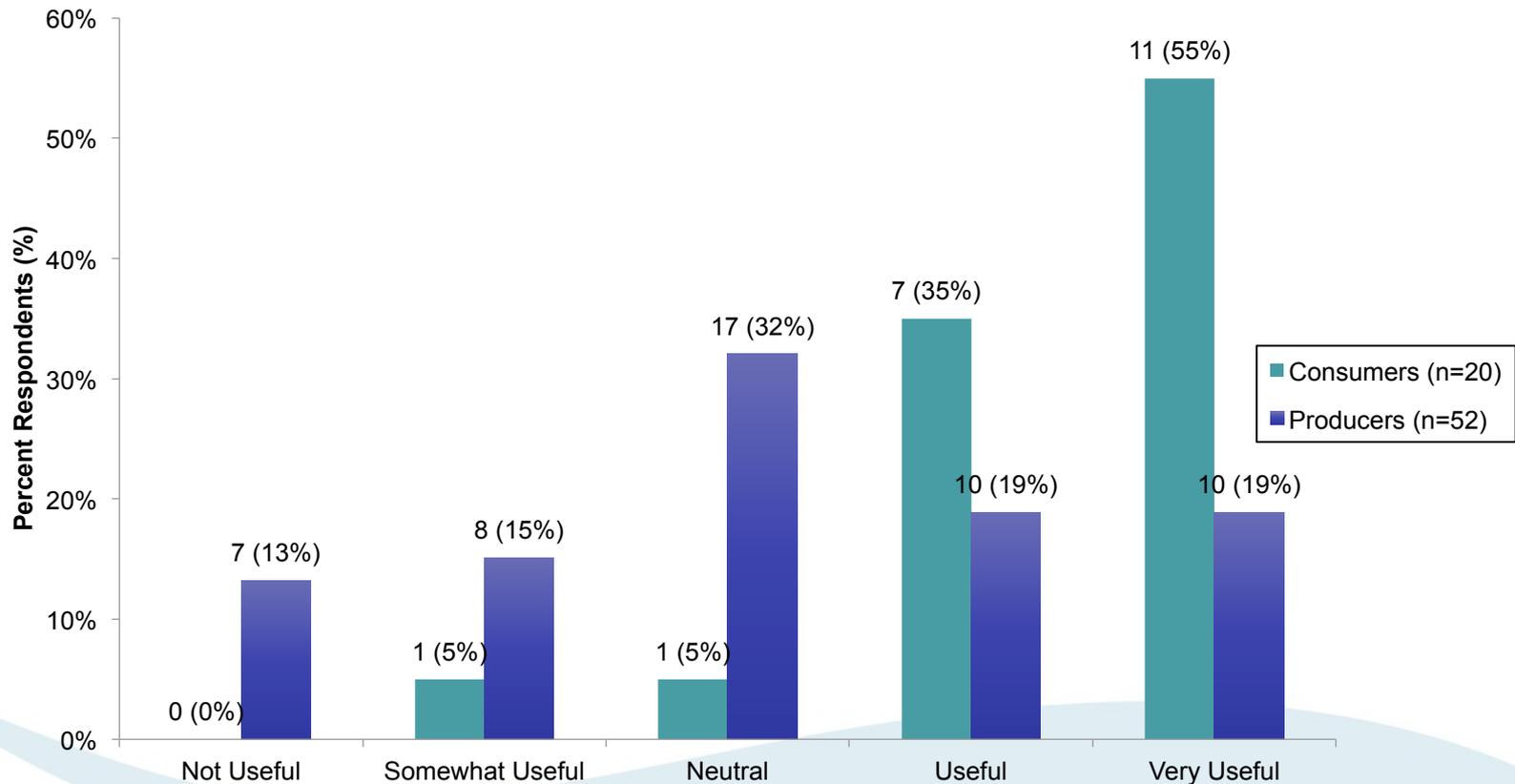
Q8: In an effort to support health insurance marketplace rate review transparency, some states, such as New York and Oregon, display each health insurance carrier's rate submission on a public web site for public comment as the rates are filed with the state's insurance department. How useful do you think this type of information would be to New Hampshire's consumers if the NH Insurance Department were to adopt a similar practice?



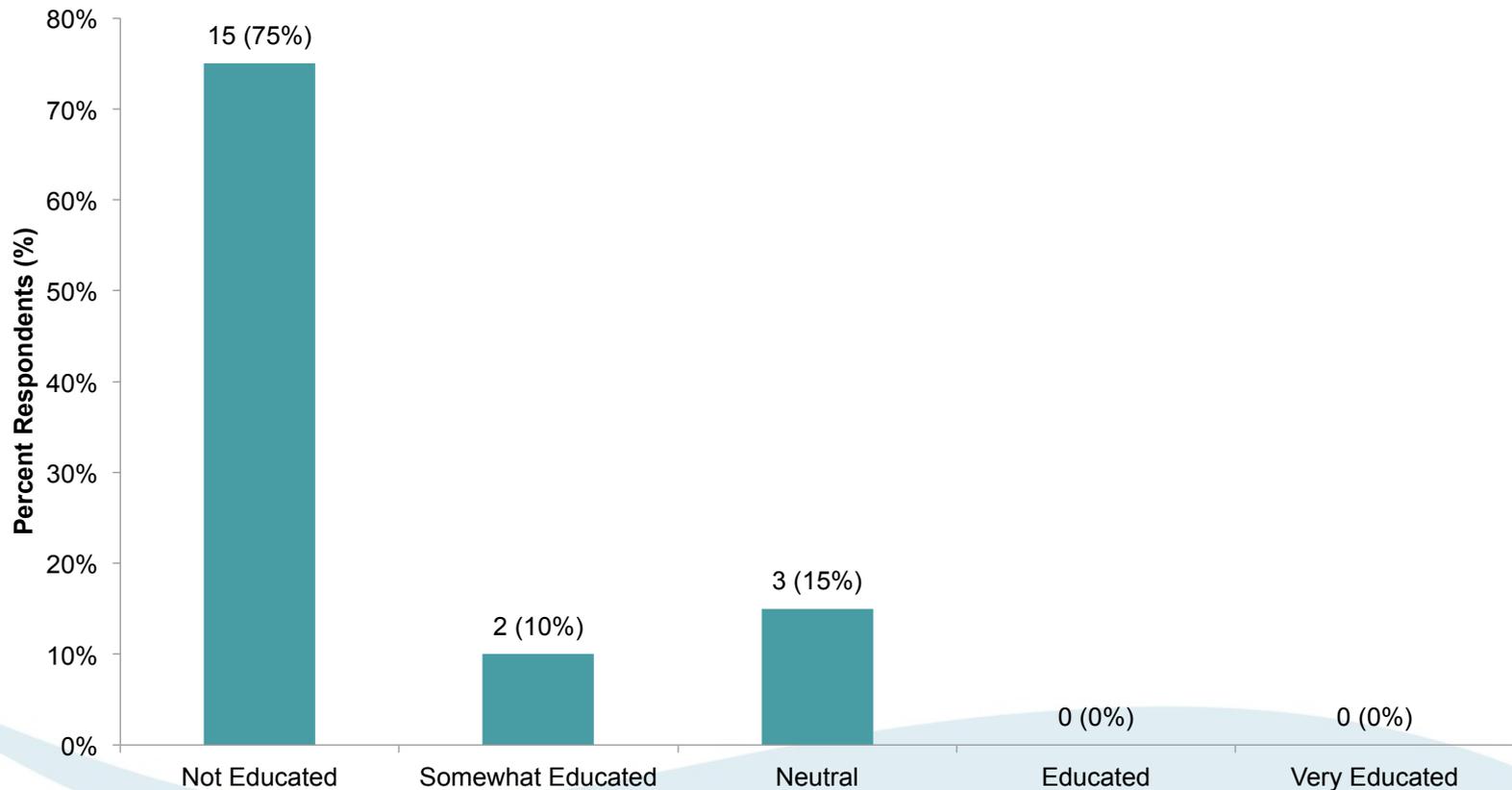
(Consumers and Producers Comparison): In an effort to support health insurance marketplace rate review transparency, some states, such as New York and Oregon, display each health insurance carrier's rate submission on a public web site for public comment as the rates are filed with the state's insurance department. How useful do you think this type of information would be to New Hampshire's consumers if the NH Insurance Department were to adopt a similar practice?



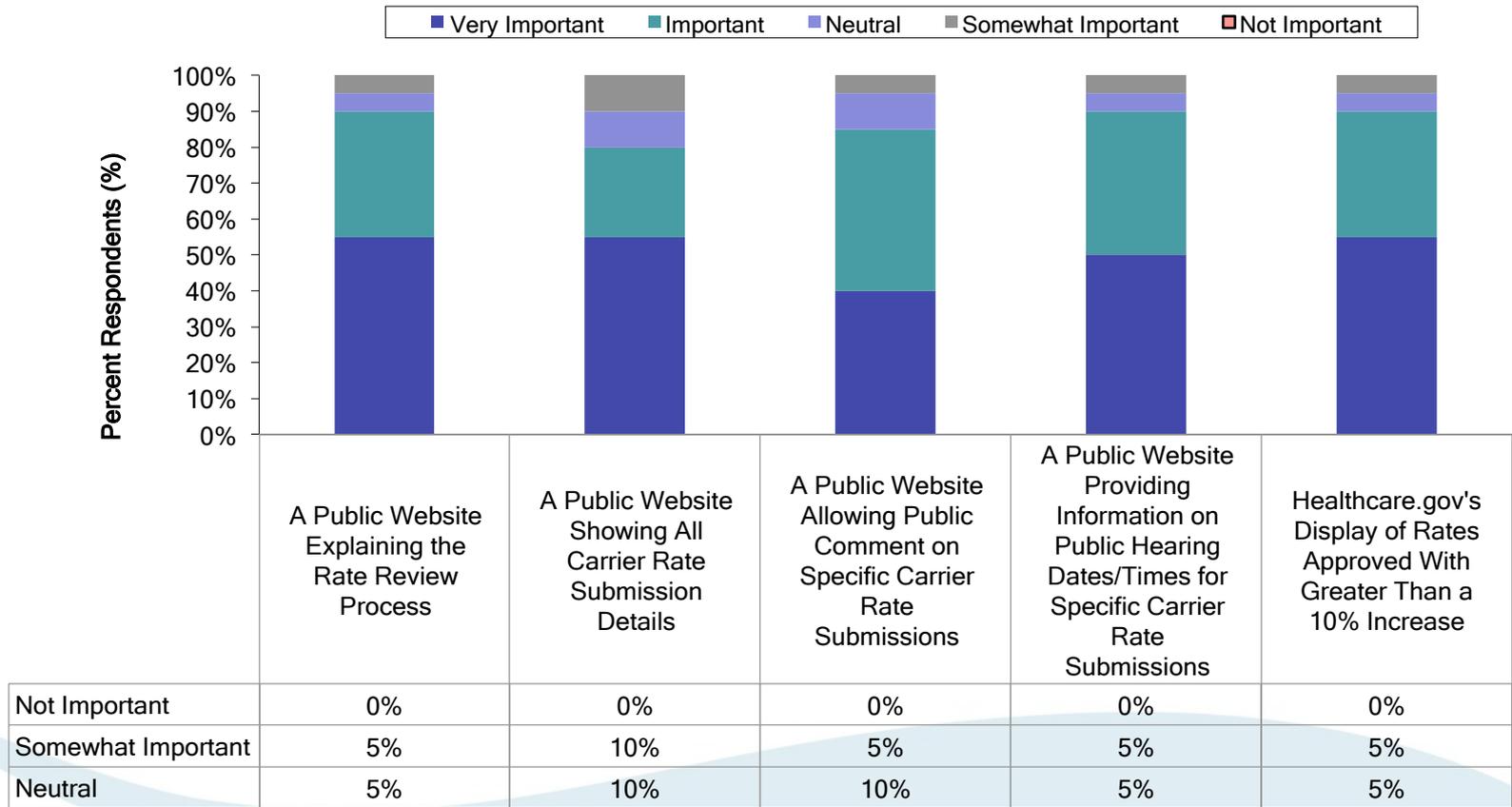
(Consumers and Producers Comparison): In an effort to support health insurance marketplace rate review transparency, some states, such as New York and Oregon, display each health insurance carrier's rate submission on a public web site for public comment as the rates are filed with the state's insurance department. How useful do you think this type of information would be to New Hampshire's consumers if the NH Insurance Department were to adopt a similar practice?



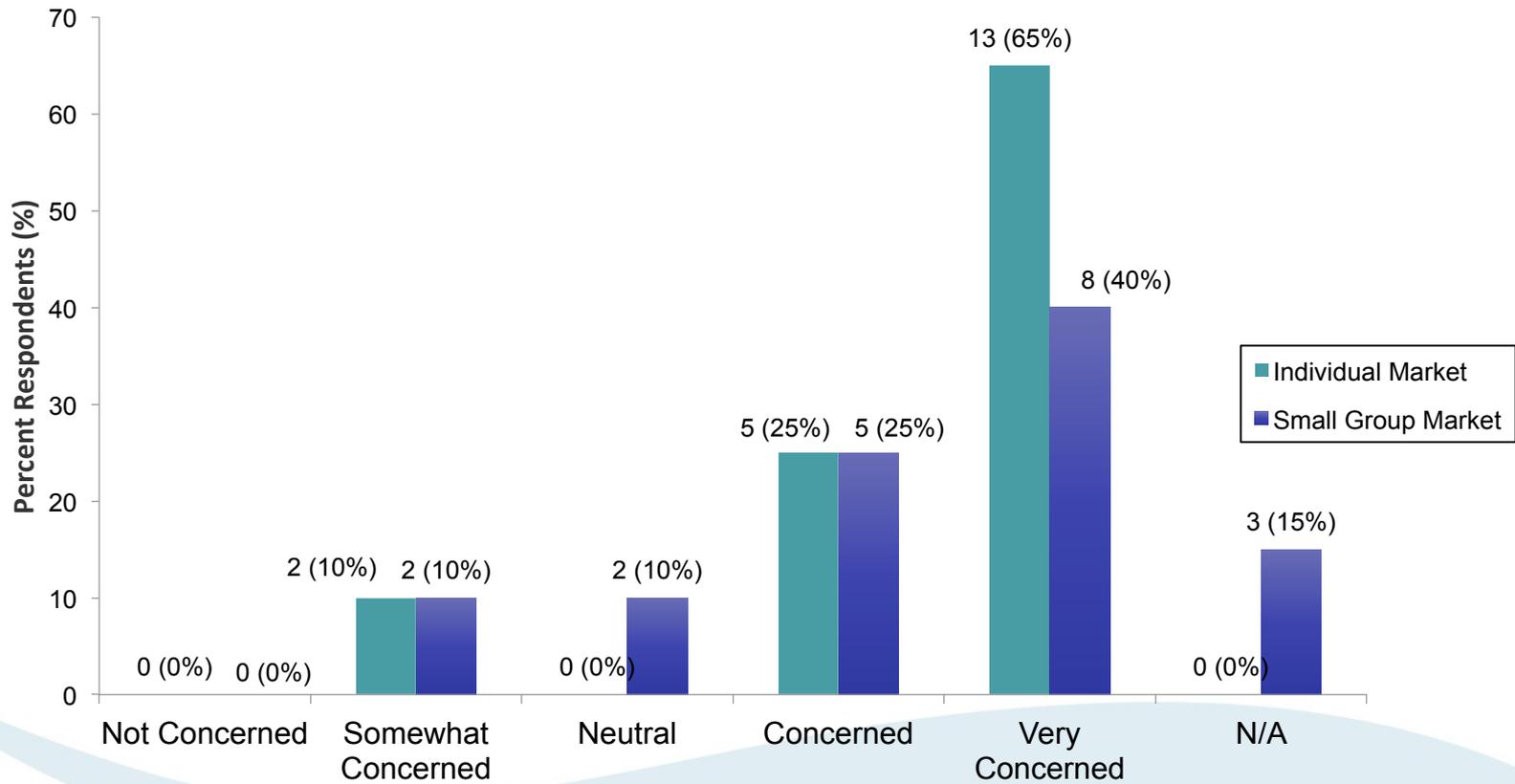
Q9: How educated do you believe New Hampshire CONSUMERS are regarding the rate review process:



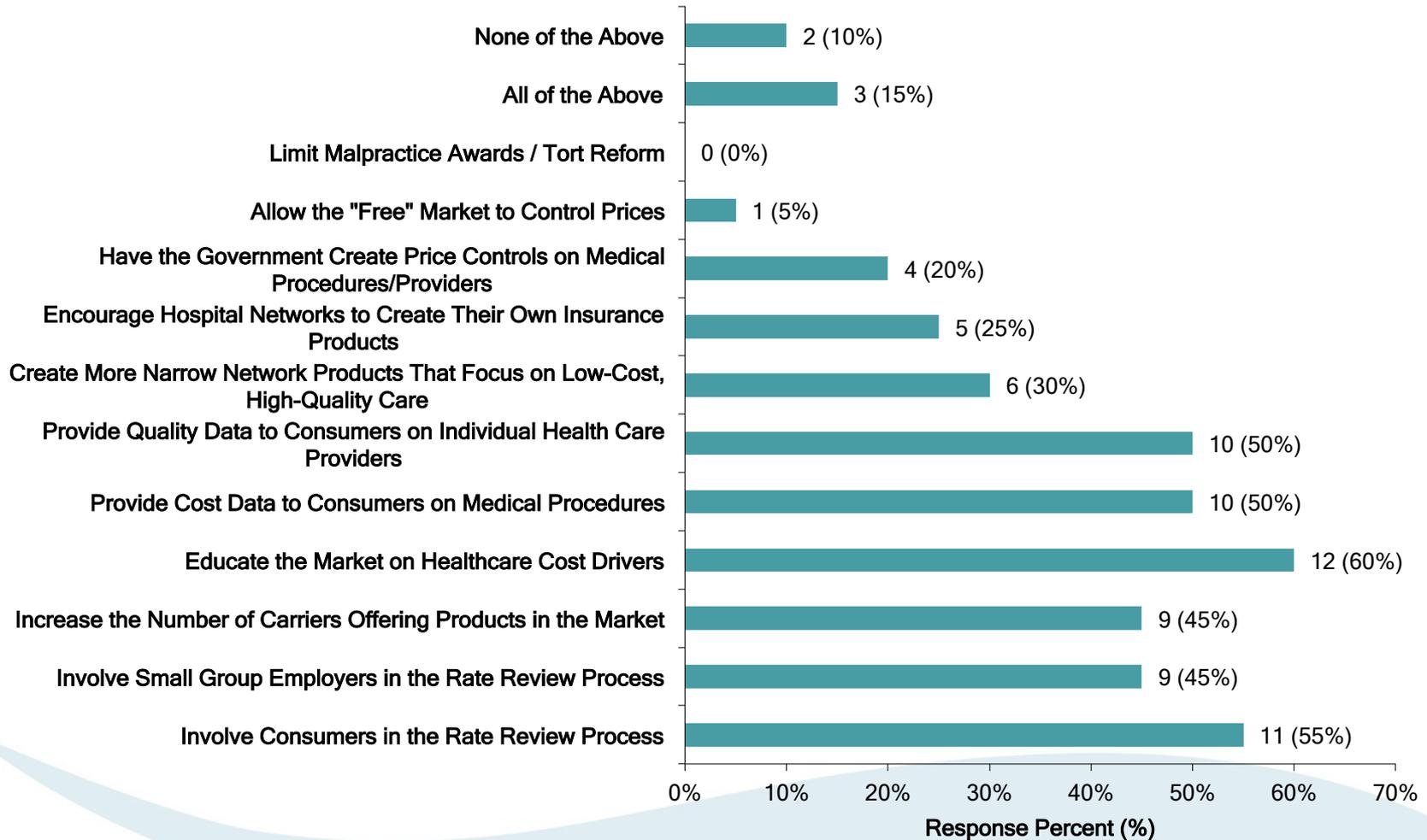
Q10: How important to New Hampshire consumers are the following enhancements to the rate review process in the Individual and Small Group markets?



Q11 and Q12: How concerned are you about the insurance rates in the INDIVIDUAL and SMALL GROUP markets?

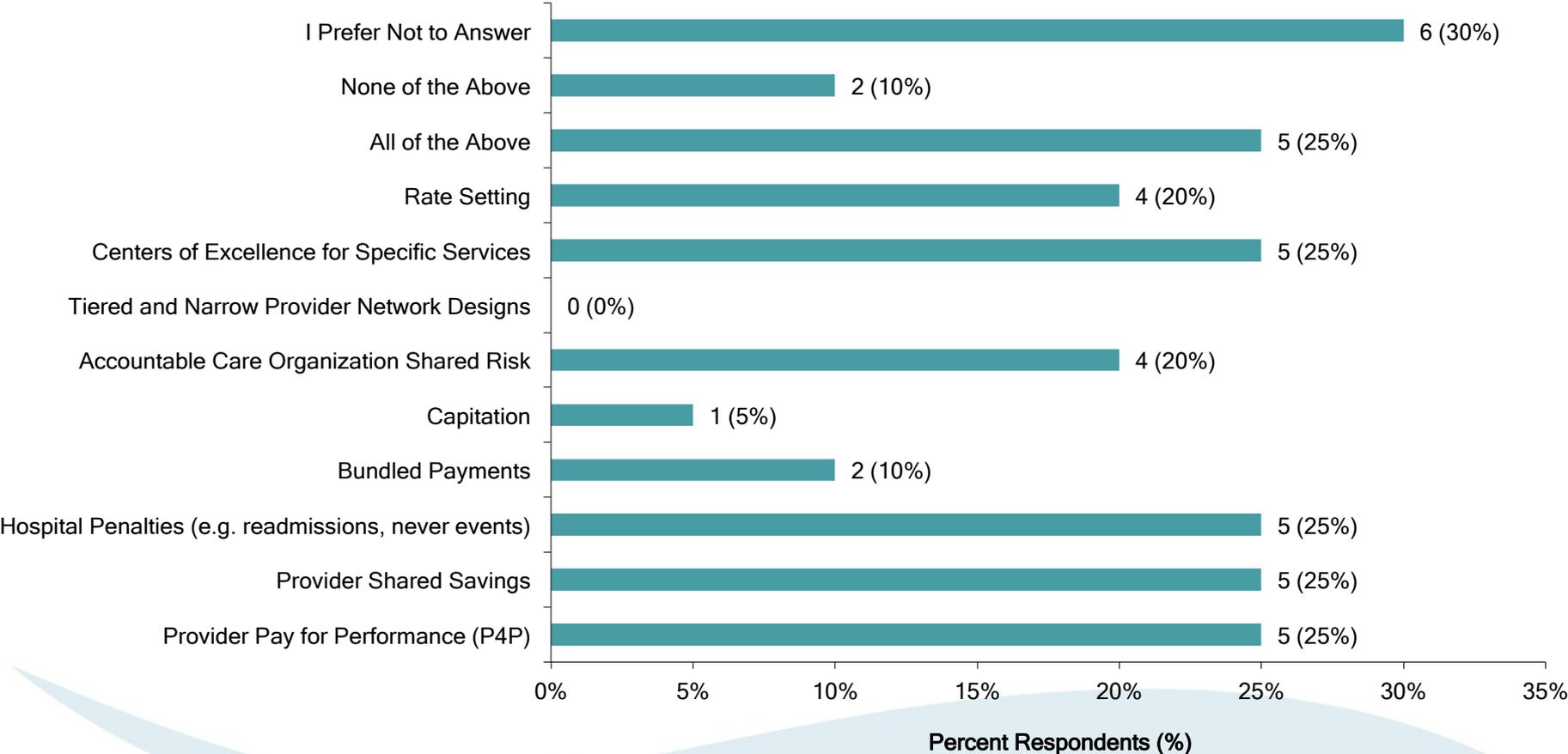


Q13: Which of the following ways do you think would be effective methods to REDUCE HEALTH INSURANCE RATES in New Hampshire? Multiple answers ARE allowed.

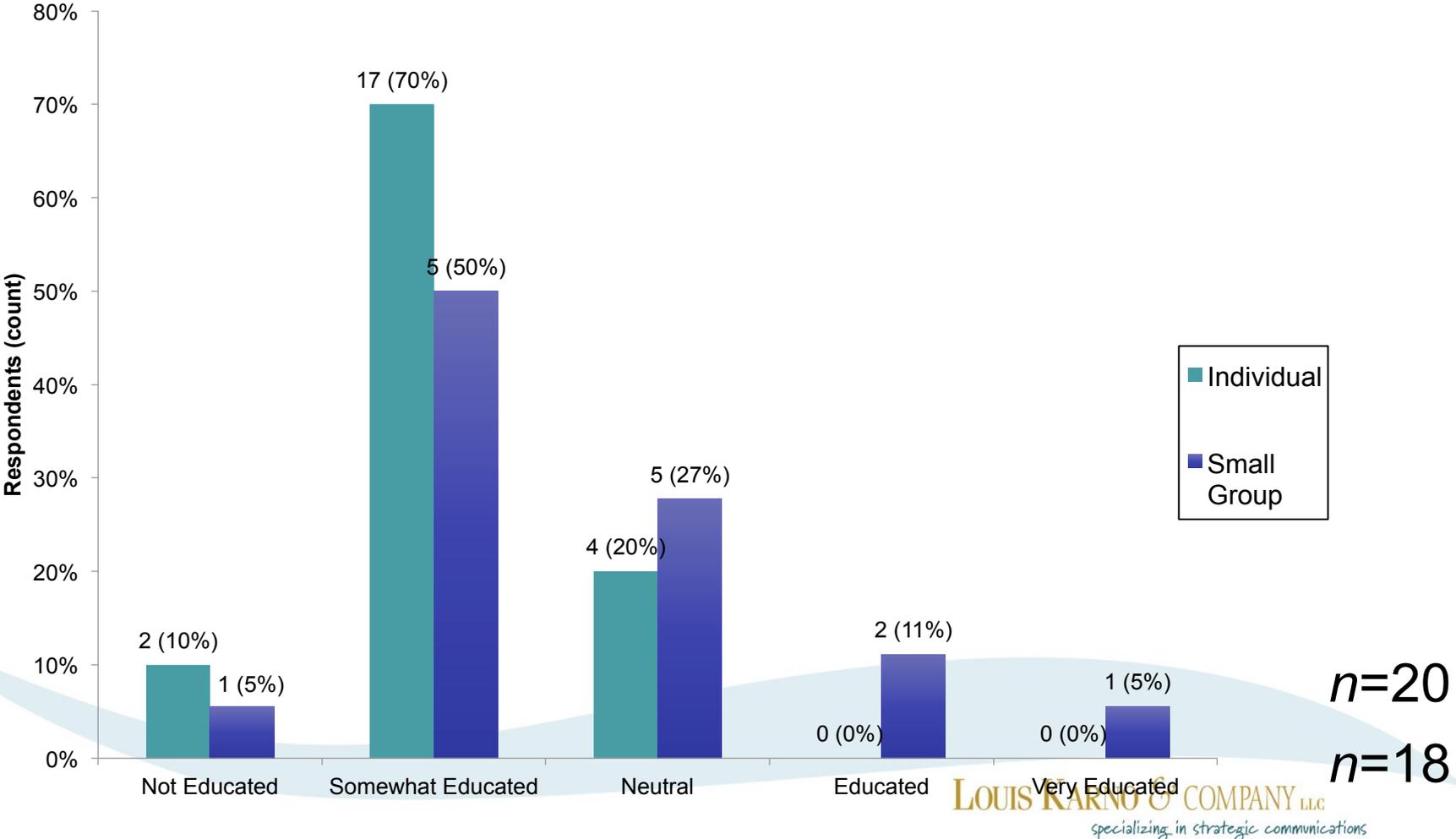


n=20

Q14: Which of the following PAYMENT REFORM OPTIONS do you believe are worth supporting in New Hampshire? Multiple answers ARE allowed.

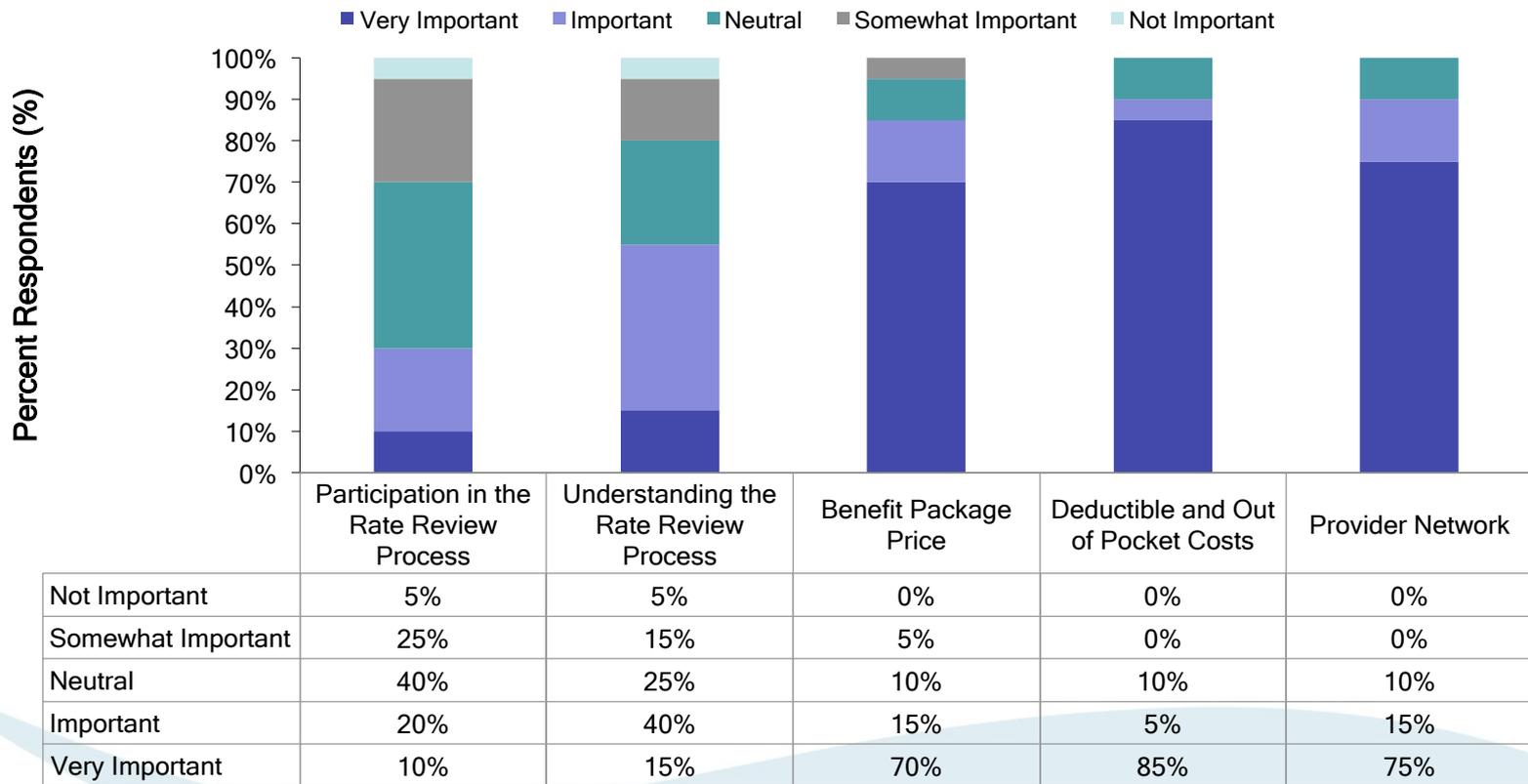


Q15 and Q16: Regarding purchasing and utilizing health insurance products, New Hampshire CONSUMERS in the INDIVIDUAL and SMALL GROUP health insurance markets are:

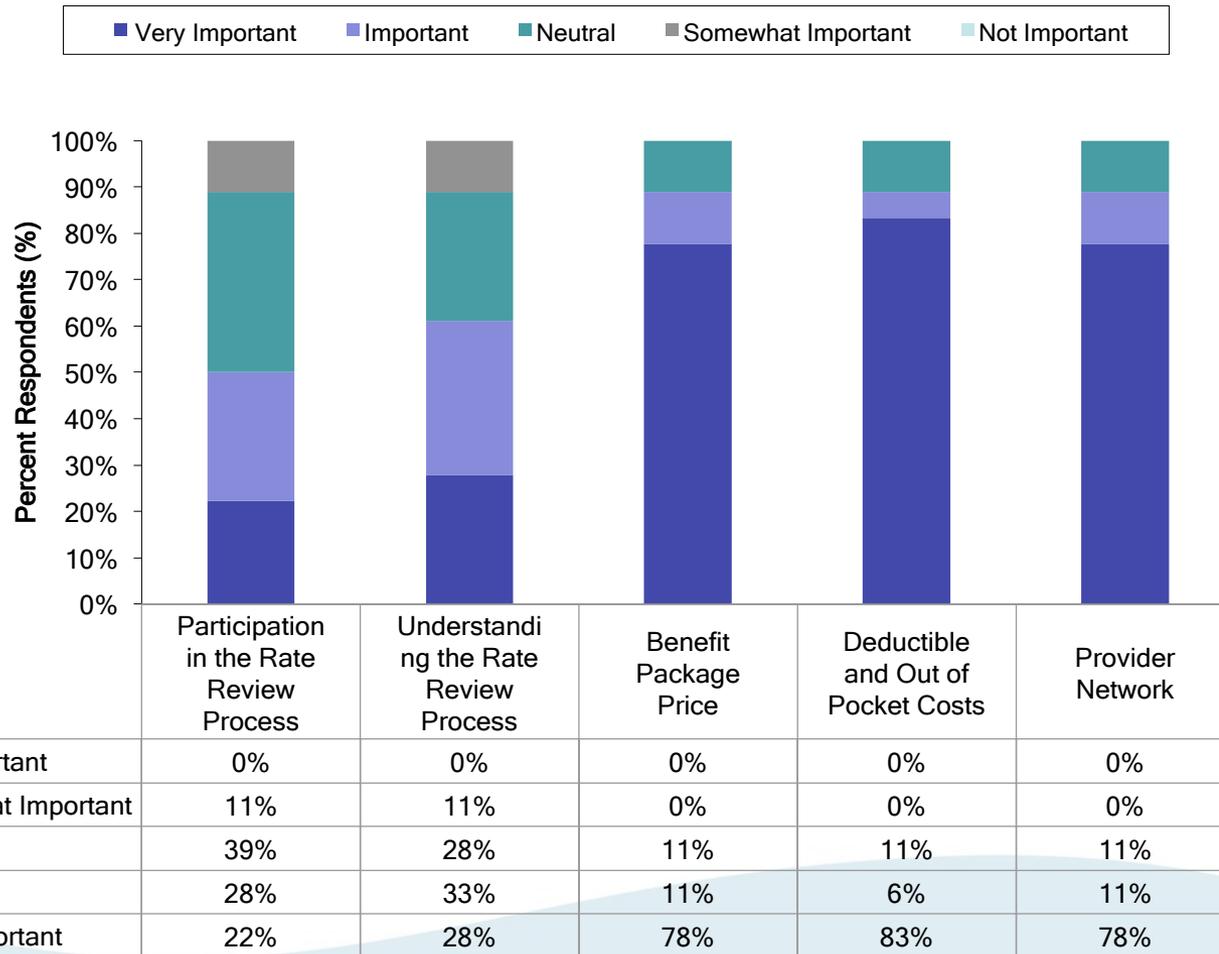


Q19: How important are the following items to consumers in the INDIVIDUAL health insurance market?

n=20

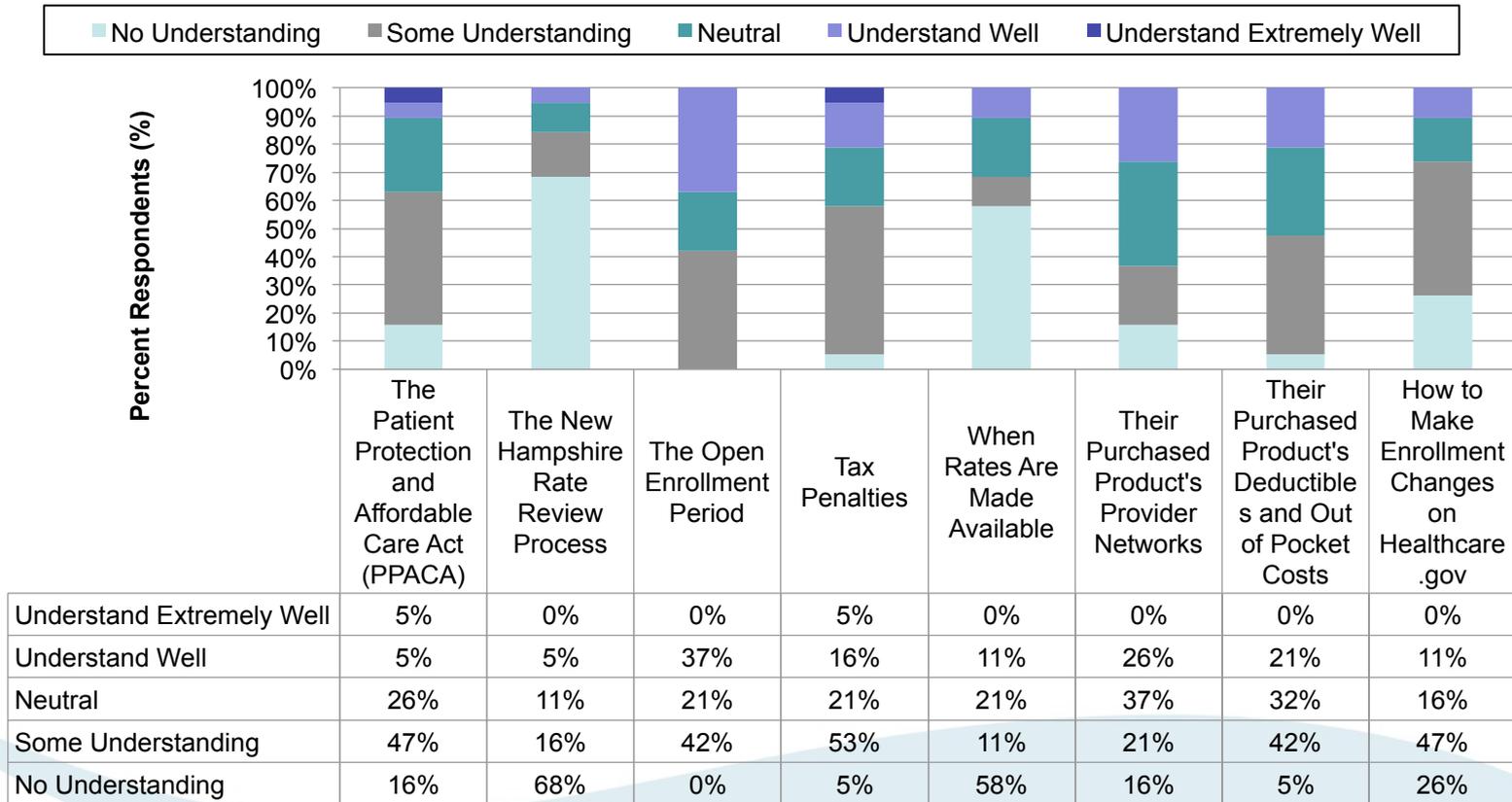


Q20:How important are the following items to consumers in the SMALL GROUP health insurance market?



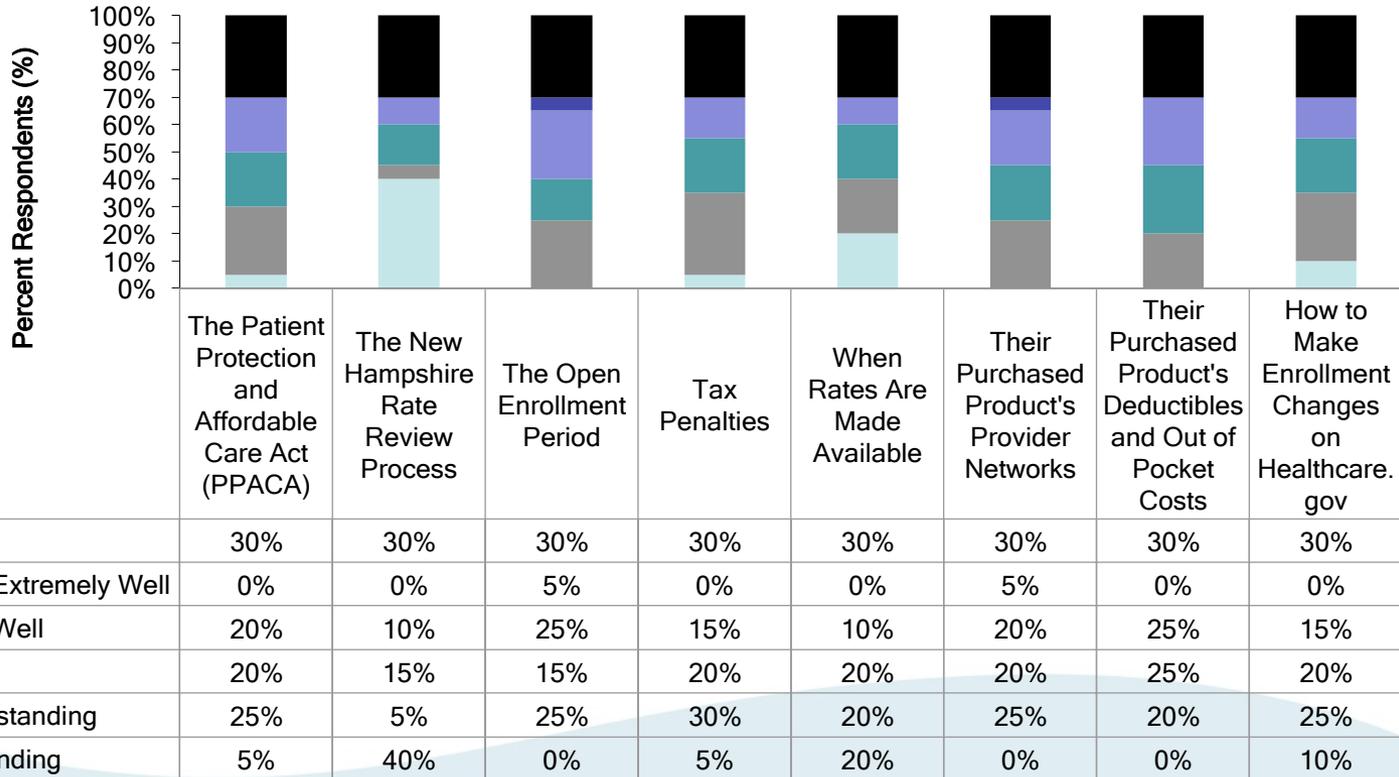
n=18

Q21: Consumers have had to learn a lot about the health insurance market since the ACA was implemented. Upon first contact with consumers in the INDIVIDUAL health insurance market, what have you found to be their LEVEL OF UNDERSTANDING for each of the following issues:

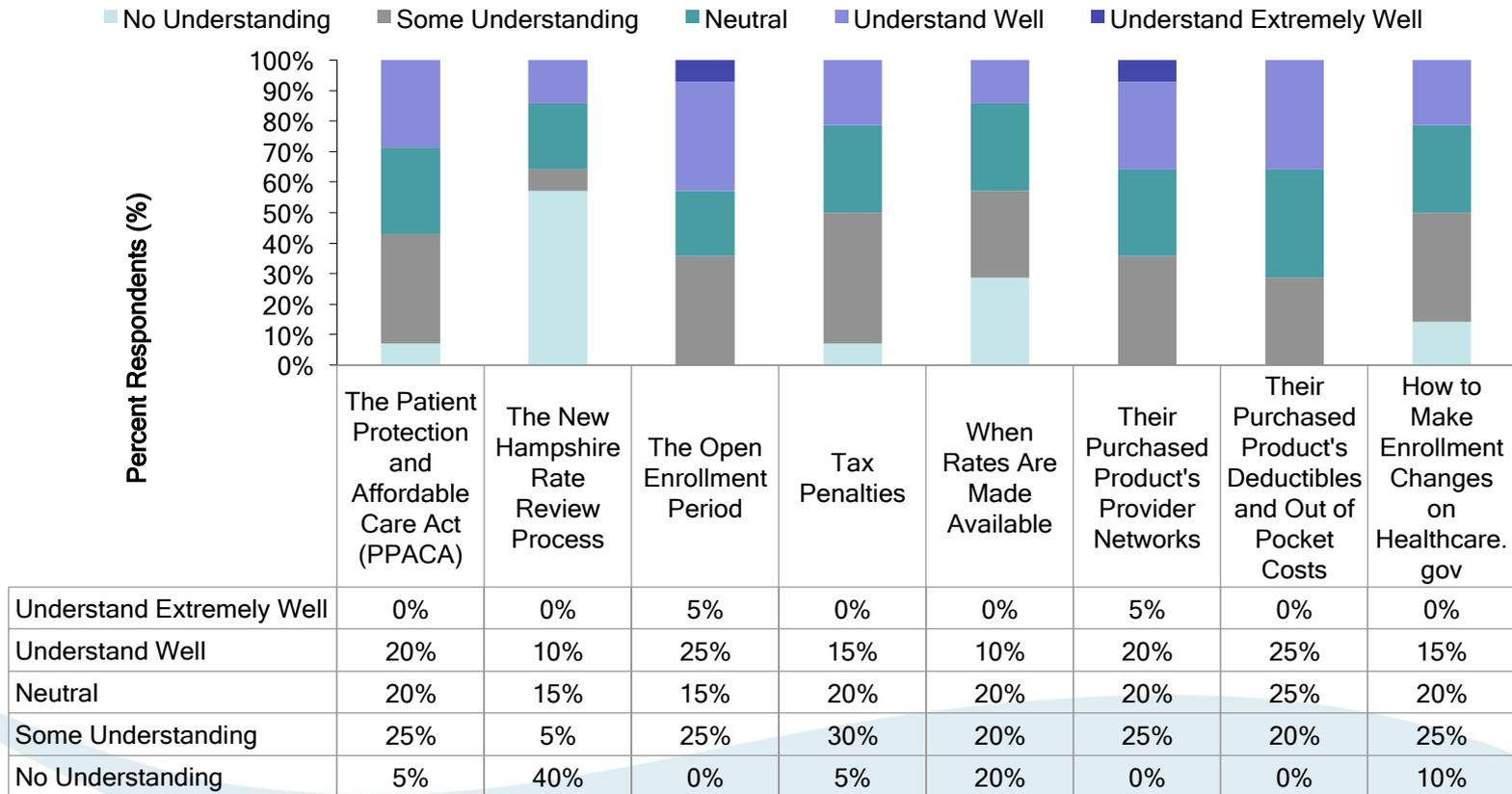


Q22: Consumers have had to learn a lot about the health insurance market since the ACA was implemented. Upon first contact with consumers in the SMALL GROUP health insurance market, what have you found to be their LEVEL OF UNDERSTANDING for each of the following issues:

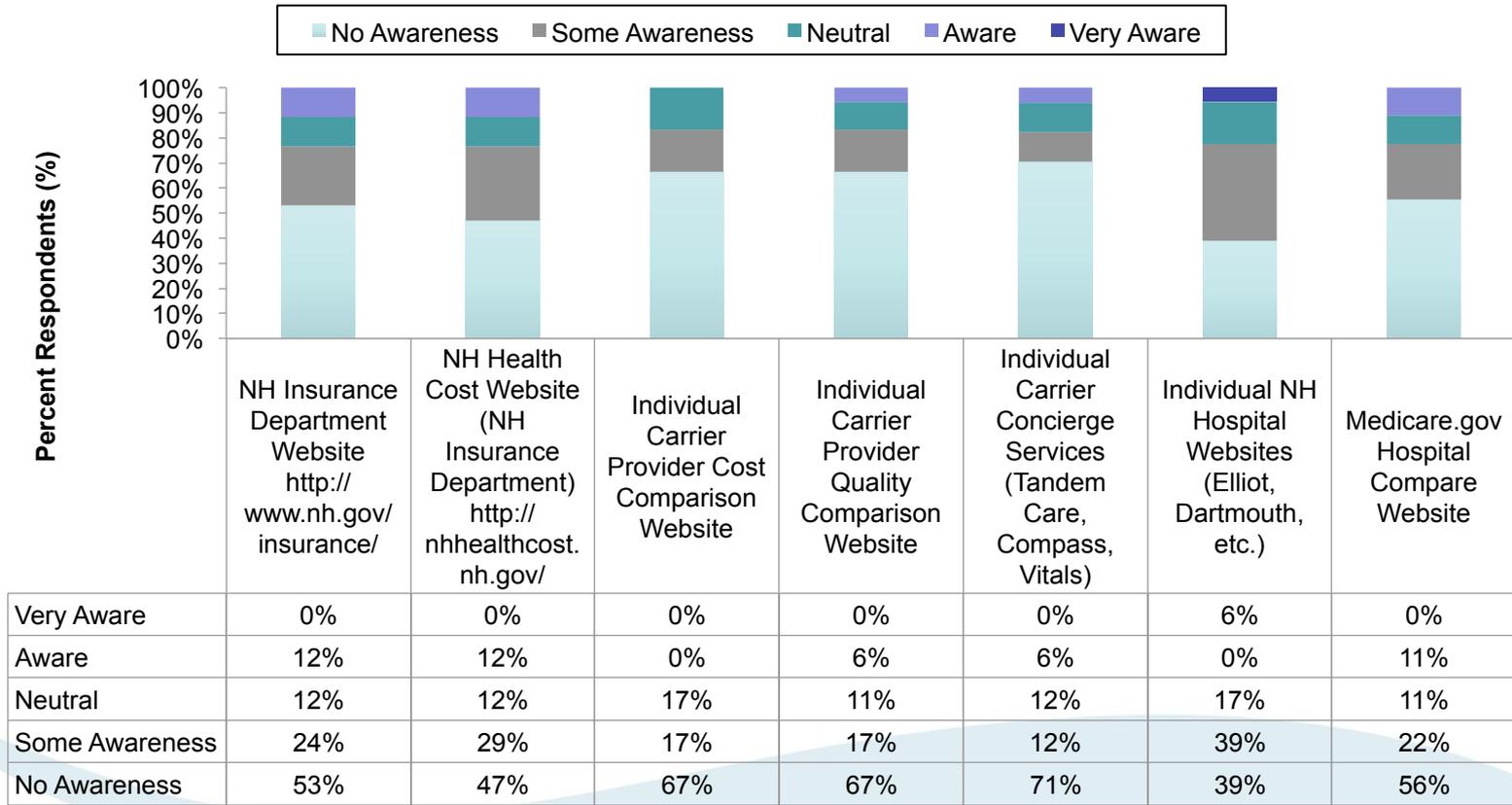
■ No Understanding
 ■ Some Understanding
 ■ Neutral
 ■ Understand Well
 ■ Understand Extremely Well
 ■ N/A



Q22: Consumers have had to learn a lot about the health insurance market since the ACA was implemented. Upon first contact with consumers in the SMALL GROUP health insurance market, what have you found to be their LEVEL OF UNDERSTANDING for each of the following issues:

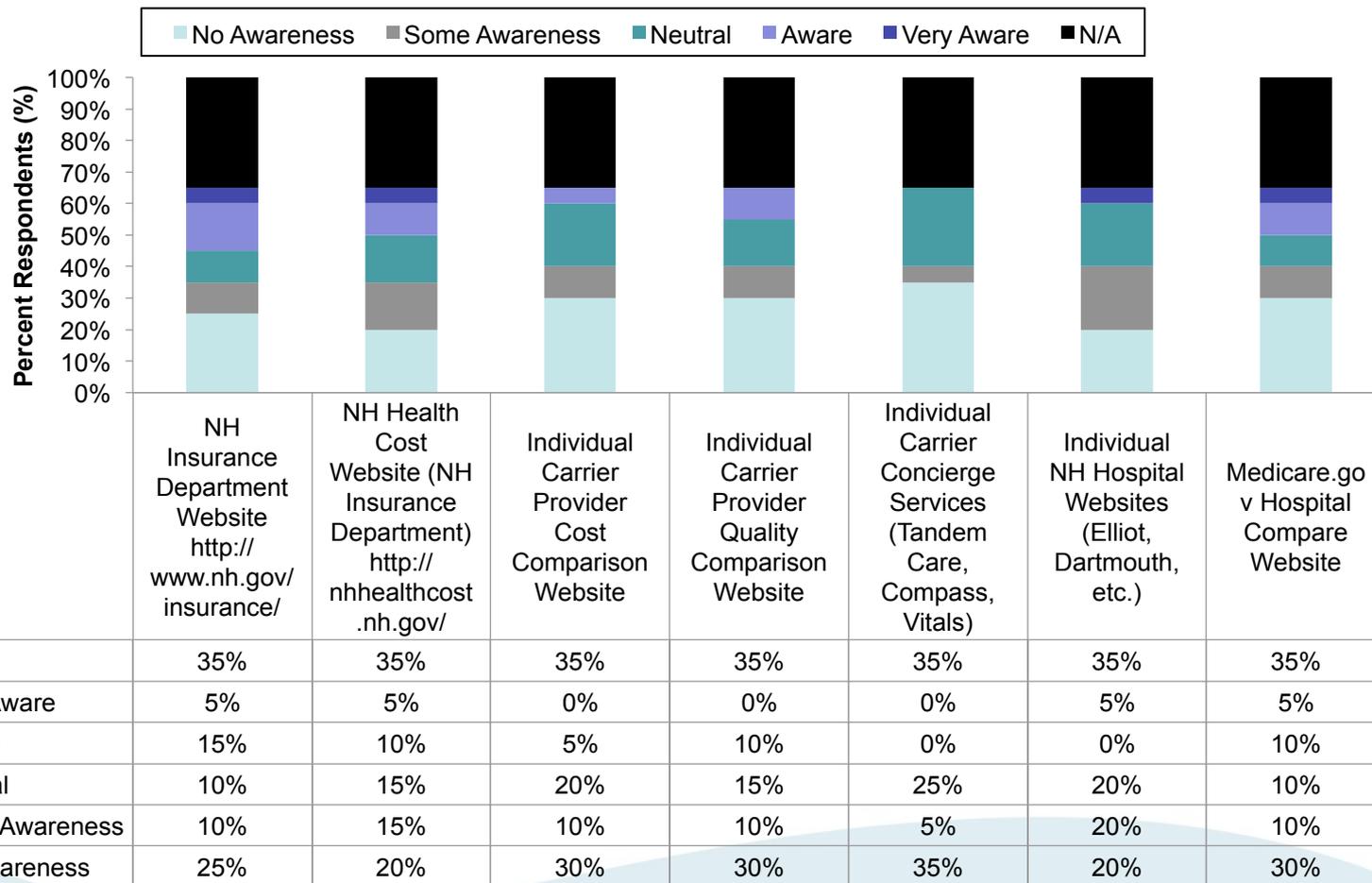


Q23: Upon first contact with consumers in the INDIVIDUAL health insurance market, what have you found to be their AWARENESS level of the following consumer tools designed to help them access cost or quality data AFTER they have purchased their insurance:



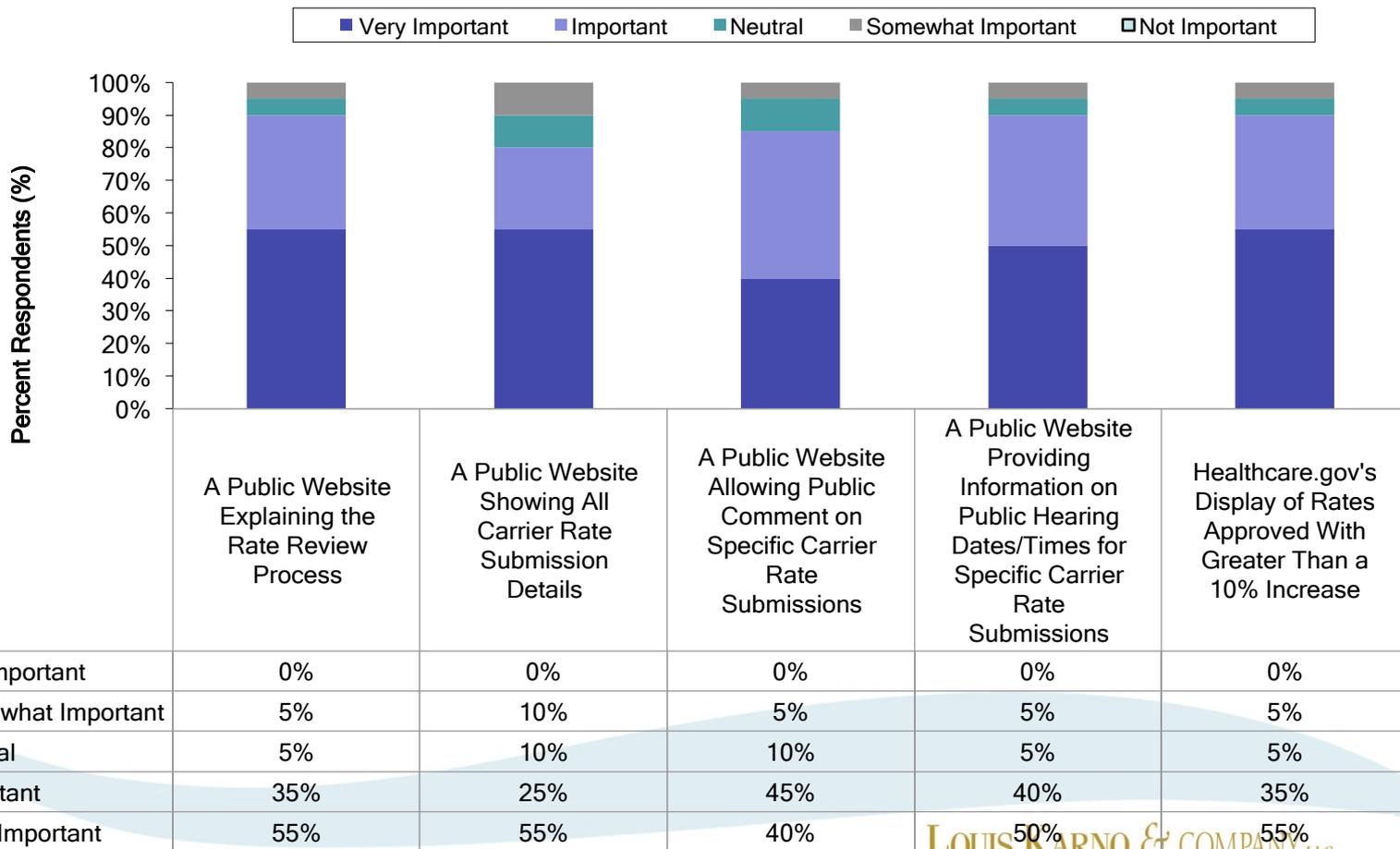
n=17, n=18

Q24: Upon first contact with consumers in the SMALL GROUP health insurance market, what have you found to be their AWARENESS level of the following consumer tools designed to help them access cost or quality data AFTER they have purchased their insurance:



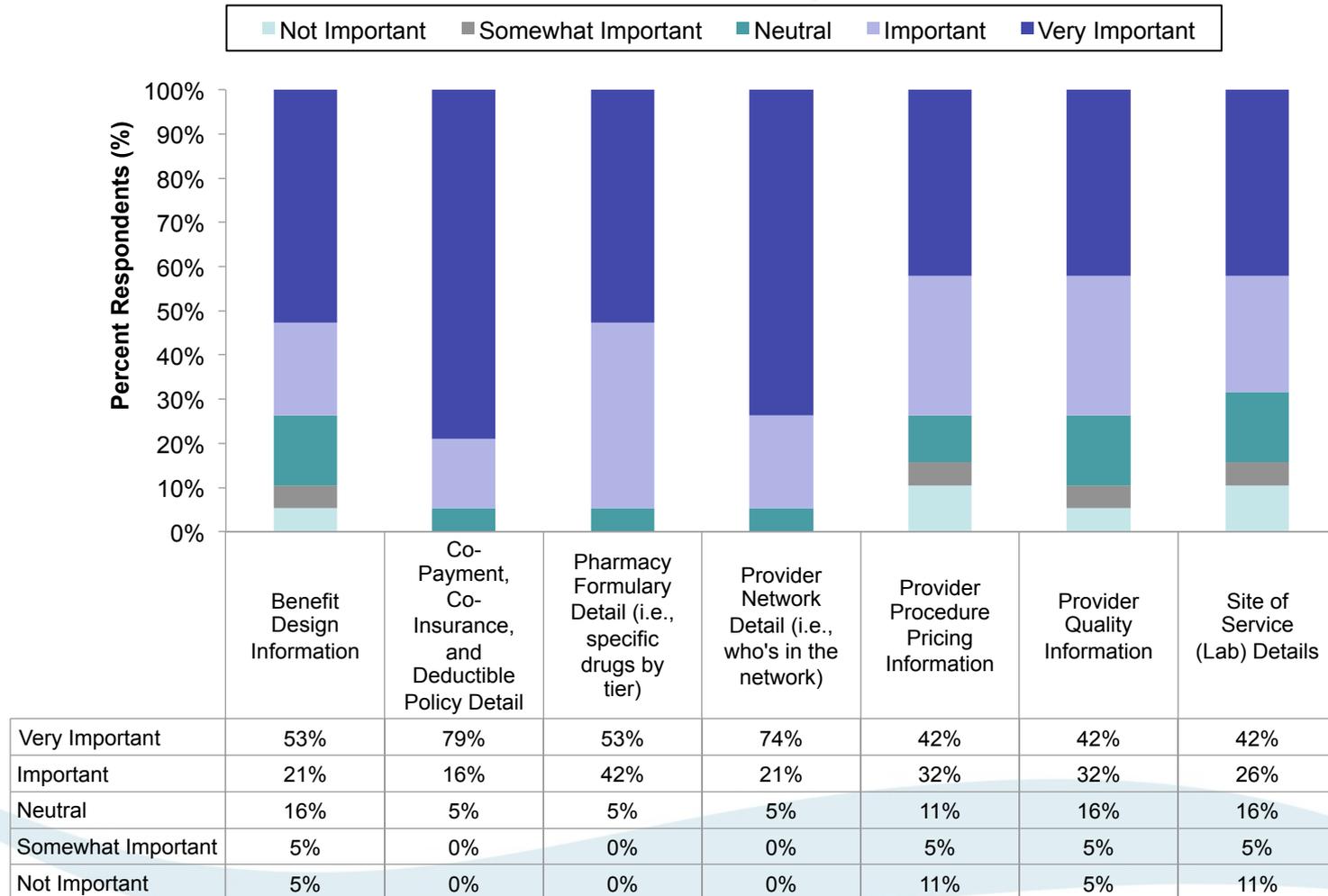
n=20

Q24: Upon first contact with consumers in the SMALL GROUP health insurance market, what have you found to be their AWARENESS level of the following consumer tools designed to help them access cost or quality data AFTER they have purchased their insurance:



n=13

Q25: How important are the following items to provide to consumers during the purchasing of a health insurance product?



n=19

Q29: If there is anything else you would like to share with the New Hampshire Insurance Department that would help its consumer communication, outreach and transparency efforts in the Individual and Small Group markets, please do so below.

- Involve the minority population in decision, meetings, etc when conducted. There is very little communication between the insurance carriers and the consumers. The MP and Carriers are not on the same page, which makes it even more frustrating and difficult for the consumer.
- There needs to be some control over these costs and consistency with each plan and its descriptions. A way to make it simplified and easy to understand and very informative.
- Yes, put the consumer first and the carrier second. Enforce all rules and regulations.
- The insurance department needs to take a much stronger position in allowing insurers to sell products that are essentially useless to consumers, such as high deductible plans with consumers having to meet high deductibles (eg. \$6,300) before a doctor's visit will be paid!!!
- The better we can educate our population on all aspects of healthcare, the better our society will be prepared to make good choices and better our system will work.
- Major concerns are family affordability glitch, prescription medications falling in the deductible in some plans and that the combination of high deductibles and premium costs that are proportionately high for their annual income continues to be a major barrier for some individuals in both the individual and group markets.
- Currently one huge benefit of having so many in-person assisters is that they are able to highlight areas that consumers may not be aware of. As the Assister program decreases, consumers need to be able to get that information in a centralized easy to access location.

New Hampshire Consumer Advocate Rate Review Survey

Introduction and Background

Thank you for taking your time to complete this survey. It is being conducted by Louis Karno & Company on behalf of the New Hampshire Insurance Department (NHID). You are receiving this survey because you have been identified as a person or organization representing consumer interests in New Hampshire's health insurance market.

NHID is interested in learning more about consumers' knowledge of regulatory processes, specifically the rate review process, as well as how consumers are faring under health reform. This information will be combined with other interviews and surveys to assist the NHID in improving its consumer communications, outreach, and transparency efforts.

NO INFORMATION YOU PROVIDE IN THIS SURVEY WILL BE INDIVIDUALLY ATTRIBUTED TO YOU. THIS IS TO PROTECT THE CONFIDENTIALITY OF YOUR RESPONSES.

The survey should take you about 15-20 minutes to complete. You can start and stop it using the link. Should you have any questions, please email info@lkarno.com.

Many thanks.

***1. Which of the following best describes you and the organization you represent in your consumer advocacy efforts?**

- Academic
- Legal Advocate
- Marketplace Assister / Navigator
- New Hampshire State Government
- Policy Advocate
- I Prefer Not to Answer
- Other

If Other (please specify)

***2. How many years have you been working as a consumer advocate?**

- Less than 1 year
- 1-3 years
- 3-5 years
- 5+ years
- I Prefer Not to Answer
- I Am Not a Consumer Advocate [END SURVEY]

New Hampshire Consumer Advocate Rate Review Survey

*3. How many years has your organization been working on consumer health insurance issues?

- Less than 1 year
- 1-3 years
- 3-5 years
- 5+ years
- I Prefer Not to Answer
- Our Organization Does Not Work on Consumer Health Insurance Issues [END SURVEY]

4. If you would like to share your contact information so that we may follow up with you with any questions about your responses, please do so. This is OPTIONAL.

Name:	<input type="text"/>
Organization Name:	<input type="text"/>
City/Town:	<input type="text"/>
ZIP:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

New Hampshire Consumer Advocate Rate Review Survey

Rate Review

This section will ask you questions regarding the rate review process that the NH Insurance Department conducts on health insurance products.

*5. How educated are YOU regarding New Hampshire's health insurance rate review process?

Not Educated	Somewhat Educated	Neutral	Educated	Very Educated	N/A
<input type="radio"/>					

Comments?

*6. As a consumer advocate, do you have any additional need for information on New Hampshire's health insurance rate review process?

- Yes
- No
- I Prefer Not to Answer

If YES, please provide detail:

*7. Have you ever participated in the health insurance rate review process yourself or on behalf of consumers in New Hampshire (i.e., by submitting a comment, attending the annual hearing on premium rate review, contacting the New Hampshire Insurance Department on behalf of a consumer, etc.)?

- Yes
- No
- I Prefer Not to Answer

If you answered YES, would you be willing to share the topic of your comment (i.e., a specific filing, a product, an issuer)?

New Hampshire Consumer Advocate Rate Review Survey

***8. In an effort to support health insurance marketplace rate review transparency, some states, such as New York and Oregon, display each health insurance carrier's rate submission on a public web site for public comment as the rates are filed with the state's insurance department. How useful do you think this type of information would be to New Hampshire's consumers if the NH Insurance Department were to adopt a similar practice?**

Not Useful	Somewhat Useful	Neutral	Useful	Very Useful	N/A
<input type="radio"/>					

Comments?

***9. How educated do you believe New Hampshire CONSUMERS are regarding the rate review process:**

Not Educated	Somewhat Educated	Neutral	Educated	Very Educated	N/A
<input type="radio"/>					

Comments?

***10. How important to New Hampshire consumers are the following enhancements to the rate review process in the Individual and Small Group markets?**

	Not Important	Somewhat Important	Neutral	Important	Very Important	N/A
A Public Website Explaining the Rate Review Process	<input type="radio"/>					
A Public Website Showing All Carrier Rate Submission Details	<input type="radio"/>					
A Public Website Allowing Public Comment on Specific Carrier Rate Submissions	<input type="radio"/>					
A Public Website Providing Information on Public Hearing Dates/Times for Specific Carrier Rate Submissions	<input type="radio"/>					
Healthcare.gov's Display of Rates Approved With Greater Than a 10% Increase	<input type="radio"/>					

Other (please specify)

New Hampshire Consumer Advocate Rate Review Survey

Insurance Rates and Payment Reform

This section contains questions regarding insurance rates and payment reform options.

* 11. How concerned are you about the insurance rates in the **INDIVIDUAL** market?

Not Concerned	Somewhat Concerned	Neutral	Concerned	Very Concerned	N/A
<input type="radio"/>					

Comments?

* 12. How concerned are you about the insurance rates in the **SMALL GROUP** market?

Not Concerned	Somewhat Concerned	Neutral	Concerned	Very Concerned	N/A
<input type="radio"/>					

Comments?

New Hampshire Consumer Advocate Rate Review Survey

***13. Which of the following ways do you think would be effective methods to REDUCE HEALTH INSURANCE RATES in New Hampshire? Multiple answers ARE allowed.**

- Involve Consumers in the Rate Review Process
- Involve Small Group Employers in the Rate Review Process
- Increase the Number of Carriers Offering Products in the Market
- Educate the Market on Healthcare Cost Drivers
- Provide Cost Data to Consumers on Medical Procedures
- Provide Quality Data to Consumers on Individual Health Care Providers
- Create More Narrow Network Products That Focus on Low-Cost, High-Quality Care
- Encourage Hospital Networks to Create Their Own Insurance Products
- Have the Government Create Price Controls on Medical Procedures/Providers
- Allow the "Free" Market to Control Prices
- Limit Malpractice Awards / Tort Reform
- All of the Above
- None of the Above
- I Prefer Not to Answer

Other (please specify)

New Hampshire Consumer Advocate Rate Review Survey

***14. Which of the following PAYMENT REFORM OPTIONS do you believe are worth supporting in New Hampshire? Multiple answers ARE allowed.**

- Provider Pay for Performance (P4P)
- Provider Shared Savings
- Hospital Penalties (e.g. readmissions, never events)
- Bundled Payments
- Capitation
- Accountable Care Organization Shared Risk
- Tiered and Narrow Provider Network Designs
- Centers of Excellence for Specific Services
- Rate Setting
- All of the Above
- None of the Above
- I Prefer Not to Answer

Other (please specify)

New Hampshire Consumer Advocate Rate Review Survey

Consumer Knowledge

This section asks questions about the knowledge of consumers who purchase either INDIVIDUAL or SMALL GROUP health insurance, their knowledge of the health insurance system, and how any problems they have with carriers are resolved.

*** 15. Regarding purchasing and utilizing health insurance products, New Hampshire CONSUMERS in the INDIVIDUAL health insurance market are:**

Not Educated	Somewhat Educated	Neutral	Educated	Very Educated	N/A
<input type="radio"/>					

Comments?

*** 16. Regarding purchasing and utilizing health insurance products, New Hampshire CONSUMERS in the SMALL GROUP health insurance markets are:**

Not Educated	Somewhat Educated	Neutral	Educated	Very Educated	N/A
<input type="radio"/>					

Comments?

17. What information, support and resources do consumers in the Individual and Small Group health insurance market need when making PRODUCT PURCHASING decisions:

New Hampshire Consumer Advocate Rate Review Survey

18. What information, support and resources do consumers in the Individual and Small Group health insurance markets need AFTER THEY HAVE PURCHASED A PRODUCT:

*19. How important are the following items to consumers in the INDIVIDUAL health insurance market?

	Not Important	Somewhat Important	Neutral	Important	Very Important	N/A
Participation in the Rate Review Process	<input type="radio"/>					
Understanding the Rate Review Process	<input type="radio"/>					
Benefit Package Price	<input type="radio"/>					
Deductible and Out of Pocket Costs	<input type="radio"/>					
Provider Network	<input type="radio"/>					

*20. How important are the following items to consumers in the SMALL GROUP health insurance market?

	Not Important	Somewhat Important	Neutral	Important	Very Important	N/A
Participation in the Rate Review Process	<input type="radio"/>					
Understanding the Rate Review Process	<input type="radio"/>					
Benefit Package Price	<input type="radio"/>					
Deductible and Out of Pocket Costs	<input type="radio"/>					
Provider Network	<input type="radio"/>					

New Hampshire Consumer Advocate Rate Review Survey

***21. Consumers have had to learn a lot about the health insurance market since the ACA was implemented. Upon first contact with consumers in the INDIVIDUAL health insurance market, what have you found to be their LEVEL OF UNDERSTANDING for each of the following issues:**

	No Understanding	Some Understanding	Neutral	Understand Well	Understand Extremely Well	N/A
The Patient Protection and Affordable Care Act (PPACA)	<input type="radio"/>	<input type="radio"/>				
The New Hampshire Rate Review Process	<input type="radio"/>	<input type="radio"/>				
The Open Enrollment Period	<input type="radio"/>	<input type="radio"/>				
Tax Penalties	<input type="radio"/>	<input type="radio"/>				
When Rates Are Made Available	<input type="radio"/>	<input type="radio"/>				
Their Purchased Product's Provider Networks	<input type="radio"/>	<input type="radio"/>				
Their Purchased Product's Deductibles and Out of Pocket Costs	<input type="radio"/>	<input type="radio"/>				
How to Make Enrollment Changes on Healthcare.gov	<input type="radio"/>	<input type="radio"/>				

New Hampshire Consumer Advocate Rate Review Survey

***22. Consumers have had to learn a lot about the health insurance market since the ACA was implemented. Upon first contact with consumers in the SMALL GROUP health insurance market, what have you found to be their LEVEL OF UNDERSTANDING for each of the following issues:**

	No Understanding	Some Understanding	Neutral	Understand Well	Understand Extremely Well	N/A
The Patient Protection and Affordable Care Act (PPACA)	<input type="radio"/>	<input type="radio"/>				
The New Hampshire Rate Review Process	<input type="radio"/>	<input type="radio"/>				
The Open Enrollment Period	<input type="radio"/>	<input type="radio"/>				
Tax Penalties	<input type="radio"/>	<input type="radio"/>				
When Rates Are Made Available	<input type="radio"/>	<input type="radio"/>				
Their Purchased Product's Provider Networks	<input type="radio"/>	<input type="radio"/>				
Their Purchased Product's Deductibles and Out of Pocket Costs	<input type="radio"/>	<input type="radio"/>				
How to Make Enrollment Changes on Healthcare.gov	<input type="radio"/>	<input type="radio"/>				

New Hampshire Consumer Advocate Rate Review Survey

***23. Upon first contact with consumers in the INDIVIDUAL health insurance market, what have you found to be their AWARENESS level of the following consumer tools designed to help them access cost or quality data AFTER they have purchased their insurance:**

	No Awareness	Some Awareness	Neutral	Aware	Very Aware	N/A
NH Insurance Department Website http://www.nh.gov/insurance/	<input type="radio"/>					
NH Health Cost Website (NH Insurance Department) http://nhhealthcost.nh.gov/	<input type="radio"/>					
Individual Carrier Provider Cost Comparison Website	<input type="radio"/>					
Individual Carrier Provider Quality Comparison Website	<input type="radio"/>					
Individual Carrier Concierge Services (Tandem Care, Compass, Vitals)	<input type="radio"/>					
Individual NH Hospital Websites (Elliot, Dartmouth, etc.)	<input type="radio"/>					
Medicare.gov Hospital Compare Website	<input type="radio"/>					

Other Web Sites or Tools (please specify)

New Hampshire Consumer Advocate Rate Review Survey

***24. Upon first contact with consumers in the SMALL GROUP health insurance market, what have you found to be their AWARENESS level of the following consumer tools designed to help them access cost or quality data AFTER they have purchased their insurance:**

	No Awareness	Some Awareness	Neutral	Aware	Very Aware	N/A
NH Insurance Department Website http://www.nh.gov/insurance/	<input type="radio"/>					
NH Health Cost Website (NH Insurance Department) http://nhhealthcost.nh.gov/	<input type="radio"/>					
Individual Carrier Provider Cost Comparison Website	<input type="radio"/>					
Individual Carrier Provider Quality Comparison Website	<input type="radio"/>					
Individual Carrier Concierge Services (Tandem Care, Compass, Vitals)	<input type="radio"/>					
Individual NH Hospital Websites (Elliot, Dartmouth, etc.)	<input type="radio"/>					
Medicare.gov Hospital Compare Website	<input type="radio"/>					

Other Web Sites or Tools (please specify)

New Hampshire Consumer Advocate Rate Review Survey

*25. How important are the following items to provide to consumers during the purchasing of a health insurance product?

	Not Important	Somewhat Important	Neutral	Important	Very Important	N/A
Benefit Design Information	<input type="radio"/>					
Co-Payment, Co-Insurance, and Deductible Policy Detail	<input type="radio"/>					
Pharmacy Formulary Detail (i.e., specific drugs by tier)	<input type="radio"/>					
Provider Network Detail (i.e., who's in the network)	<input type="radio"/>					
Provider Procedure Pricing Information	<input type="radio"/>					
Provider Quality Information	<input type="radio"/>					
Site of Service (Lab) Details	<input type="radio"/>					

Other (please specify)

New Hampshire Consumer Advocate Rate Review Survey

Survey Completion and Thank You

Thank you for taking the time to complete this survey. The NH Insurance Department appreciates your input.

26. If there is anything else you would like to share with the New Hampshire Insurance Department that would help its consumer communication, outreach and transparency efforts in the Individual and Small Group markets, please do so below.

27. The NH Insurance Department would like to continue to work with consumer advocates on transparency initiatives and consumer education. If you would be willing to provide your contact information below, the NH Insurance Department will contact you regarding other consumer initiatives.

This is OPTIONAL and your name will NOT be tied to the other responses in this survey.

Name:

Company:

Email Address:



Producer Survey Results

NH Insurance Department RRG 308
June 9, 2015

Presentation Overview

- Methodology Summary
- Key Findings
- Chart Pack

Methodology Summary

- Developed with input from Producer interviews, a call with Navigators/Marketplace Assisters, and NHID
- Timeline
 - Put in field on April 6, 2015; 206 producers on email list provided by NHID
 - Reminder 1 on April 10, 2015; 153 producers who had not responded; 13 who had started to respond but had incomplete responses
 - Reminder 2 on April 15, 2015; 141 producers who had not responded; 12 who had started to respond but had incomplete responses
 - Closed on 04.17.2015 6pm EST; 68 responses
- 16 incomplete surveys were deleted, leaving a final n=53

Key Findings

- 85% of respondents have been producers more than 5 years; 68% more than 10 years
- 51% of respondents are independent producers, with remainder belonging to an agency; fewer than 6% were part of a national agency
- 53% of the producer's business is on-exchange individual business
- The majority are not part of either Anthem's or Harvard's producer councils
- Fewer than 6% have submitted a rate review comment

Key Findings (continued)

- 75% state they do not need any more information on the rate review process
 - One producer stated they had submitted a public comment on whether or not NH should have allowed employee choice on the SHOP exchange
- 38% of producers thought that the development of an NHID rate review website similar to OR or NY would be of benefit to consumers; 32% were neutral and 28% said it would be of little benefit
 - Concern was expressed that consumers are buying only on price with little understanding of the benefits and networks

Key Findings (continued)

- In terms of what could be done to reduce rates, only 13% of producers who responded said that to “involve the consumer in the rate review process” would have an impact
- While 76% of producers stated they needed no more information about NH’s rate review process, there were comments indicating interest in cost driver information, participating on work groups discussing rates, and to understand the rate review process
- Producers believe that 86% of consumers in the individual market are not educated or somewhat educated regarding purchasing and utilizing health insurance products; in the small group market, this number dropped to 56%; neither individual or small group consumers were considered “very educated”

Key Findings (continued)

- Producers stated they had a key role in educating consumers
- In both the individual and small group markets, benefit package price, deductible and out of pocket costs, and provider network were substantially more important to consumers than participation in or understanding the rate review process
- Producers generally believe that there is little assistance the NHID can provide to them when trying to resolve issues between consumers and carriers; most issues require Healthcare.gov assistance or carrier assistance
- Producers refer very few complaints to the NHID; For those complaints that are submitted most issues are resolved within several weeks and the NHID is generally seen as effective

Key Findings (continued)

- 74% of producers have had no contact with the Marketplace Assisters (MAs) and Navigators; 16% have made a referral to an MA or Navigator; 16% have received a referral from an MA or Navigator
- Producers made many comments about the need/effectiveness of the Marketplace Assisters (MAs) and Navigators:
 - Producers were concerned that MAs and Navigators are not licensed nor have E&O insurance
 - Producers are “losing business” to MAs and Navigators

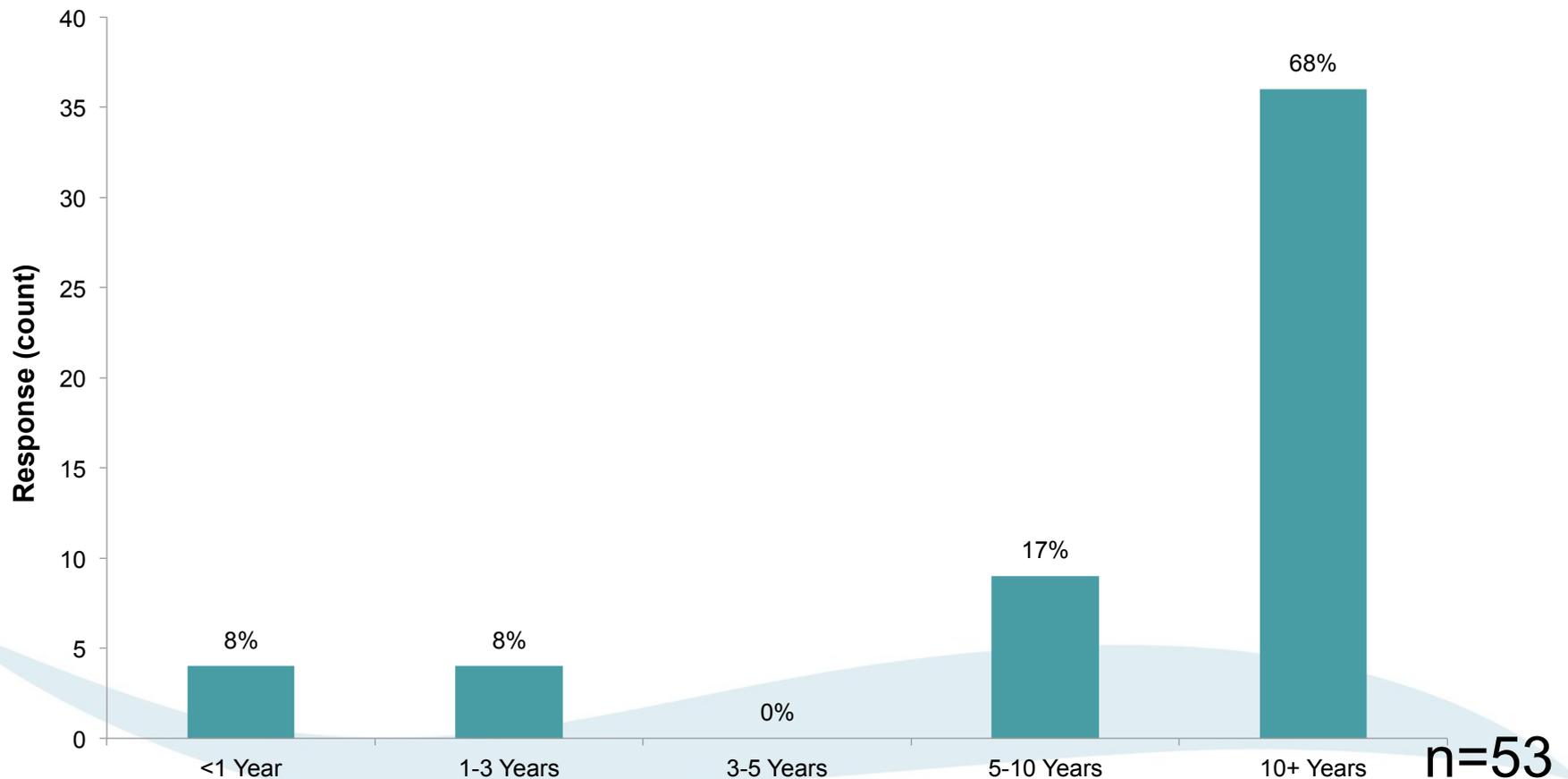
Key Findings (continued)

- 58% of producers in the individual market state that their commissions have remained flat or decreased in the past three years, while in the small group market this number is 80% (this needs to be adjusted for those who declined to answer)
- Producers are very frustrated with the Healthcare.gov website and phone service, and see it as a hindrance in their ability to serve their customers
- 92% of producers would like a portal to Healthcare.gov, similar to carrier portals, in order to make online changes (address/ phone/eligibility) for their customers

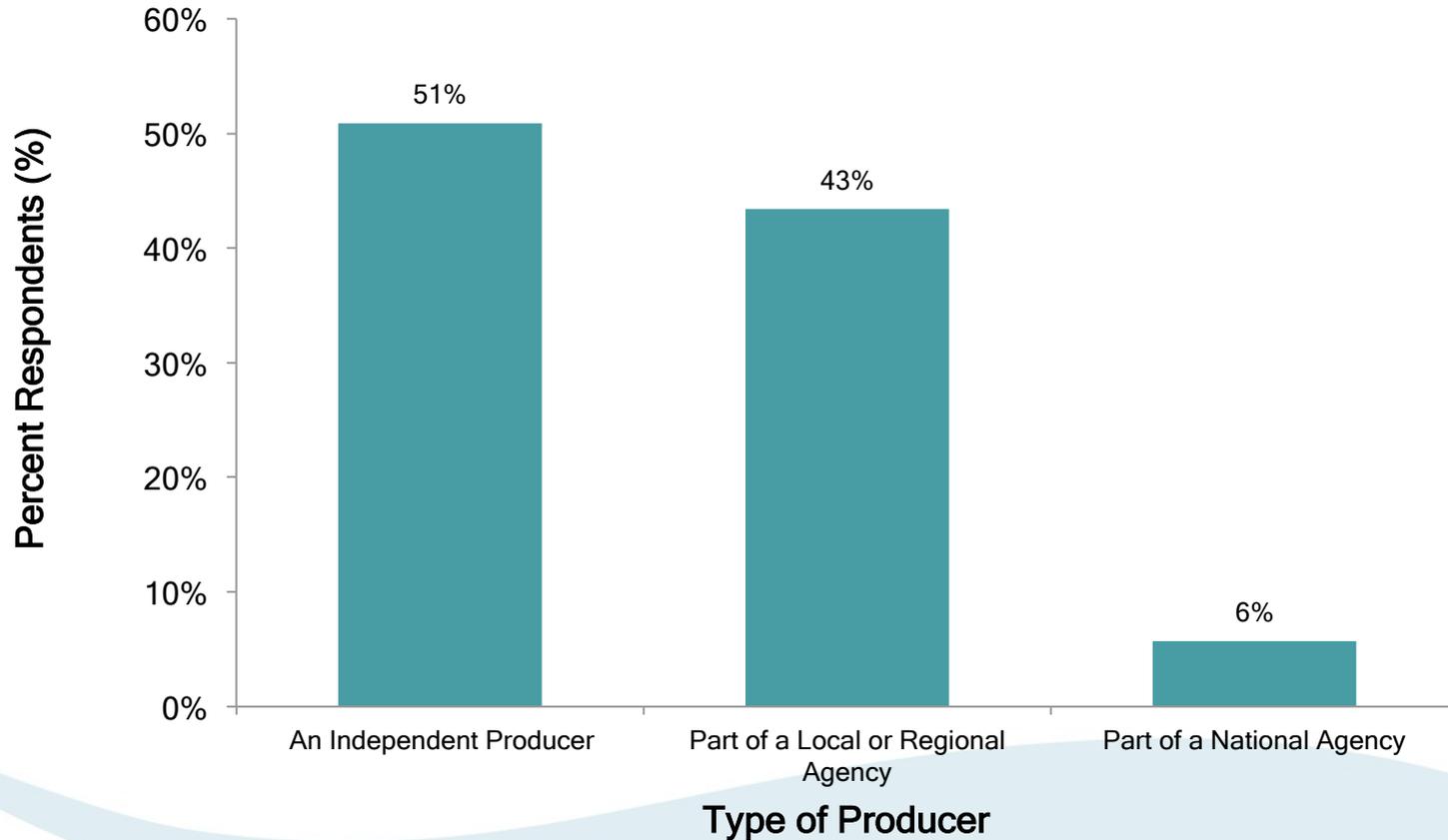
Chart Pack

- Individual Question Responses
- Slide Notes Contain Comment Fields
 - Comments have also been summarized in a separate Word document

Q3: How many years have you been a licensed producer?



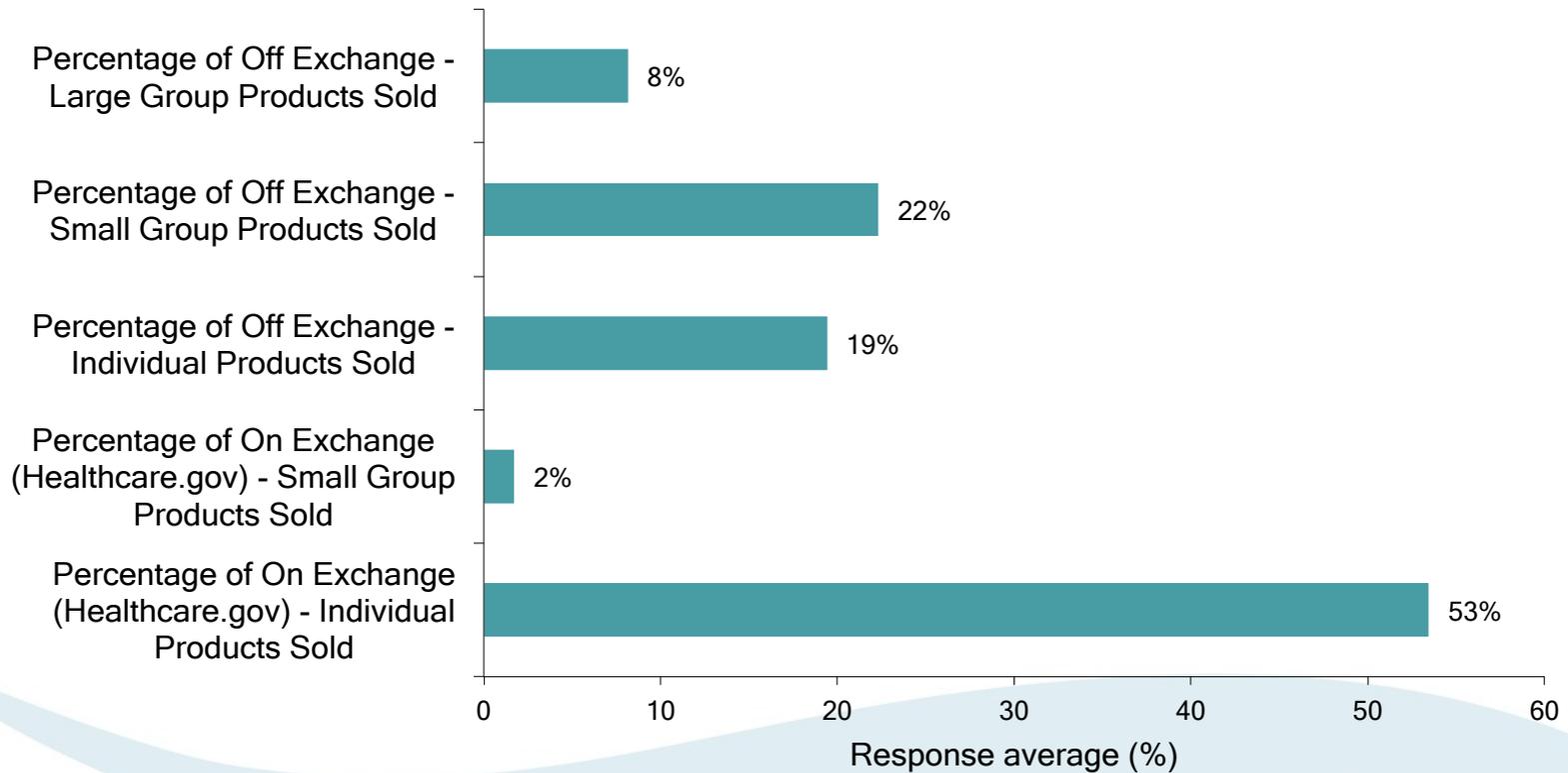
Q4: Producer Type



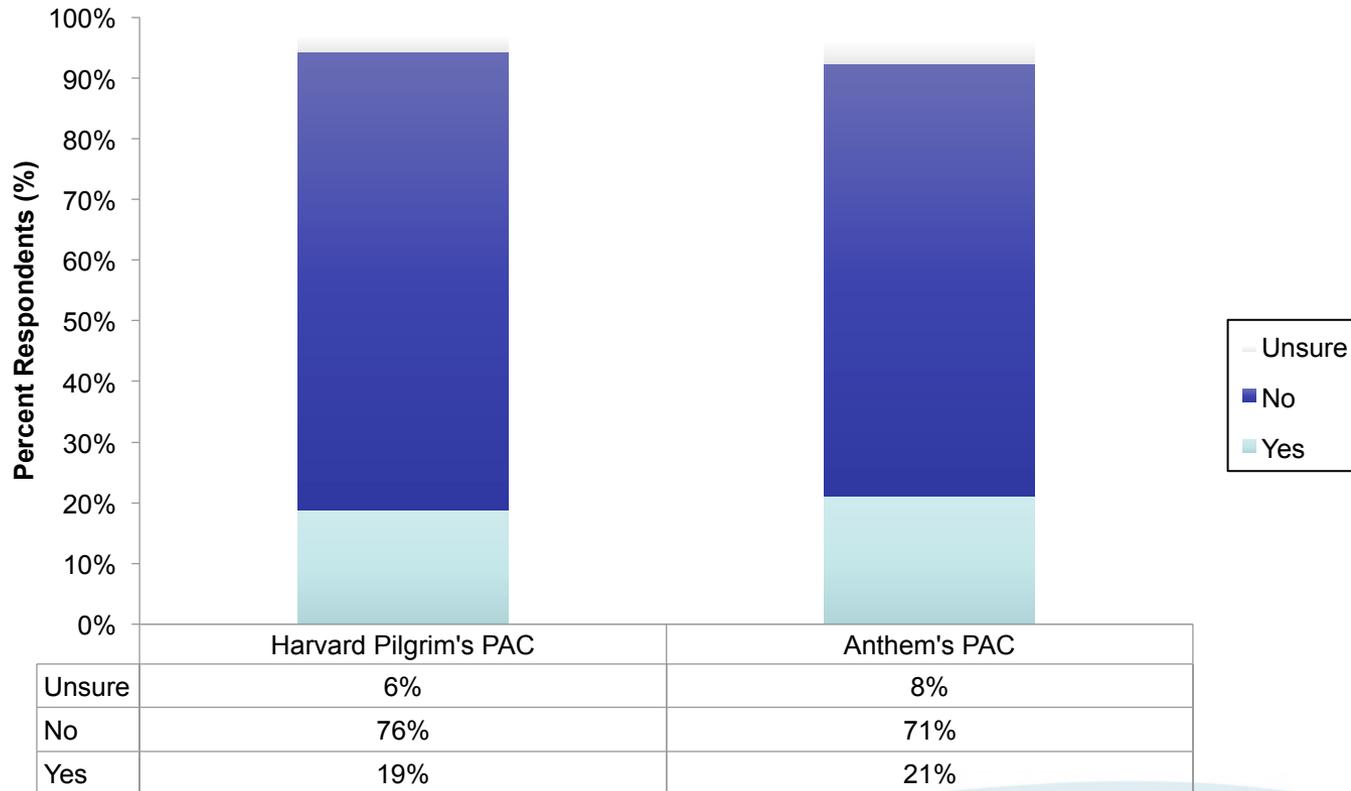
n=53

Q5: Types of on-Exchange (Healthcare.gov) and off-Exchange health insurance products that YOU sell as a producer (not your overall agency statistics).

n=51

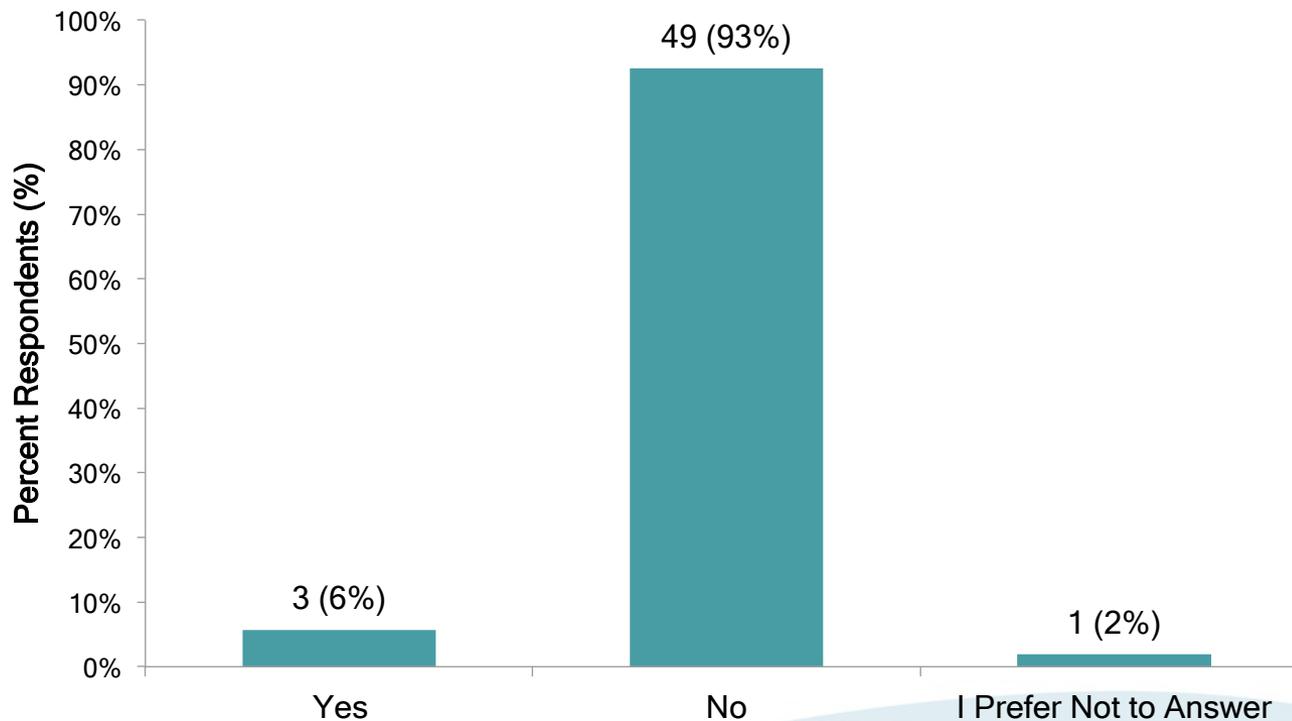


Q6 and Q7: Are you a member of Anthem or Harvard Pilgrim's Producer Advisory Council (PAC)?



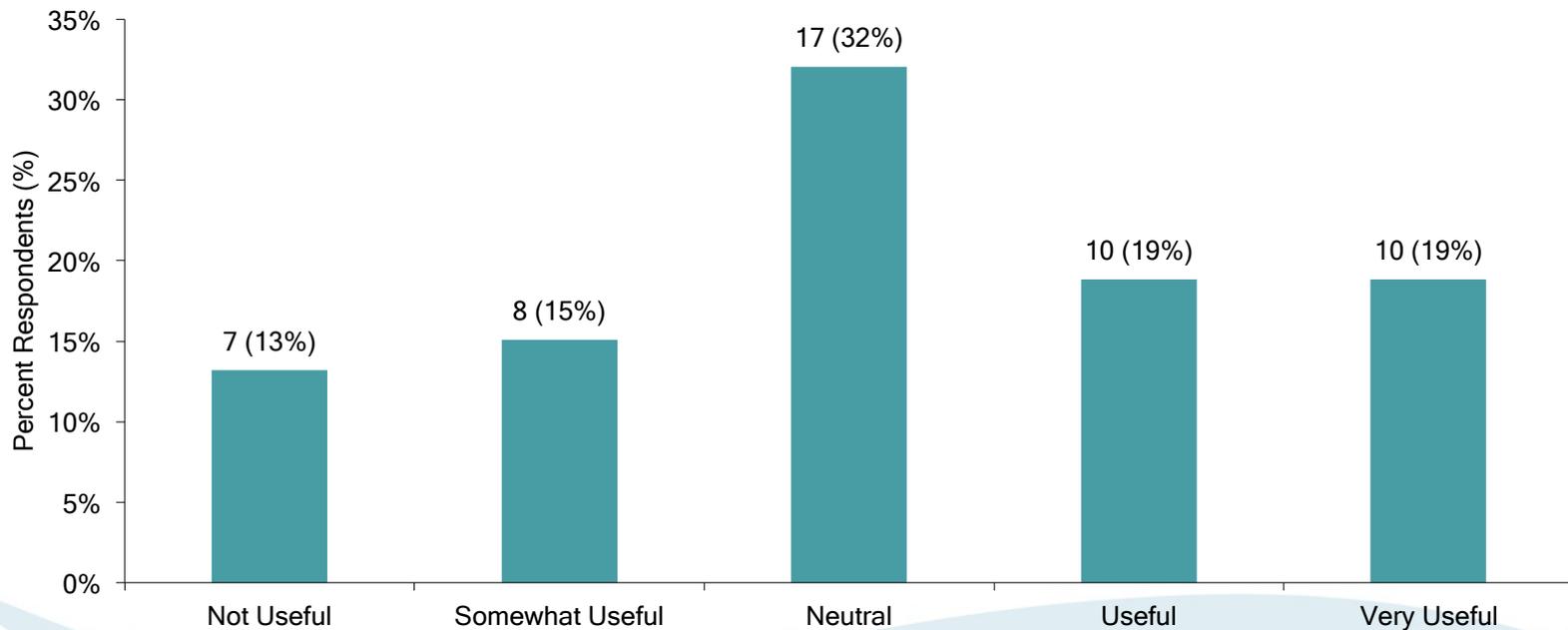
n=53

Q8: Have you ever participated in the health insurance rate review process in New Hampshire by submitting a comment or contacting the New Hampshire Insurance Department?

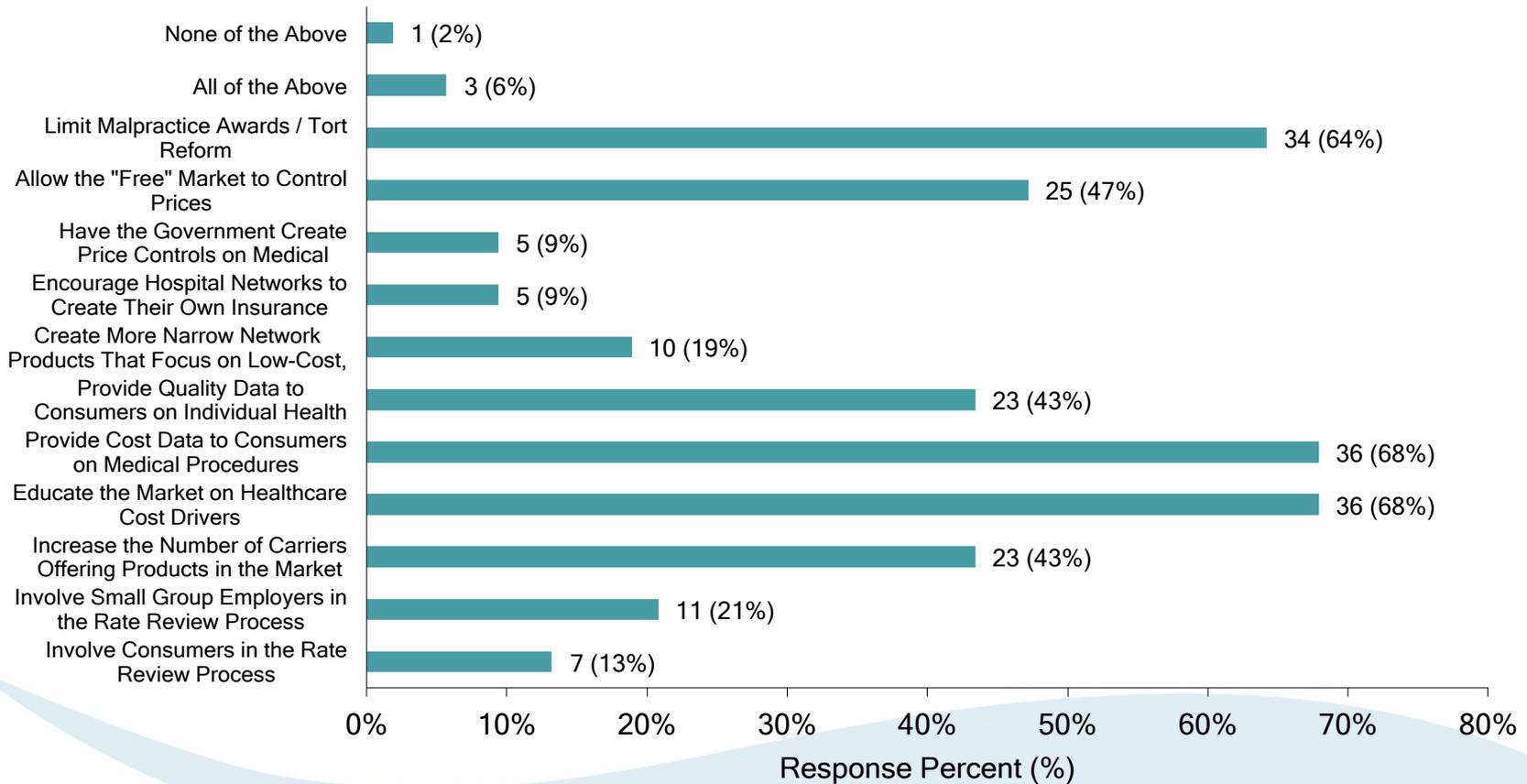


Q9: In an effort to support health insurance marketplace rate review transparency, some states, such as New York and Oregon, display each health insurance carrier's rate submission on a public web site for public comment as the rates are filed with the state's insurance department.

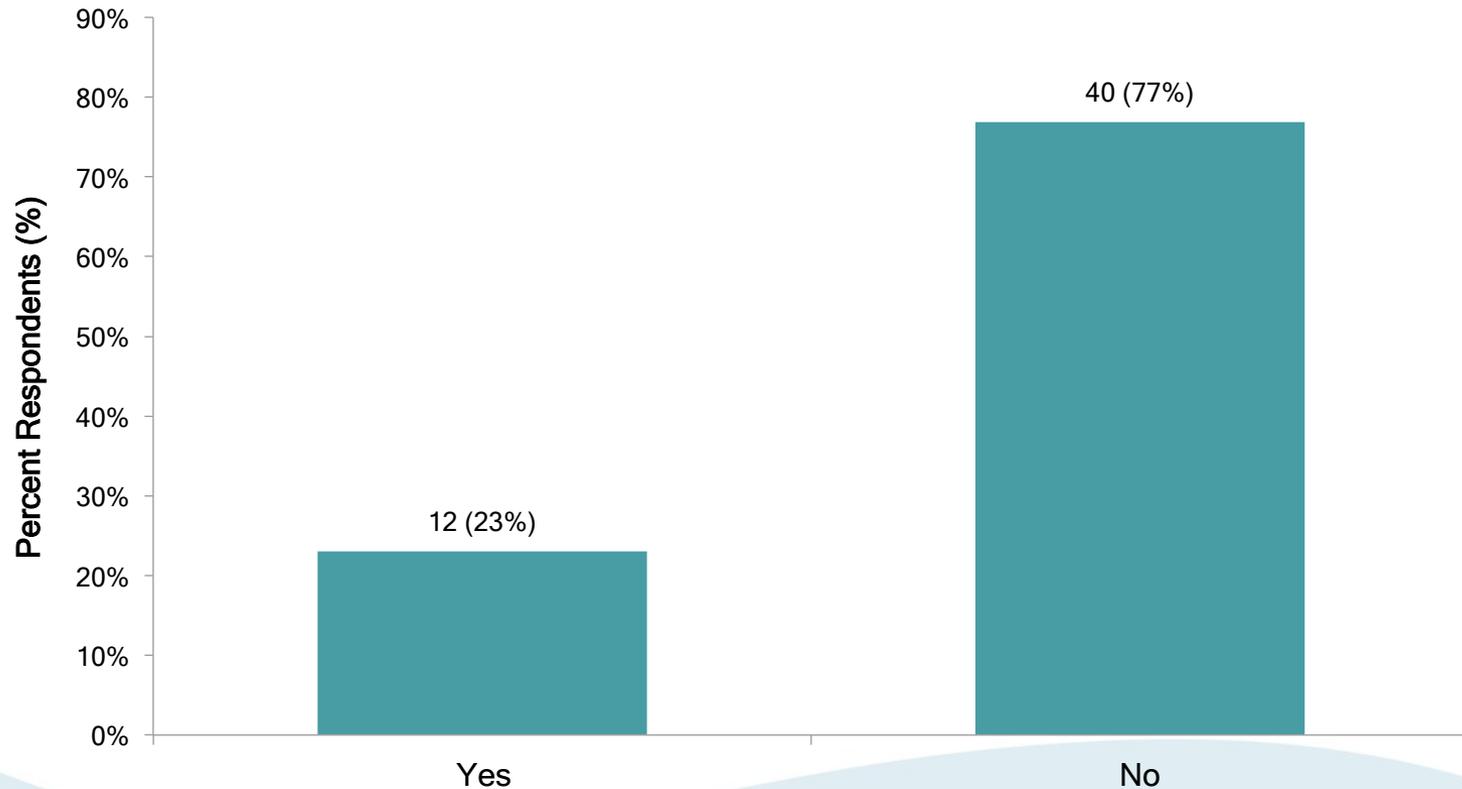
How useful do you think this type of information would be to New Hampshire's consumers if the NH Insurance Department were to adopt a similar practice?



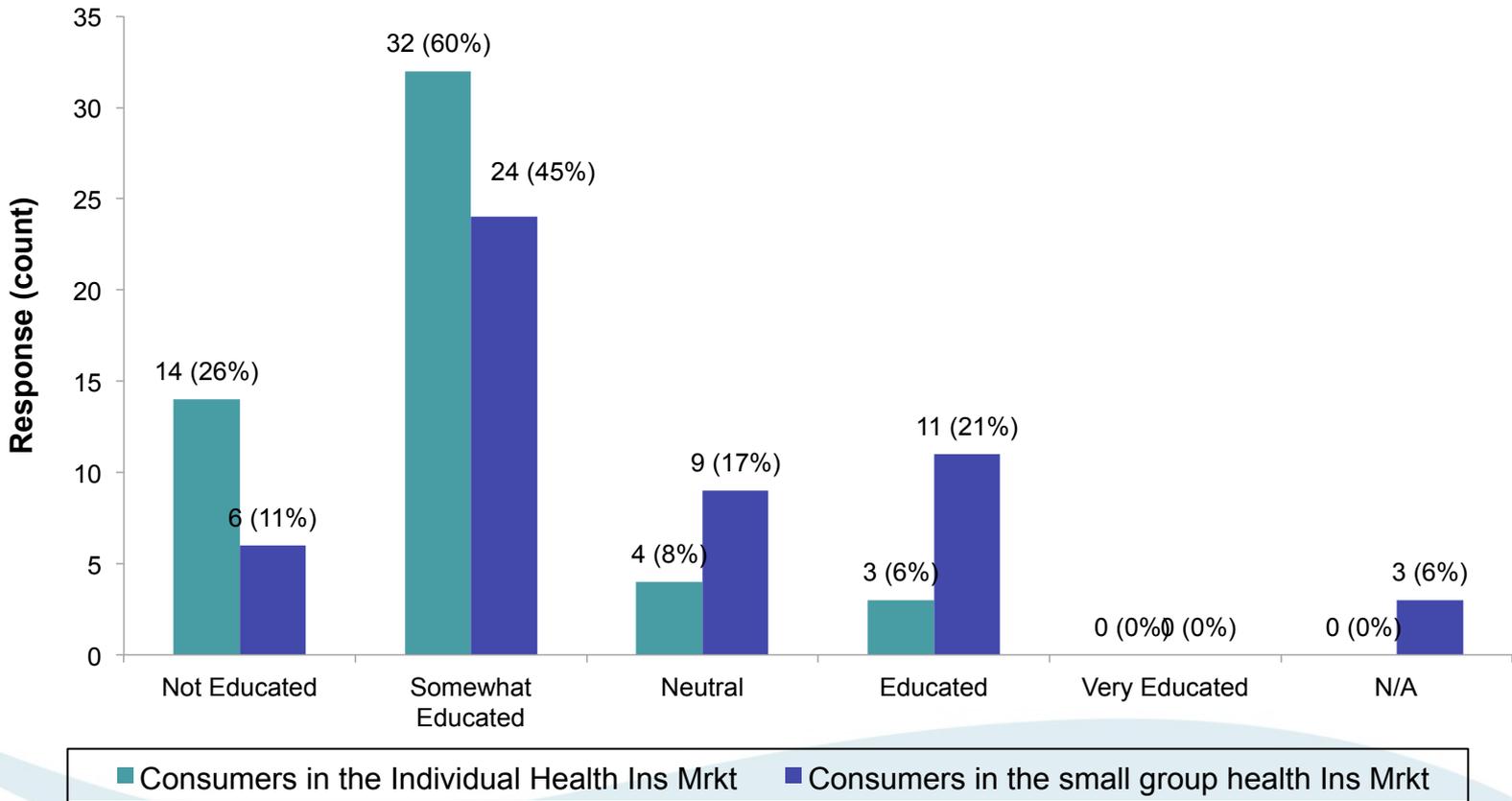
Q10: Which of the following ways do you think would be effective methods to REDUCE HEALTH INSURANCE RATES in New Hampshire? Multiple answers ARE allowed.



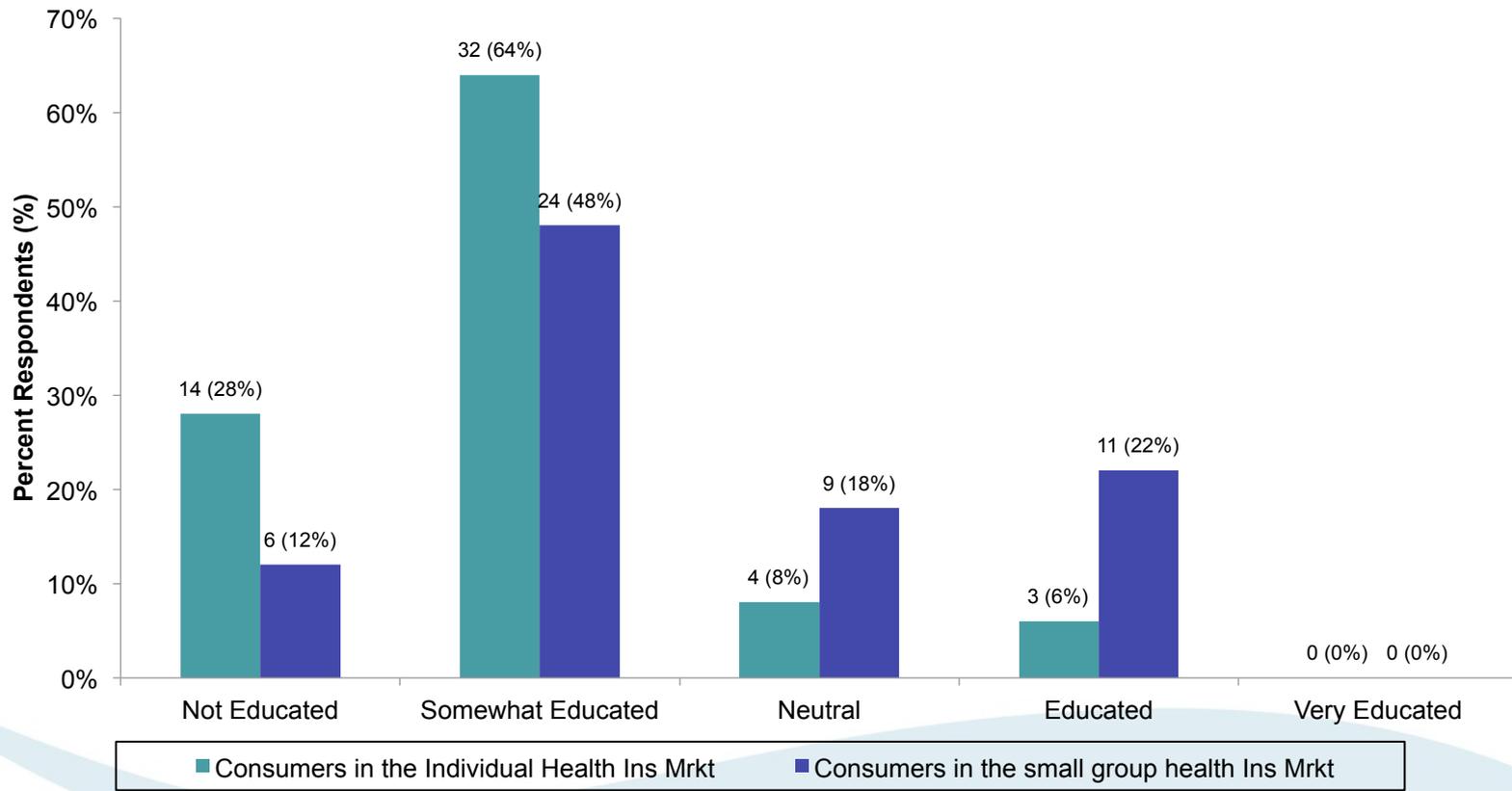
Q11: As a producer, do you have any additional need for information on New Hampshire's health insurance rate review process?



Q12 and 13: Regarding purchasing and utilizing health insurance products, New Hampshire CONSUMERS are:

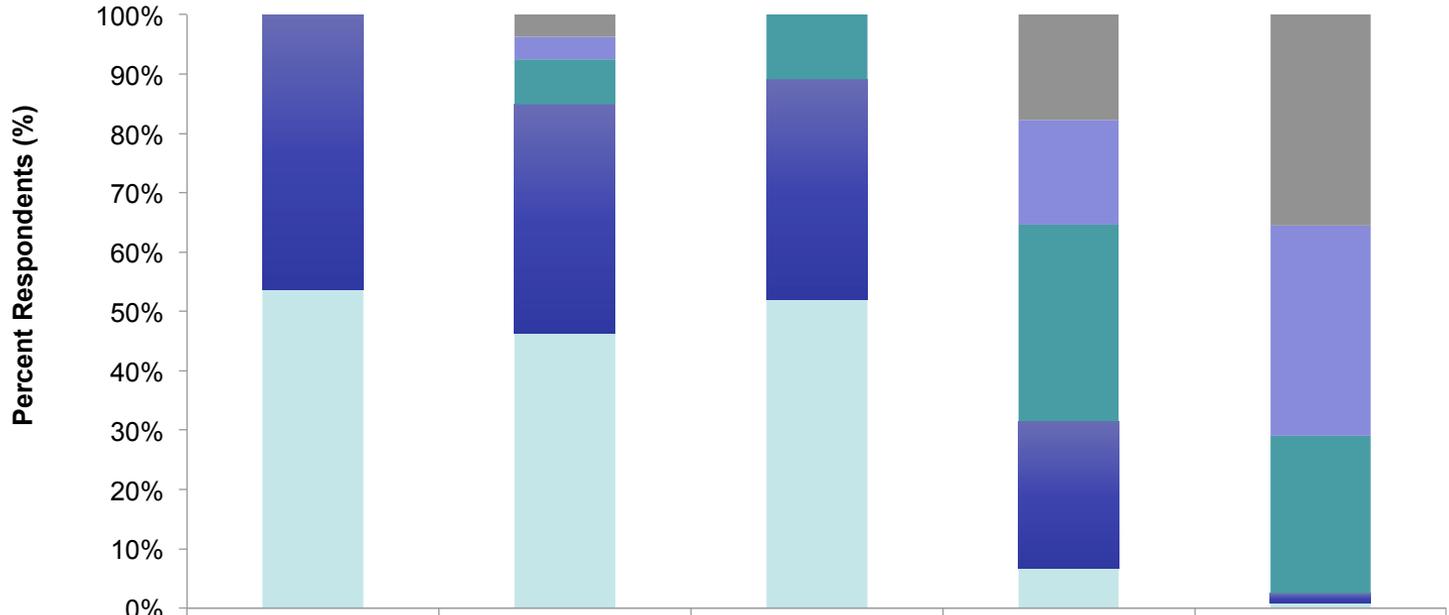


Q12 and 13: Regarding purchasing and utilizing health insurance products, New Hampshire CONSUMERS are:



Q16: How important are the following items to your INDIVIDUAL market health insurance customers?

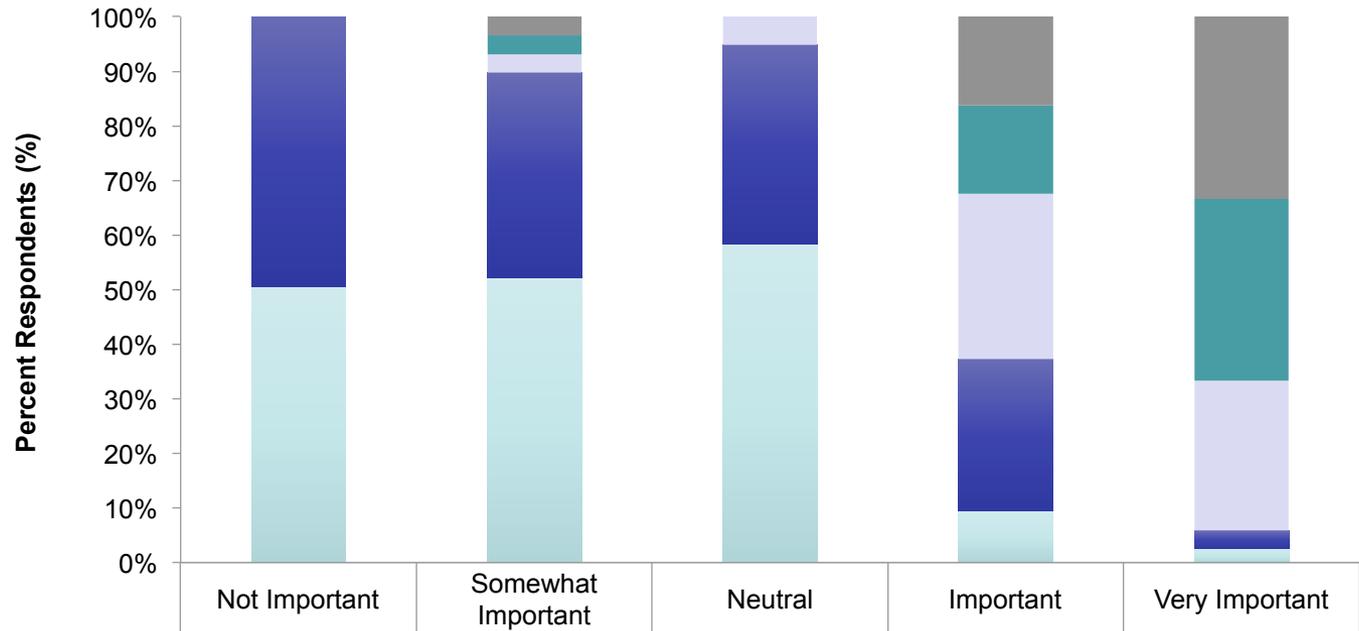
■ Participation in the Rate Review Process
 ■ Understanding the Rate Review Process
 ■ Benefit Package Price
■ Deductible and Out of Pocket Costs
 ■ Provider Network



	Not Important	Somewhat Important	Neutral	Important	Very Important
Provider Network	0%	2%	0%	15%	83%
Deductible and Out of Pocket Costs	0%	2%	0%	15%	83%
Benefit Package Price	0%	4%	6%	28%	62%
Understanding the Rate Review Process	37%	19%	19%	21%	4%
Participation in the Rate Review Process	42%	23%	27%	6%	2%

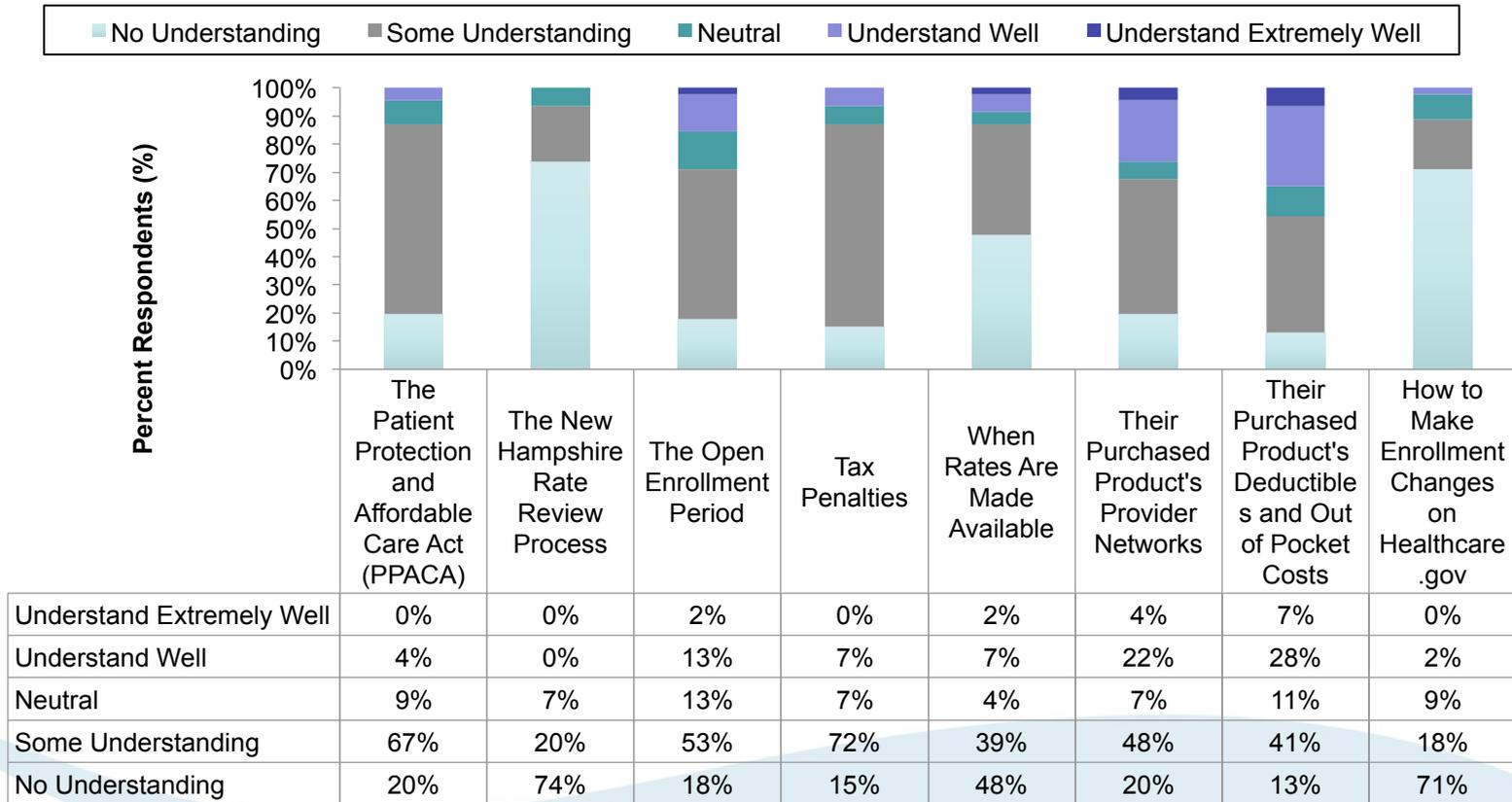
Q17: How important are the following items to your SMALL GROUP market health insurance customers?

- Participation in the Rate Review Process
- Understanding the Rate Review Process
- Benefit Package Price
- Deductible and Out of Pocket Costs
- Provider Network

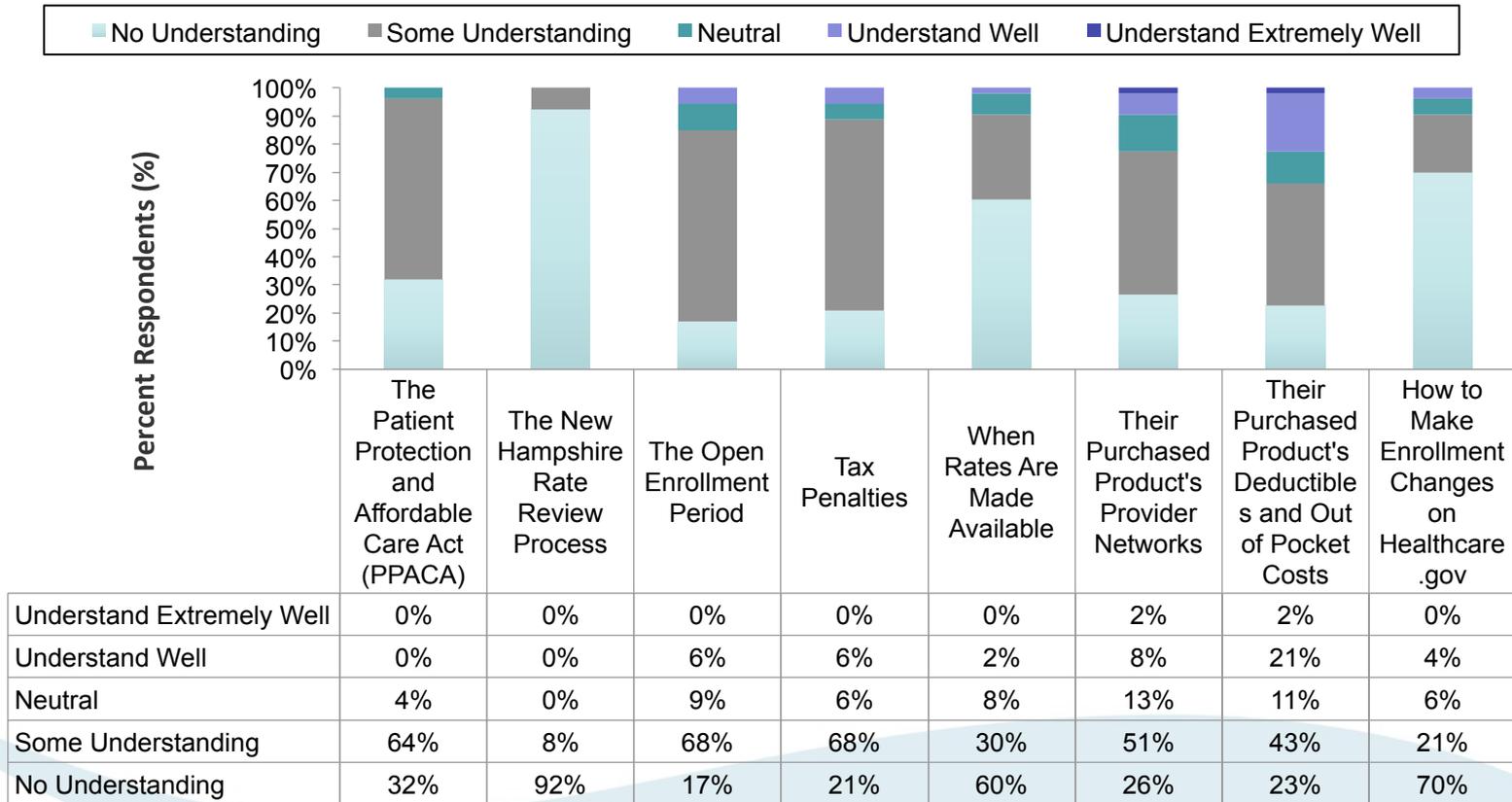


	Not Important	Somewhat Important	Neutral	Important	Very Important
Provider Network	0%	2%	0%	15%	83%
Deductible and Out of Pocket Costs	0%	2%	0%	15%	83%
Benefit Package Price	0%	2%	2%	27%	69%
Understanding the Rate Review Process	29%	23%	15%	25%	8%
Participation in the Rate Review Process	30%	32%	23%	9%	6%

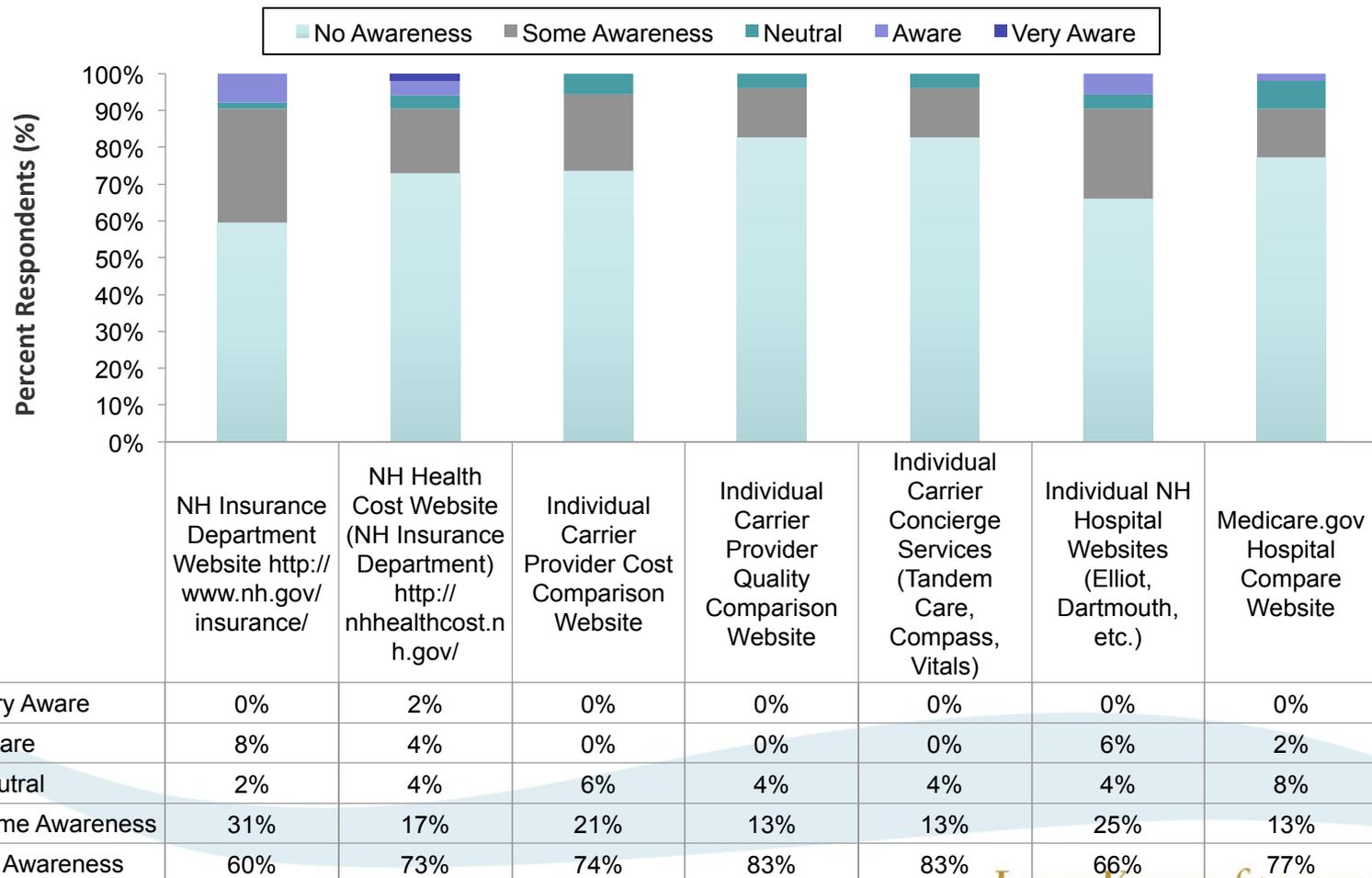
Q18: Consumers have had to learn a lot about the health insurance market since the ACA was implemented. Upon first contact with your INDIVIDUAL market health insurance customers, what have you found to be their LEVEL OF UNDERSTANDING for each of the following issues:



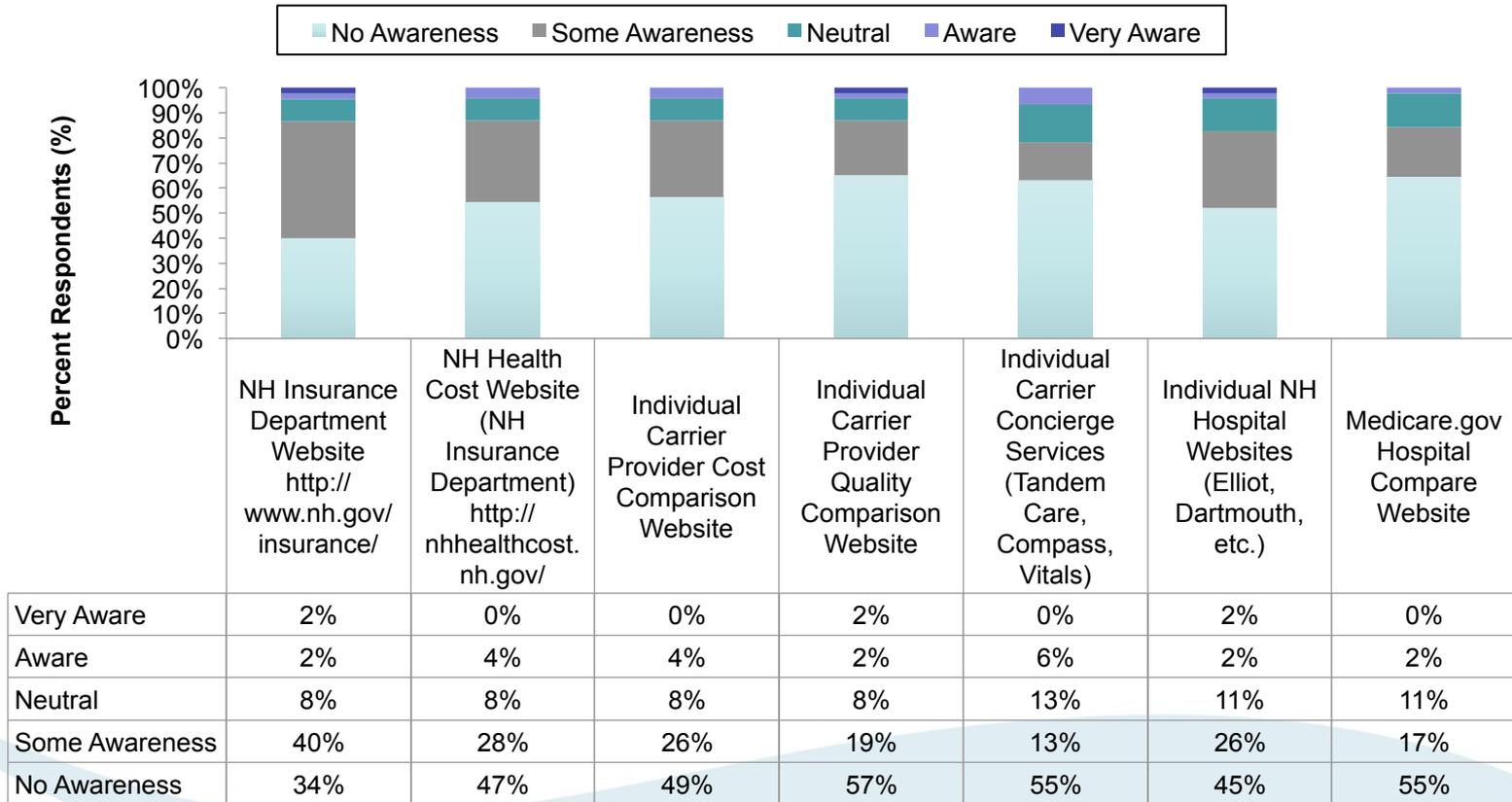
Q19: Consumers have had to learn a lot about the health insurance market since the ACA was implemented. Upon first contact with your SMALL GROUP market health insurance customers, what have you found to be their LEVEL OF UNDERSTANDING for each of the following issues:



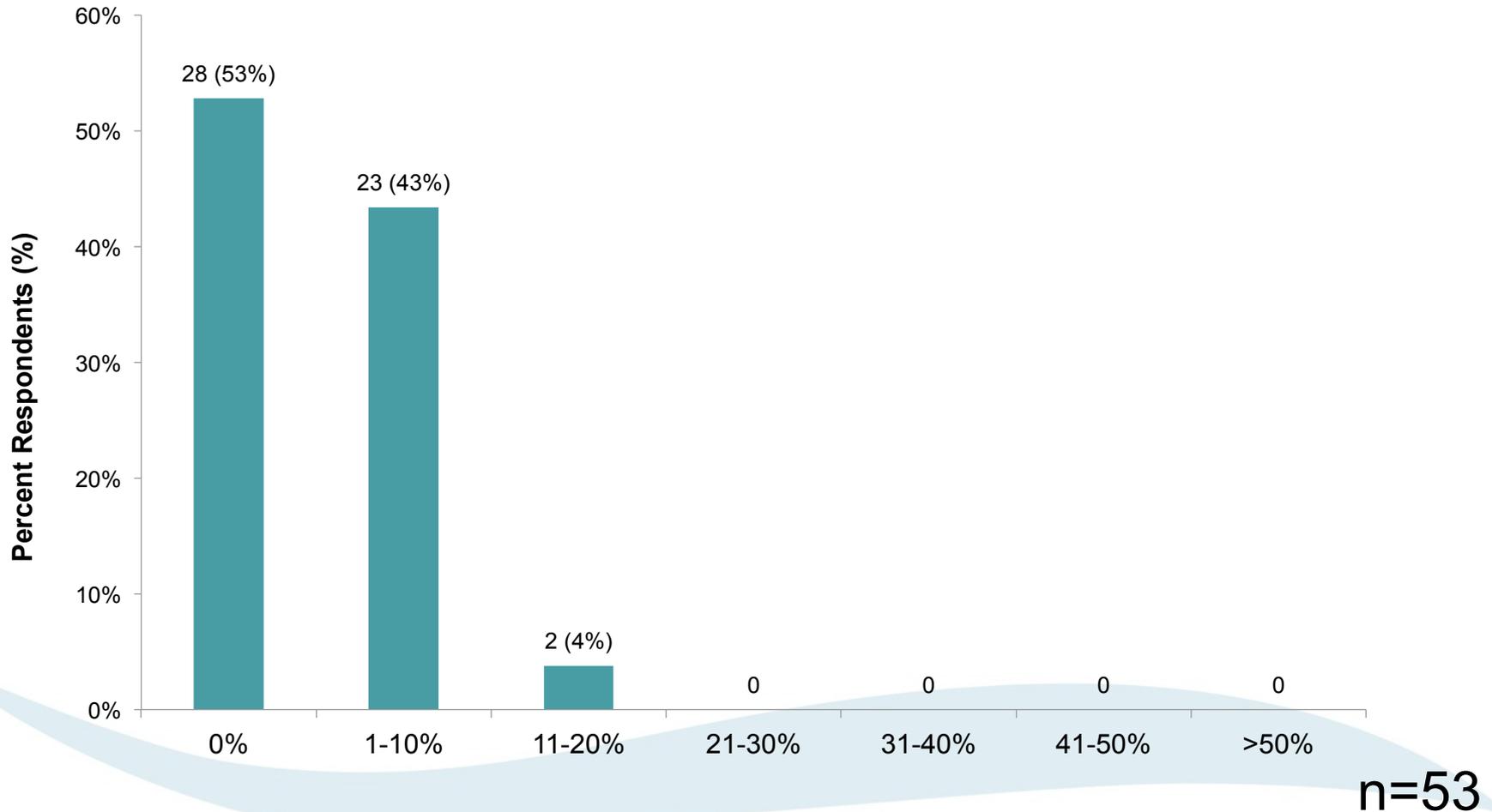
Q20: Upon first contact with your INDIVIDUAL market health insurance customers, what have you found to be their AWARENESS level of the following consumer tools designed to help them access cost or quality data AFTER they have purchased their insurance:



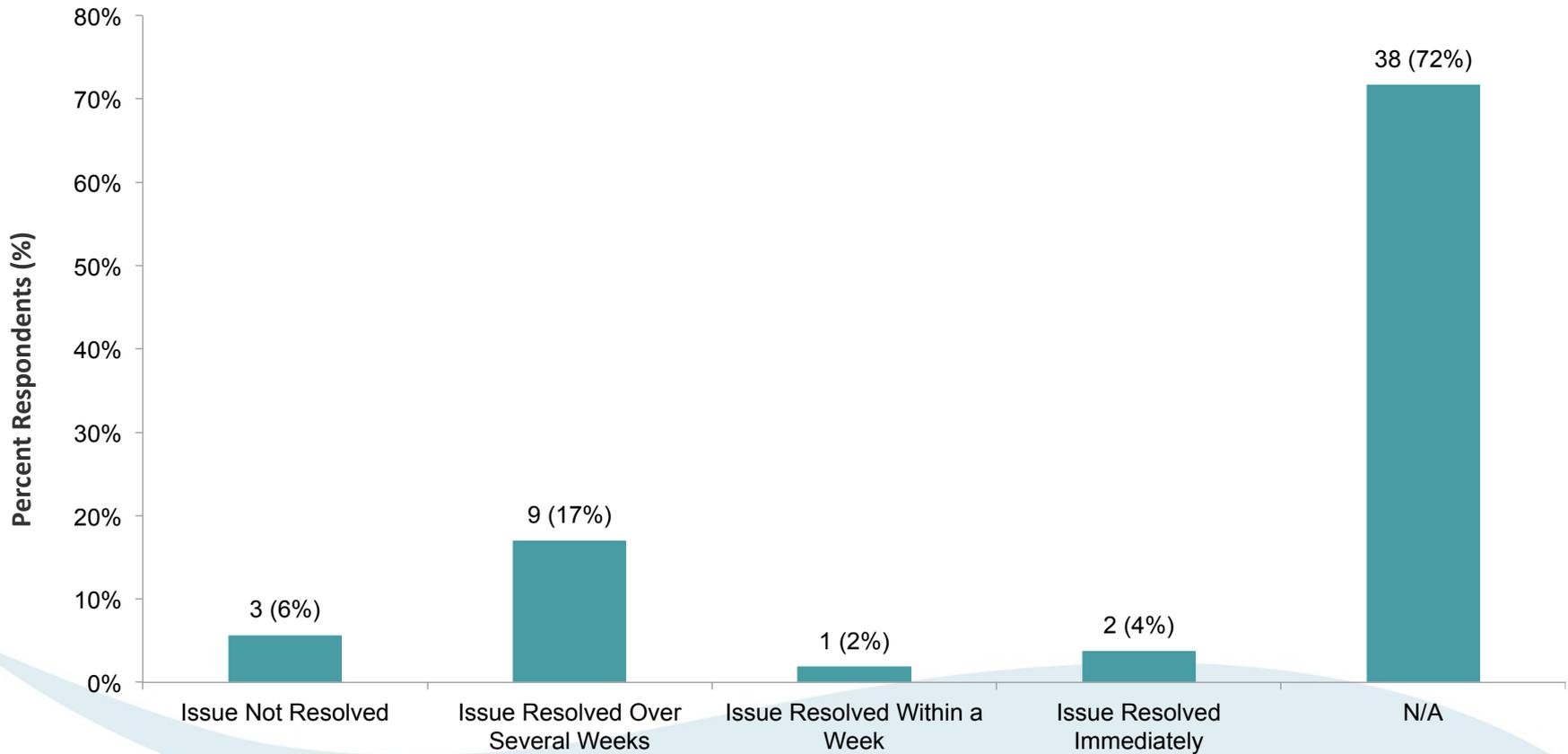
Q21: Upon first contact with your SMALL GROUP market health insurance customers, what have you found to be their AWARENESS level of the following consumer tools designed to help them access cost or quality data AFTER they have purchased their insurance:



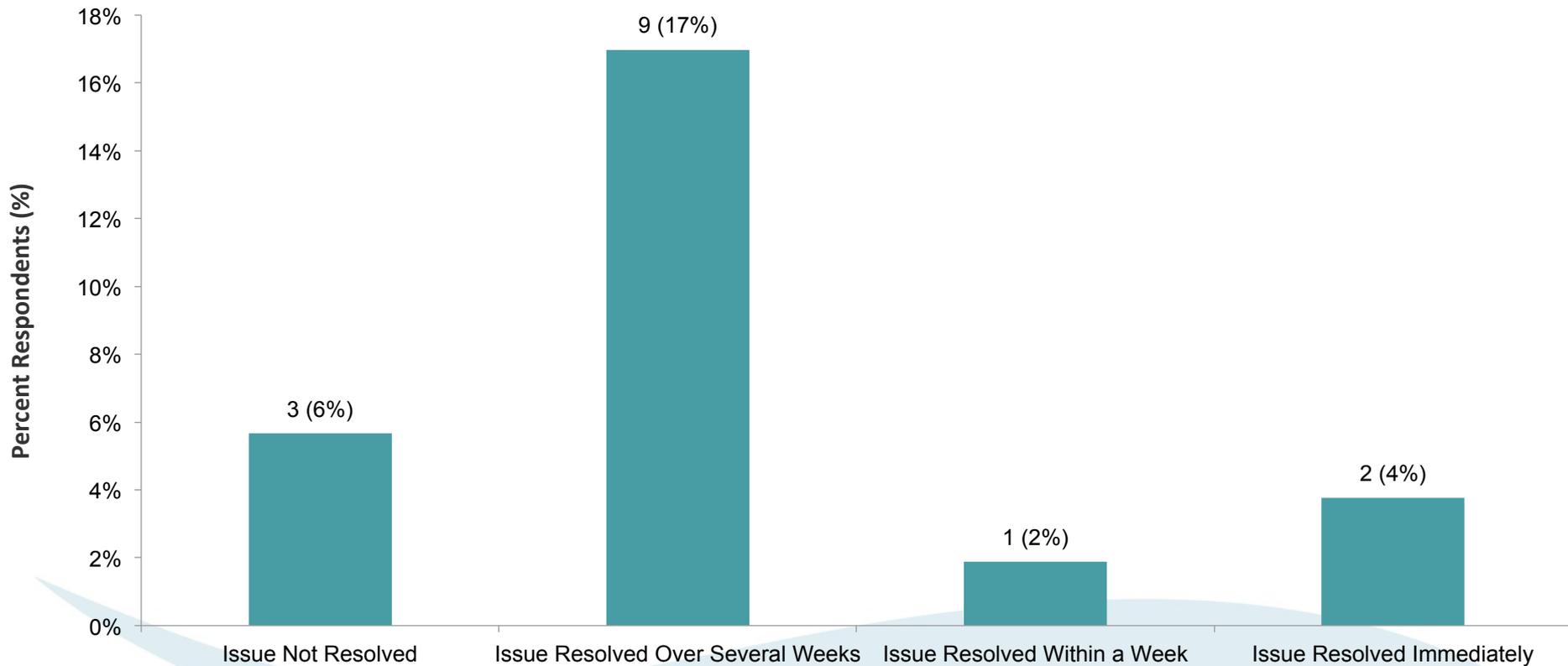
Q22: In your best estimate, what percentage of your Individual and Small Group customers' issues have required contacting the NH Insurance Department for resolution?



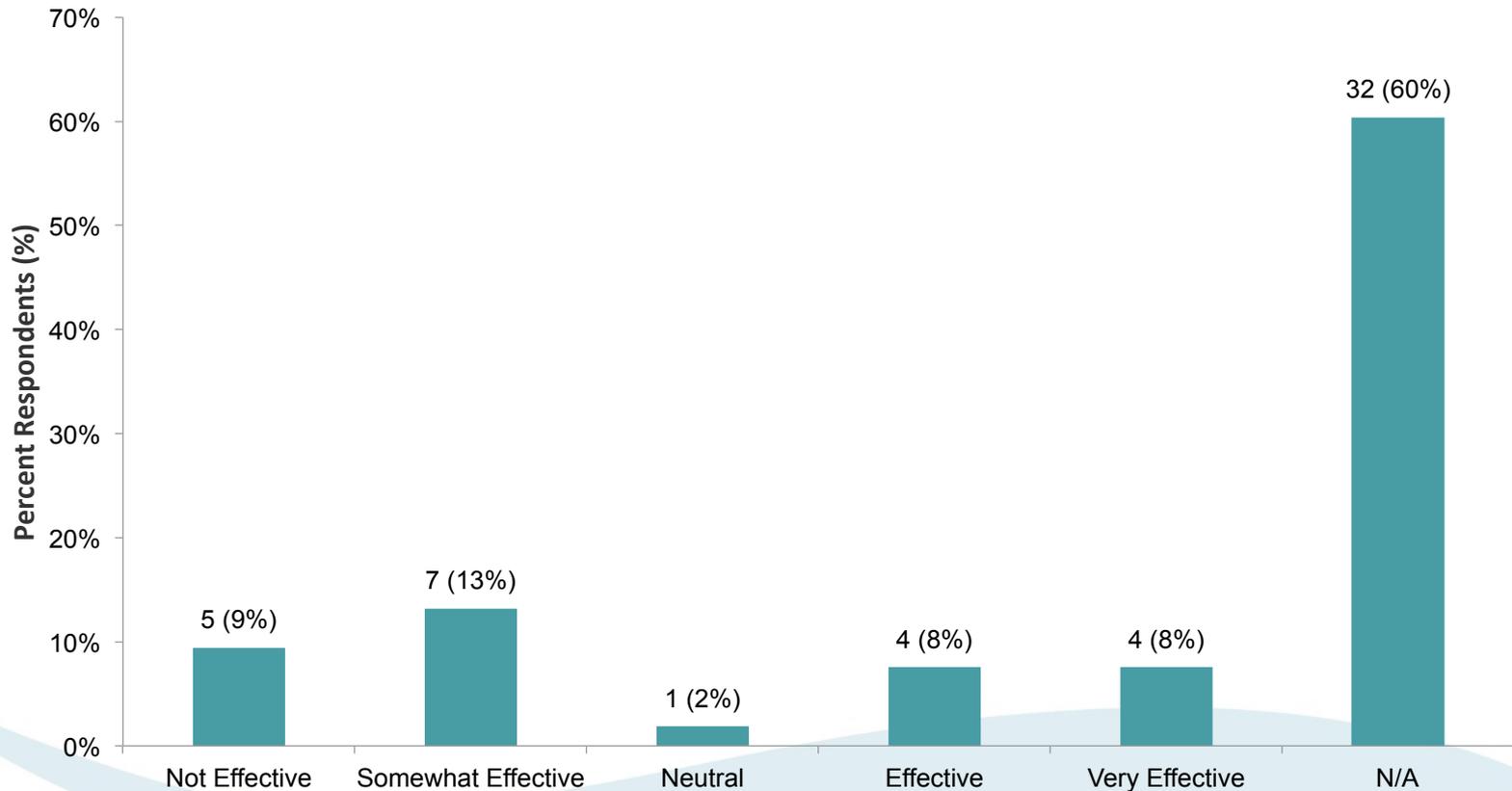
Q23: If you have referred any of your Individual or Small Group customers to the NH Insurance Department, how SATISFACTORY was the issue resolution?



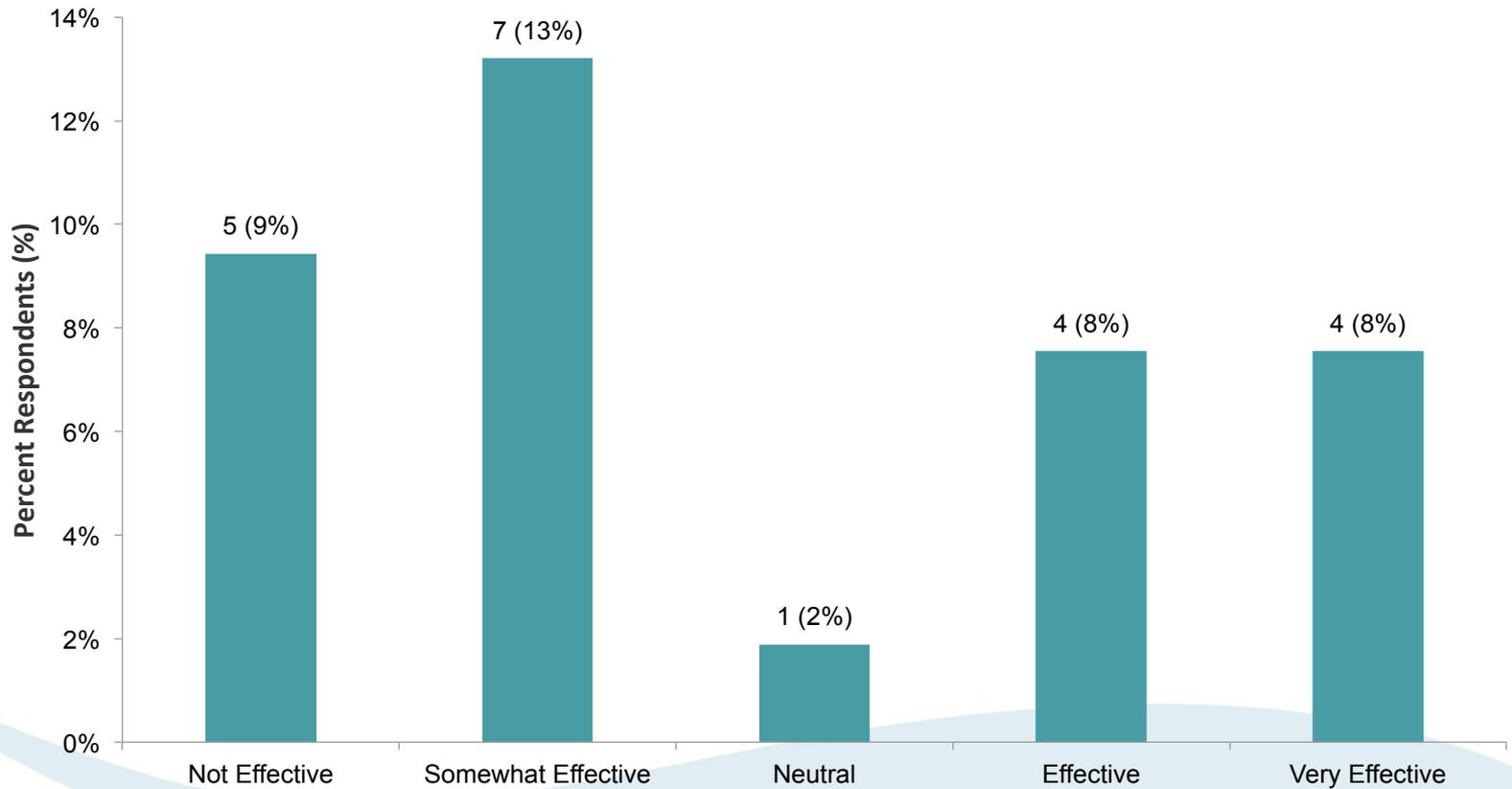
Q23: If you have referred any of your Individual or Small Group customers to the NH Insurance Department, how SATISFACTORY was the issue resolution?



Q24: How EFFECTIVE has the NH Insurance Department been in resolving issues your Individual or Small Group health insurance customers have had?

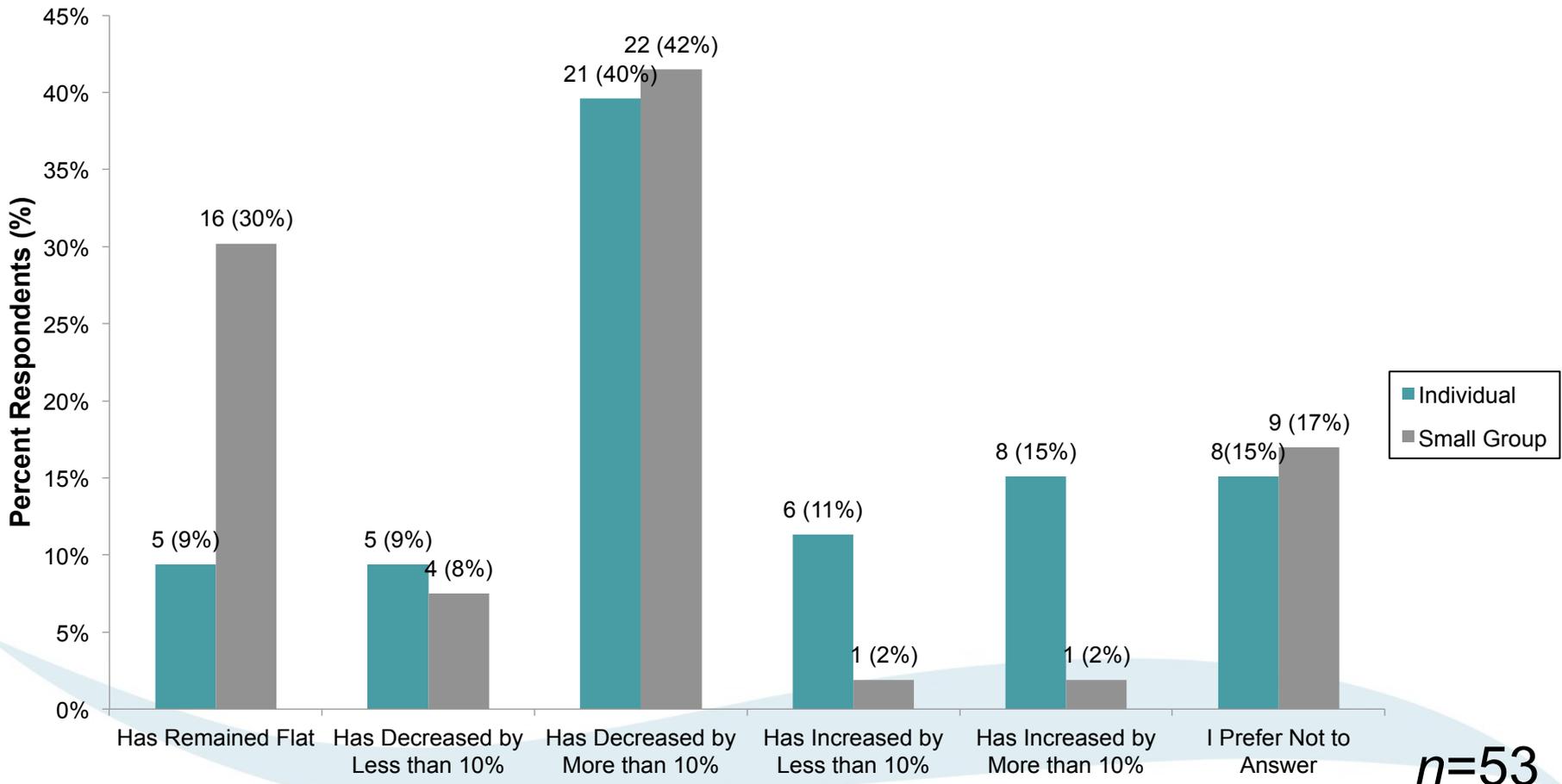


Q24: How EFFECTIVE has the NH Insurance Department been in resolving issues your Individual or Small Group health insurance customers have had?



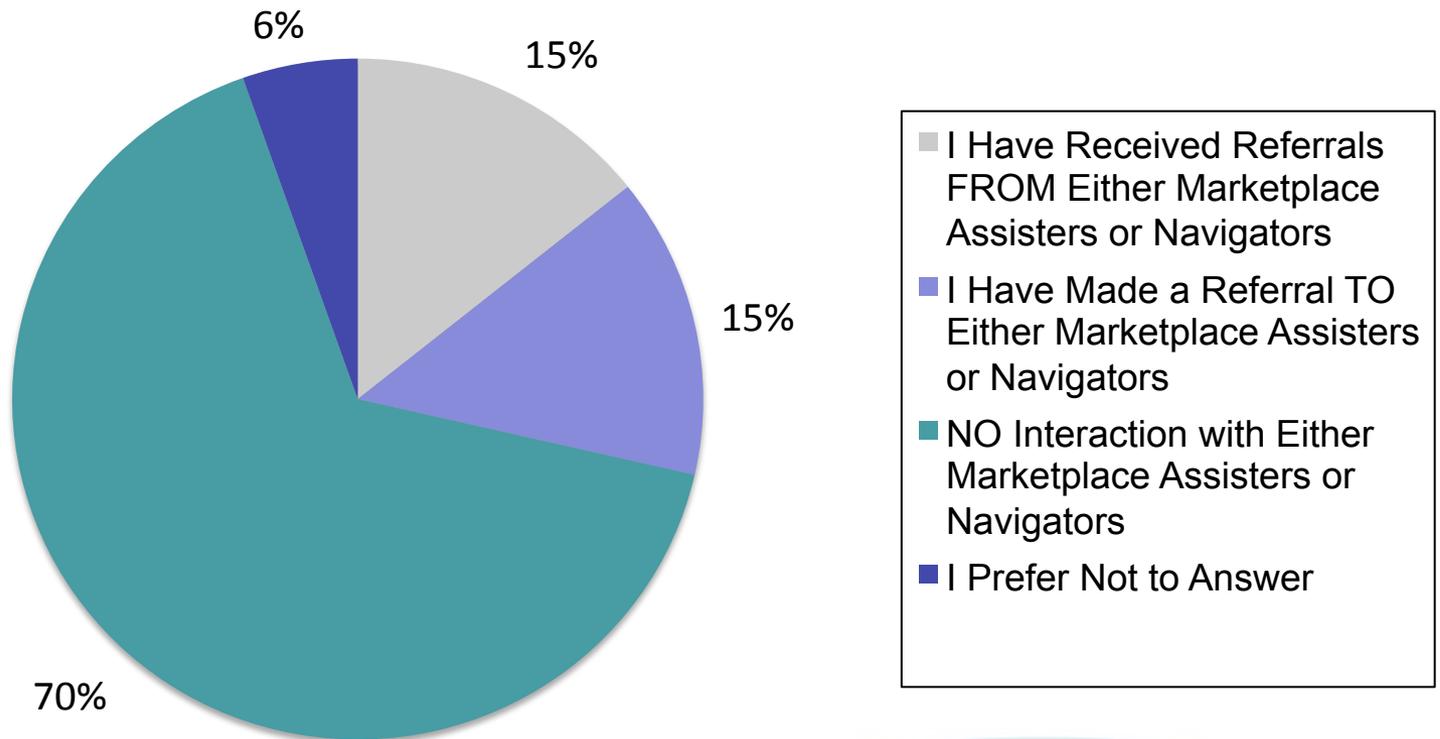
n=21

Q25 and Q26: As a producer in New Hampshire in the past three years my CARRIER COMMISSION INCOME in the INDIVIDUAL and SMALL GROUP health insurance markets:



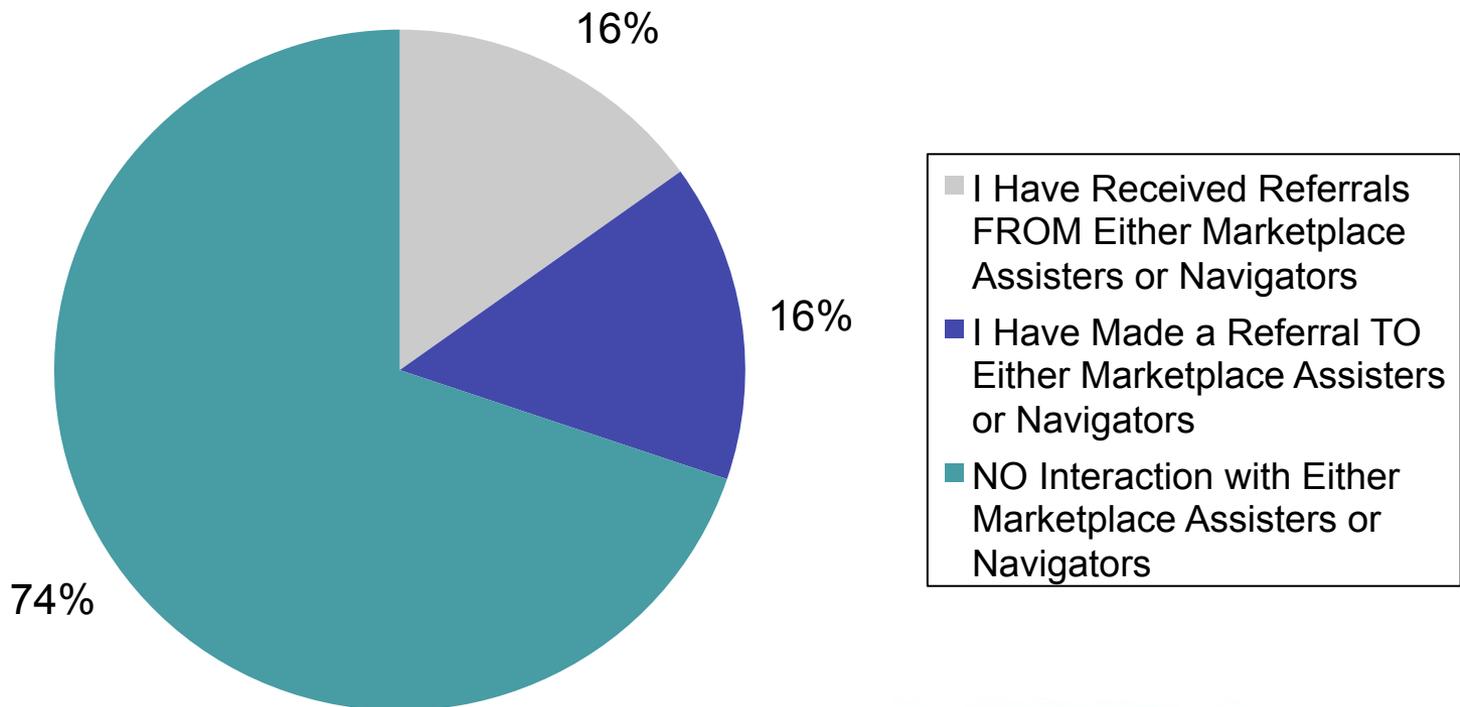
n=53

Q27: What level of interaction have you had with the Marketplace Assisters and the Navigators in New Hampshire?



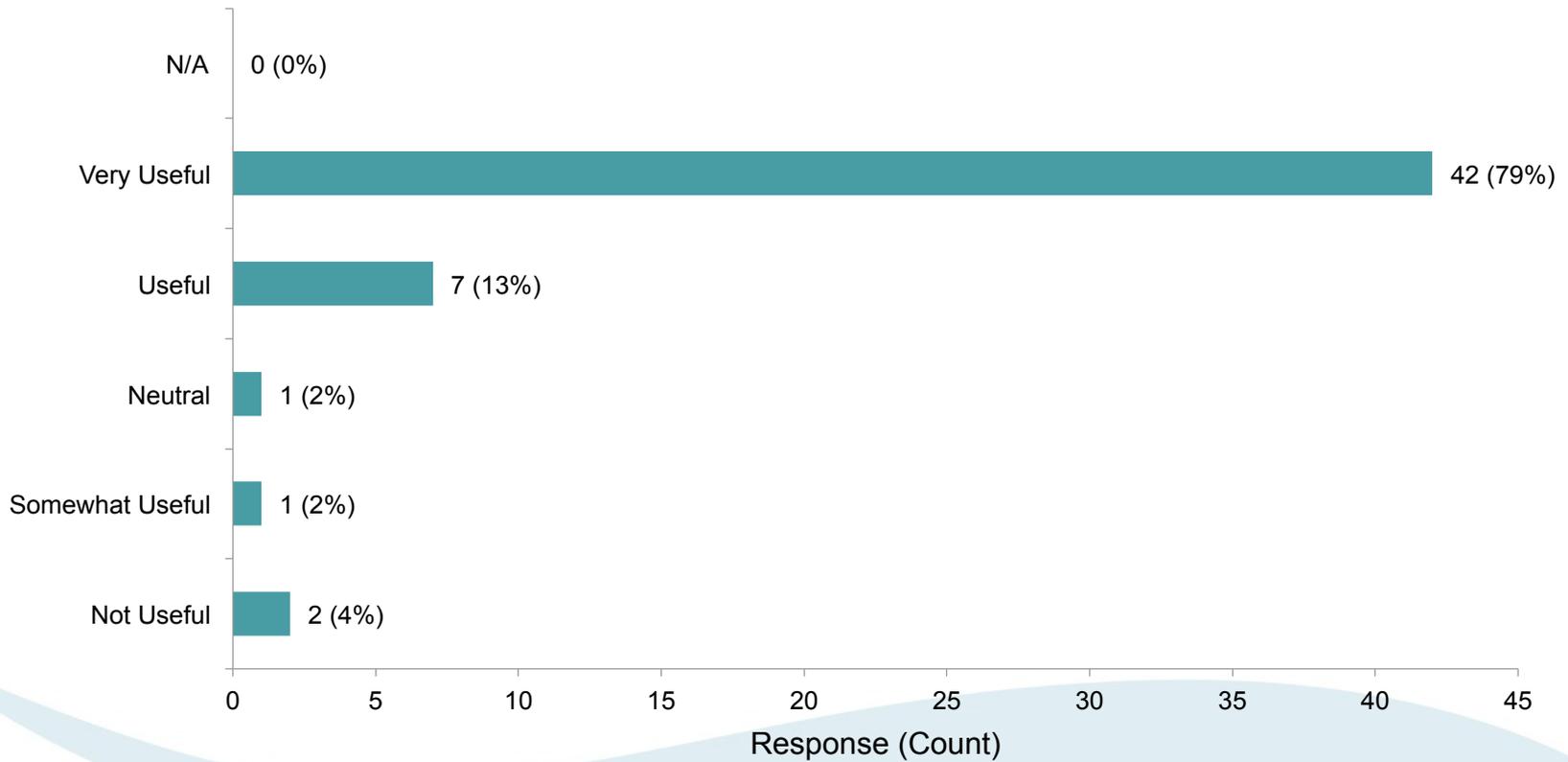
n=50

Q27: What level of interaction have you had with the Marketplace Assisters and the Navigators in New Hampshire (n/a removed)?



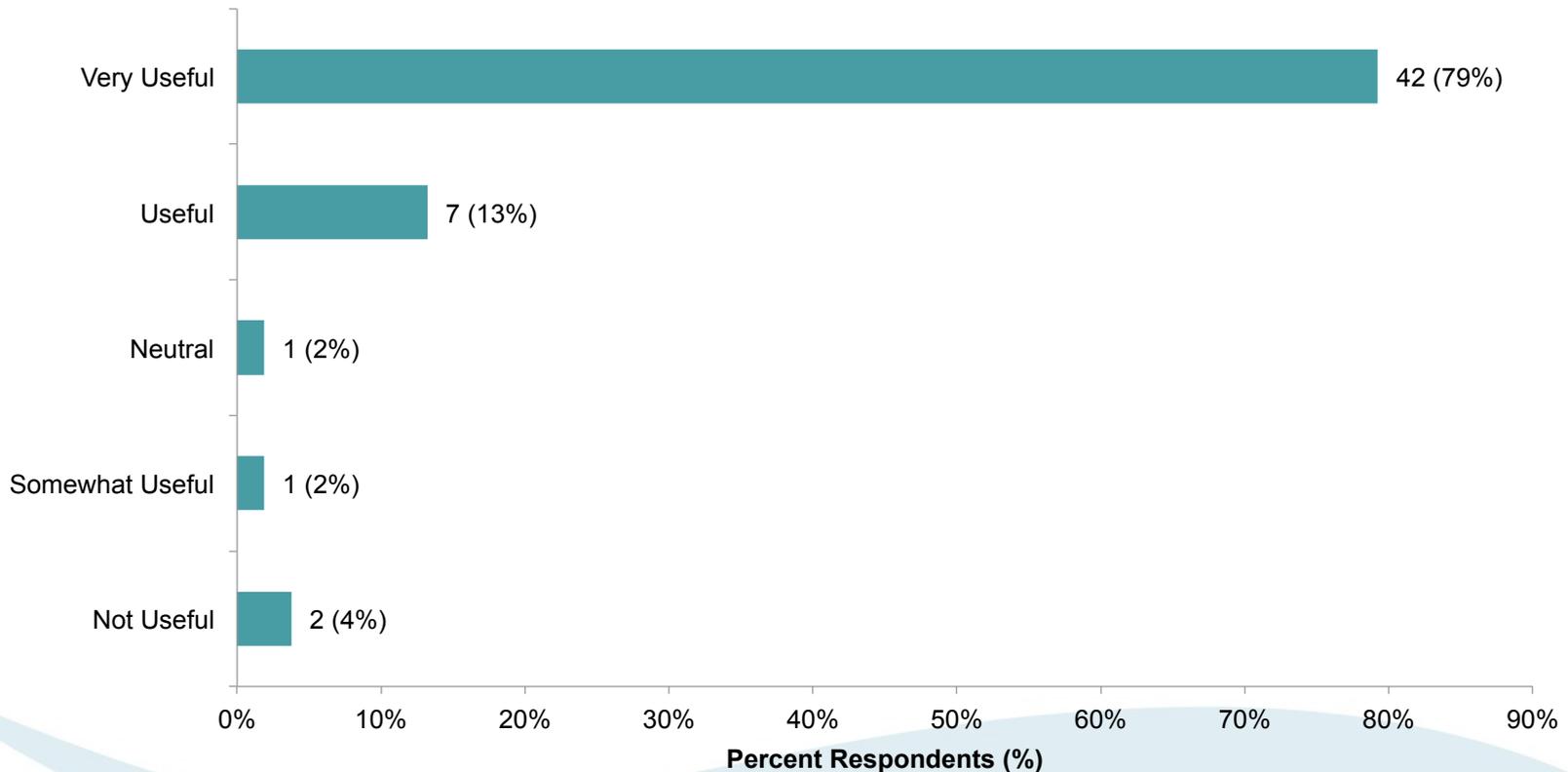
n=47

Q28: How USEFUL would a producer portal to Healthcare.gov be to you as you service your Individual and Small Group health insurance customers?



n=53

Q28: How USEFUL would a producer portal to Healthcare.gov be to you as you service your Individual and Small Group health insurance customers (n/a removed)?



n=53
n=53

New Hampshire Producer Survey

Introduction and Background

Thank you for taking your time to complete this survey. It is being conducted by Louis Karno & Company on behalf of the New Hampshire Insurance Department (NHID). You are receiving this survey because you have been identified as a producer of health insurance products in New Hampshire's Individual and Small Group markets.

NHID is interested in learning more about consumers and their interaction with the rate review process as well as how producers and consumers are operating under health reform. This information will be combined with other interviews and surveys to assist the NHID in improving its consumer communications, outreach, and transparency efforts.

NO INFORMATION YOU PROVIDE IN THIS SURVEY WILL BE INDIVIDUALLY ATTRIBUTED TO YOU. THIS IS TO PROTECT THE CONFIDENTIALITY OF YOUR RESPONSES.

The survey should take you about 15 minutes to complete. You can start and stop it using the link. Should you have any questions, please email info@lkarno.com.

Many thanks.

*** 1. Are you a New Hampshire producer selling health insurance products in the INDIVIDUAL and SMALL GROUP MARKETS?**

Yes

No

New Hampshire Producer Survey

Your Information

This section has a few questions about you as an individual producer.

2. NO INFORMATION YOU PROVIDE IN THIS SURVEY WILL BE INDIVIDUALLY ATTRIBUTED TO YOU. THIS IS TO PROTECT THE CONFIDENTIALITY OF YOUR RESPONSES.

While the New Hampshire Insurance Department does collect your demographic information, it is NOT linked to this survey tool. In order to run certain reports from this survey, we would ask that you submit your zip code below. This is OPTIONAL, but would be helpful.

ZIP:

***3. How many years have you been a licensed producer?**

- <1 Year
- 1-3 Years
- 3-5 Years
- 5-10 Years
- 10+ Years
- I Am Not A Licensed Producer
- I Prefer Not to Answer

***4. Are you:**

- An Independent Producer
- Part of a Local or Regional Agency
- Part of a National Agency
- I Prefer Not to Answer

New Hampshire Producer Survey

5. We are interested in the types of on-Exchange (Healthcare.gov) and off-Exchange health insurance products that YOU sell as a producer (not your overall agency statistics). Please indicate as a percentage of ALL health insurance products that you sell WHAT PERCENTAGE is attributed to each of the 5 product types below. Example: If 15% of the products you sell are large group products, enter "15" in the last box. The total of all 5 boxes should add up to 100.

Percentage of On Exchange (Healthcare.gov) - Individual Products Sold	<input type="text"/>
Percentage of On Exchange (Healthcare.gov) - Small Group Products Sold	<input type="text"/>
Percentage of Off Exchange - Individual Products Sold	<input type="text"/>
Percentage of Off Exchange - Small Group Products Sold	<input type="text"/>
Percentage of Off Exchange - Large Group Products Sold	<input type="text"/>

***6. Are you a member of Anthem's Producer Advisory Council (PAC)?**

- Yes
- No
- Unsure
- I Prefer Not to Answer

***7. Are you a member of Harvard Pilgrim's Producer Advisory Council (PAC)?**

- Yes
- No
- Unsure
- I Prefer Not to Answer

New Hampshire Producer Survey

Rate Review

This section will ask you questions regarding the rate review process that the NH Insurance Department conducts on health insurance products.

***8. Have you ever participated in the health insurance rate review process in New Hampshire by submitting a comment or contacting the New Hampshire Insurance Department?**

- Yes
- No
- I Prefer Not to Answer

If you answered YES, would you be willing to share the topic of your comment (i.e, a specific filing, a product, an issuer)?

***9. In an effort to support health insurance marketplace rate review transparency, some states, such as New York and Oregon, display each health insurance carrier's rate submission on a public web site for public comment as the rates are filed with the state's insurance department. How useful do you think this type of information would be to New Hampshire's consumers if the NH Insurance Department were to adopt a similar practice?**

Not Useful	Somewhat Useful	Neutral	Useful	Very Useful	N/A
<input type="radio"/>					

Comments?

New Hampshire Producer Survey

***10. Which of the following ways do you think would be effective methods to REDUCE HEALTH INSURANCE RATES in New Hampshire? Multiple answers ARE allowed.**

- Involve Consumers in the Rate Review Process
- Involve Small Group Employers in the Rate Review Process
- Increase the Number of Carriers Offering Products in the Market
- Educate the Market on Healthcare Cost Drivers
- Provide Cost Data to Consumers on Medical Procedures
- Provide Quality Data to Consumers on Individual Health Care Providers
- Create More Narrow Network Products That Focus on Low-Cost, High-Quality Care
- Encourage Hospital Networks to Create Their Own Insurance Products
- Have the Government Create Price Controls on Medical Procedures/Providers
- Allow the "Free" Market to Control Prices
- Limit Malpractice Awards / Tort Reform
- All of the Above
- None of the Above
- I Prefer Not to Answer

Other (please specify)

***11. As a producer, do you have any additional need for information on New Hampshire's health insurance rate review process?**

- Yes
- No
- I Prefer Not to Answer

If YES, please provide detail:

New Hampshire Producer Survey

Your Customers

This section asks questions about the customers you work with who purchase either INDIVIDUAL or SMALL GROUP health insurance, their knowledge of the health insurance system, and how any problems they have with carriers are resolved.

*** 12. Regarding purchasing and utilizing health insurance products, New Hampshire CONSUMERS in the INDIVIDUAL health insurance market are:**

Not Educated	Somewhat Educated	Neutral	Educated	Very Educated	N/A
<input type="radio"/>					

Comments?

*** 13. Regarding purchasing and utilizing health insurance products, New Hampshire CONSUMERS in the SMALL GROUP health insurance markets are:**

Not Educated	Somewhat Educated	Neutral	Educated	Very Educated	N/A
<input type="radio"/>					

Comments?

14. What information, support and resources do your customers in the Individual and Small Group health insurance market need when making PRODUCT PURCHASING decisions:

New Hampshire Producer Survey

15. What information, support and resources do your customers in the Individual and Small Group health insurance markets need AFTER THEY HAVE PURCHASED A PRODUCT:

***16. How important are the following items to your INDIVIDUAL market health insurance customers?**

	Not Important	Somewhat Important	Neutral	Important	Very Important	N/A
Participation in the Rate Review Process	<input type="radio"/>					
Understanding the Rate Review Process	<input type="radio"/>					
Benefit Package Price	<input type="radio"/>					
Deductible and Out of Pocket Costs	<input type="radio"/>					
Provider Network	<input type="radio"/>					

***17. How important are the following items to your SMALL GROUP market health insurance customers?**

	Not Important	Somewhat Important	Neutral	Important	Very Important	N/A
Participation in the Rate Review Process	<input type="radio"/>					
Understanding the Rate Review Process	<input type="radio"/>					
Benefit Package Price	<input type="radio"/>					
Deductible and Out of Pocket Costs	<input type="radio"/>					
Provider Network	<input type="radio"/>					

New Hampshire Producer Survey

*** 18. Consumers have had to learn a lot about the health insurance market since the ACA was implemented. Upon first contact with your INDIVIDUAL market health insurance customers, what have you found to be their LEVEL OF UNDERSTANDING for each of the following issues:**

	No Understanding	Some Understanding	Neutral	Understand Well	Understand Extremely Well	N/A
The Patient Protection and Affordable Care Act (PPACA)	<input type="radio"/>	<input type="radio"/>				
The New Hampshire Rate Review Process	<input type="radio"/>	<input type="radio"/>				
The Open Enrollment Period	<input type="radio"/>	<input type="radio"/>				
Tax Penalties	<input type="radio"/>	<input type="radio"/>				
When Rates Are Made Available	<input type="radio"/>	<input type="radio"/>				
Their Purchased Product's Provider Networks	<input type="radio"/>	<input type="radio"/>				
Their Purchased Product's Deductibles and Out of Pocket Costs	<input type="radio"/>	<input type="radio"/>				
How to Make Enrollment Changes on Healthcare.gov	<input type="radio"/>	<input type="radio"/>				

New Hampshire Producer Survey

***19. Consumers have had to learn a lot about the health insurance market since the ACA was implemented. Upon first contact with your SMALL GROUP market health insurance customers, what have you found to be their LEVEL OF UNDERSTANDING for each of the following issues:**

	No Understanding	Some Understanding	Neutral	Understand Well	Understand Extremely Well	N/A
The Patient Protection and Affordable Care Act (PPACA)	<input type="radio"/>	<input type="radio"/>				
The New Hampshire Rate Review Process	<input type="radio"/>	<input type="radio"/>				
The Open Enrollment Period	<input type="radio"/>	<input type="radio"/>				
Tax Penalties	<input type="radio"/>	<input type="radio"/>				
When Rates Are Made Available	<input type="radio"/>	<input type="radio"/>				
Their Purchased Product's Provider Networks	<input type="radio"/>	<input type="radio"/>				
Their Purchased Product's Deductibles and Out of Pocket Costs	<input type="radio"/>	<input type="radio"/>				
How to Make Enrollment Changes on Healthcare.gov	<input type="radio"/>	<input type="radio"/>				

New Hampshire Producer Survey

***20. Upon first contact with your INDIVIDUAL market health insurance customers, what have you found to be their AWARENESS level of the following consumer tools designed to help them access cost or quality data AFTER they have purchased their insurance:**

	No Awareness	Some Awareness	Neutral	Aware	Very Aware	N/A
NH Insurance Department Website http://www.nh.gov/insurance/	<input type="radio"/>					
NH Health Cost Website (NH Insurance Department) http://nhhealthcost.nh.gov/	<input type="radio"/>					
Individual Carrier Provider Cost Comparison Website	<input type="radio"/>					
Individual Carrier Provider Quality Comparison Website	<input type="radio"/>					
Individual Carrier Concierge Services (Tandem Care, Compass, Vitals)	<input type="radio"/>					
Individual NH Hospital Websites (Elliot, Dartmouth, etc.)	<input type="radio"/>					
Medicare.gov Hospital Compare Website	<input type="radio"/>					

Other Web Sites or Tools (please specify)

New Hampshire Producer Survey

***21. Upon first contact with your SMALL GROUP market health insurance customers, what have you found to be their AWARENESS level of the following consumer tools designed to help them access cost or quality data AFTER they have purchased their insurance:**

	No Awareness	Some Awareness	Neutral	Aware	Very Aware	N/A
NH Insurance Department Website http://www.nh.gov/insurance/	<input type="radio"/>					
NH Health Cost Website (NH Insurance Department) http://nhhealthcost.nh.gov/	<input type="radio"/>					
Individual Carrier Provider Cost Comparison Website	<input type="radio"/>					
Individual Carrier Provider Quality Comparison Website	<input type="radio"/>					
Individual Carrier Concierge Services (Tandem Care, Compass, Vitals)	<input type="radio"/>					
Individual NH Hospital Websites (Elliot, Dartmouth, etc.)	<input type="radio"/>					
Medicare.gov Hospital Compare Website	<input type="radio"/>					

Other Web Sites or Tools (please specify)

New Hampshire Producer Survey

New Hampshire Insurance Department and Health Reform

This section contains questions about producer and consumer interaction with the NH Insurance Department in the Individual and Small Group markets as well as some general questions related to health reform.

*** 22. In your best estimate, what percentage of your Individual and Small Group customers' issues have required contacting the NH Insurance Department for resolution?**

- 0%
- 1-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- >50%
- I Prefer Not to Answer

Comments?

*** 23. If you have referred any of your Individual or Small Group customers to the NH Insurance Department, how SATISFACTORY was the issue resolution?**

Issue Not Resolved	Issue Resolved Over Several Weeks	Issue Resolved Within a Week	Issue Resolved Immediately	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 24. How EFFECTIVE has the NH Insurance Department been in resolving issues your Individual or Small Group health insurance customers have had?**

Not Effective	Somewhat Effective	Neutral	Effective	Very Effective	N/A
<input type="radio"/>					

Comments?

New Hampshire Producer Survey

***25. As a producer in New Hampshire in the past three years my CARRIER COMMISSION INCOME in the INDIVIDUAL health insurance market:**

- Has Remained Flat
- Has Decreased by Less than 10%
- Has Decreased by More than 10%
- Has Increased by Less than 10%
- Has Increased by More than 10%
- I Prefer Not to Answer

Comments?

***26. As a producer in New Hampshire in the past three years my CARRIER COMMISSION INCOME in the SMALL GROUP health insurance market:**

- Has Remained Flat
- Has Decreased by Less than 10%
- Has Decreased by More than 10%
- Has Increased by Less than 10%
- Has Increased by More than 10%
- I Prefer Not to Answer

Comments?

***27. What level of interaction have you had with the Marketplace Assisters and the Navigators in New Hampshire?**

- I Have Received Referrals FROM Either Marketplace Assisters or Navigators
- I Have Made a Referral TO Either Marketplace Assisters or Navigators
- NO Interaction with Either Marketplace Assisters or Navigators
- I Prefer Not to Answer

Comments?

New Hampshire Producer Survey

***28. How USEFUL would a producer portal to Healthcare.gov be to you as you service your Individual and Small Group health insurance customers?**

Not Useful	Somewhat Useful	Neutral	Useful	Very Useful	N/A
<input type="radio"/>					

Other (please specify)

29. If there is anything else you would like to share with the New Hampshire Insurance Department that would help its consumer communication, outreach and transparency efforts in the Individual and Small Group markets, please do so below.

New Hampshire Producer Survey

Survey Completion and Thank You

Thank you for taking the time to complete this survey. The NH Insurance Department appreciates your input.

30. If you would like to share your contact information in case we need to contact you with any questions about your responses, please do so. This OPTIONAL.

Name:

Company:

Email Address:

Phone Number: