

Opportunity Title:	"Grants to States for Health Insurance Premium Review-C
Offering Agency:	Ofc of Consumer Information & Insurance Oversight
CFDA Number:	93.511
CFDA Description:	Affordable Care Act (ACA) Grants to States for Health I
Opportunity Number:	RFA-FD-10-999
Competition ID:	ADOBE-FORMS-B
Opportunity Open Date:	06/07/2010
Opportunity Close Date:	07/07/2010
Agency Contact:	Gladys Melendez-Bohler Grant Specialist E-mail: Gladys.Melendez-Bohler@fda.hhs.gov Phone: 301-827-7168

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You may then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name: Premium Review Grant

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

Optional Documents

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

Instructions

- 1** Enter a name for the application in the Application Filing Name field.

 - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
 - You can save your application at any time by clicking the "Save" button at the top of your screen.
 - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
- 2** Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

 - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
 - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
 - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
 - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- 3** Click the "Save & Submit" button to submit your application to Grants.gov.

 - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
 - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
 - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
 - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

Michigan Office of Financial and Insurance Regulation

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

38-6000134

*** c. Organizational DUNS:**

9628530290000

d. Address:

*** Street1:**

611 West Ottawa, 3rd Floor

Street2:

*** City:**

Lansing

County/Parish:

Ingham

*** State:**

MI: Michigan

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

48933-1070

e. Organizational Unit:

Department Name:

Ofc of Financial and Ins Reg

Division Name:

Health Plans Division

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

*** First Name:**

Joseph

Middle Name:

A.

*** Last Name:**

Garcia

Suffix:

Title:

Chief of Staff

Organizational Affiliation:

*** Telephone Number:**

517-373-7466

Fax Number:

517-373-4870

*** Email:**

garciaj7@michigan.gov

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

Ofc of Consumer Information & Insurance Oversight

11. Catalog of Federal Domestic Assistance Number:

93.511

CFDA Title:

Affordable Care Act (ACA) Grants to States for Health Insurance Premium Review

*** 12. Funding Opportunity Number:**

RFA-FD-10-999

*** Title:**

"Grants to States for Health Insurance Premium Review-Cycle I" Office of Consumer Information and Insurance Oversight (OCIIO)

13. Competition Identification Number:

ADOBE-FORMS-B

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

[Add Attachment](#)

[Delete Attachment](#)

[View Attachment](#)

*** 15. Descriptive Title of Applicant's Project:**

Premium Review Grant

Attach supporting documents as specified in agency instructions.

[Add Attachments](#)

[Delete Attachments](#)

[View Attachments](#)

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="1,000,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="1,000,000.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes ²¹
- No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Key Contacts Form

*** Applicant Organization Name:**

Michigan Office of Financial and Insurance Regulation

Enter the individual's role on the project (e.g., project manager, fiscal contact).

*** Contact 1 Project Role:** Project Manager

Prefix: Ms.

*** First Name:** Joan

Middle Name:

*** Last Name:** Moiles

Suffix:

Title: Deputy Commissioner, Health Plans Division

Organizational Affiliation:

*** Street1:** 611 West Ottawa, 3rd Floor

Street2:

*** City:** Lansing

County: Ingham

*** State:** MI: Michigan

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 48933-1070

*** Telephone Number:** 517-335-2053

Fax: 517-241-4168

*** Email:** moilesj@michigan.gov

Delete Entry

Previous Person

Next Person

Key Contacts Form

*** Applicant Organization Name:**

Michigan Office of Financial and Insurance Regulation

Enter the individual's role on the project (e.g., project manager, fiscal contact).

*** Contact 2 Project Role:** Fiscal Contact

Prefix: Ms.

*** First Name:** Karen

Middle Name:

*** Last Name:** Sage

Suffix:

Title: Manager, Budget & Technology

Organizational Affiliation:

*** Street1:** 611 West Ottawa, 3rd Floor

Street2:

*** City:** Lansing

County: Ingham

*** State:** MI: Michigan

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 48933-1070

*** Telephone Number:** 517-241-6347

Fax: 517-335-1439

*** Email:** sagek@michigan.gov

Delete Entry

Previous Person

Next Person

Project/Performance Site Location(s)

Project/Performance Site Primary Location I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Michigan Office of Financial and Insurance Regulation

DUNS Number: 9628530290000

* Street1: 611 West Ottawa, 3rd Floor

Street2:

* City: Lansing County: Ingham

* State: MI: Michigan

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 48933-1070 * Project/ Performance Site Congressional District: MI-All

Project/Performance Site Location 1 I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Additional Location(s)

ATTACHMENTS FORM

Instructions: On this form, you will attach the various files that make up your grant application. Please consult with the appropriate Agency Guidelines for more information about each needed file. Please remember that any files you attach must be in the document format and named as specified in the Guidelines.

Important: Please attach your files in the proper sequence. See the appropriate Agency Guidelines for details.

1) Please attach Attachment 1	Cover Sheet.Rate Review Grant	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	Governor Endorsement.070110.j	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	MOE.Rate Review Grant.Cycle	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	Cover Letter.Rate Review Grant	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	Project Organizational Chart	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment

ATTACHMENT C

APPLICATION COVER SHEET AND CHECK-OFF LIST

Page 1 of 2

Identifying Information:

Grant Opportunity: **HHS Health Insurance Rate Review Grants-Cycle I**

DUNS #: 962853029 Grant Award: \$1 million

Applicant: Michigan Office of Financial and Insurance Regulation

Primary Contact Person, Name: Joe Garcia

Telephone Number: 517-373-7466 Fax number: 517-373-4870

Email address: garciaj7@michigan.gov

APPLICATION COVER SHEET AND CHECK-OFF LIST

Page 2 of 2

REQUIRED CONTENTS

A complete proposal consists of the following material organized in the sequence below: Please ensure that the project narrative is page-numbered. The sequence is:

- Cover Sheet
- Forms/Mandatory Documents (Grants.gov).

The following forms must be completed with an original signature and enclosed as part of the proposal:

- SF-424: Application for Federal Assistance
- SF-424A: Budget Information
- SF-424B: Assurances-Non-Construction Programs
- SF-LLL: Disclosure of Lobbying Activities
- Additional Assurance Certifications
- Required Letter of support and Memorandum of Agreement
- Applicant's Application Cover Letter
- Project Abstract
- Project Narrative
- Work plan and Time Line
- Proposed Budget (Narrative/Justifications)
- Required Appendices
- Resume/Job Description for Project Director and Assistant Director



STATE OF MICHIGAN
OFFICE OF THE GOVERNOR
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JOHN D. CHERRY, JR.
LT. GOVERNOR

July 1, 2010

The Honorable Kathleen Sebelius, Secretary
U.S. Department of Health & Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

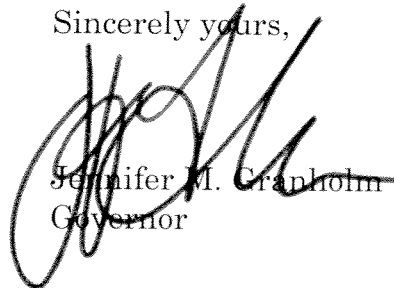
Dear Secretary Sebelius:

I am writing to express my strong support for the Michigan Office of Financial and Insurance Regulation's (OFIR) application for health insurance premium review grant funds through the Patient Protection and Affordable Care Act (PPACA).

The application submitted by OFIR focuses on four key areas: (1) increasing the number of staff dedicated to health insurance rate review and rate transparency, (2) providing additional rate review training, (3) providing additional actuarial support to assist staff in their rate review function, and (4) leveraging the National Association of Insurance Commissioners' Electronic System for Rate and Form Filing to accommodate the additional data reporting that will be necessary for the states under PPACA.

I believe these four focal areas sufficiently mirror the objectives of this grant program and will greatly assist OFIR in moving forward toward a more robust regulation of the health insurance market, which will significantly benefit Michigan consumers.

Sincerely yours,



Jennifer M. Granholm
Governor

JMG/cp



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
OFFICE OF FINANCIAL AND INSURANCE REGULATION
DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH
STANLEY "SKIP" PRUSS, DIRECTOR

KEN ROSS
COMMISSIONER

July 2, 2010

The Honorable Kathleen Sebelius
Secretary, Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Sebelius:

Pursuant to the requirements contained in the Department of Health and Human Services' Grants to States for Health Insurance Premium Review-Cycle I, CFDA 93.511, the Michigan Office of Financial and Insurance Regulation (OFIR) certifies that no funds awarded and received by OFIR under the aforementioned grant will be used to supplant existing state expenditures.

Any and all funds awarded pursuant to this grant will solely be used to expand and enhance OFIR's current health insurance rate review and rate transparency efforts.

I would be pleased to provide your staff with any additional information that they need regarding this matter.

Sincerely,

Ken Ross
Commissioner



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
OFFICE OF FINANCIAL AND INSURANCE REGULATION
DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH
STANLEY "SKIP" PRUSS, DIRECTOR

KEN ROSS
COMMISSIONER

July 2, 2010

The Honorable Kathleen Sebelius
Secretary, Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Sebelius:

Accompanying this letter, please find the Michigan Office of Financial and Insurance Regulation's (OFIR) application for the Premium Review Grant – Cycle I. The project director for this grant project will be:

Joan Moiles, Deputy Commissioner
Health Plans Division
611 West Ottawa
P.O. Box 30220
Lansing, Michigan 48909
Telephone: (517) 335-2053
Facsimile: (517) 241-4168
Email: moilesj@michigan.gov

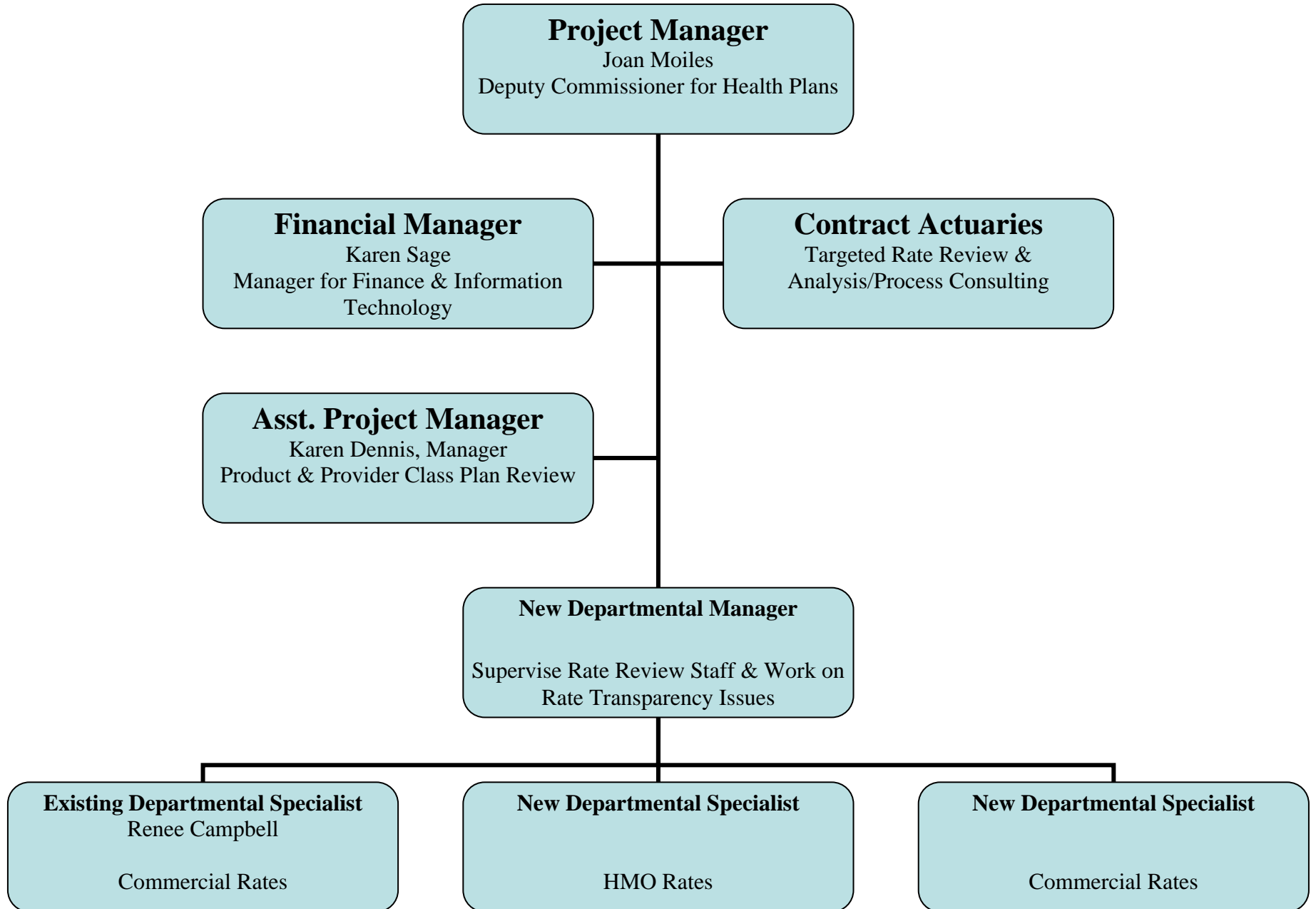
The accompanying application and supporting documentation are submitted for your consideration and approval. OFIR has existing authority to oversee and coordinate all of the proposed activities contained within the grant application.

If you have any questions regarding this letter or the accompanying application, please do not hesitate to contact me.

Sincerely,

Ken Ross
Commissioner

Rate Review Grant Project Organizational Chart



State of Michigan
Department of Civil Service
Capitol Commons Center, P.O. Box 30002
Lansing, MI 48909

Federal privacy laws and/or state confidentiality requirements protect a portion of this information.

POSITION DESCRIPTION

This form is to be completed by the person that occupies the position being described, and reviewed by the supervisor and appointing authority to ensure its accuracy. It is important that each party sign and date the form. If the position is vacant, the supervisor and appointing authority should complete the form.

This form will serve as the official classification document of record for this position. Please take the time to complete this form as accurately as you can since the information in this form is used to determine the proper classification of the Position. **THIS PAGE SHOULD BE FILLED OUT BY SUPERVISOR/APPOINTING AUTHORITY.**

2. Employee's Name (Last, First M.I.) Moiles , Joan L.	8. Department/Agency Consumer and Industry Services
3. Employee Identification Number 199054	9. Bureau (Institution, Board or Commission) Office of Financial and Insurance Services
4. Civil Service Classification of Position State Division Administrator 17	10. Division Office of Policy, Conduct & Consumer Assist
5. Working Title of Position (What the Agency Titles the Position) Deputy Commissioner	11. Section Health Plans Division
6. Name and Classification of Direct Supervisor Frances K. Wallace, Chief Deputy Commissioner, State Office Administrator 17	12. Unit
7. Name and Classification of Next Higher Level Supervisor Frank Fitzgerald, Commissioner, Unclassified	13. Work Location (City and Address)/Hours of Work 611 W. Ottawa, Lansing 8:00 a.m. - 5:00 p.m., Monday - Friday

14. General Summary of Function/Purpose of Position
As deputy commissioner, administer the operations in the Health Plans Division. Direct and oversee the Patient's Right to Independent Review Act, the Timely Claims Processing and Payment Procedure and provider complaint resolution system provided for under Part 4 of P.A. 350 and the benefit inquiry functions established in the Health Plans Division. Direct and oversee the examination and investigations of rates, benefit contracts and provider contracts and grievance procedures used by prepaid health plans. Responsibilities of this division include ensuring rates are fair, reasonable and that they comply with statutory requirements and examining benefit certificates to assure the coverage meets the criteria established in the statute.

For Civil Service Use Only

15. Please describe your assigned duties, percent of time spent performing the duty, and explain what is done to complete the duty.

List duties in order of importance from most important to least important.

General Summary of Duty 1 % of Time 65

Administer Operations

Individual tasks related to the duty.

- Establish program goals, objectives and performance measures.
- Determine operational policies, evaluate effectiveness of programs, develop and implement strategies for improving programs consistent with the bureau's mission, develop budget recommendations relative to new or existing programs.
- Provide advice to staff on addressing complex issues and determining appropriate course of action.
- Promote sound labor relations.
- Oversee all recruiting, hiring, training, performance, production, career development and promotions.

General Summary of Duty 2 % of Time 25

Improve Effectiveness and Efficiency of Program Operations

Individual tasks related to the duty.

- Demonstrate commitment to the mission and goals of the bureau.
- Establish a vision for the division that leads toward fulfilling the mission and goals of the bureau.
- Develop strategies to achieve the desired results.
- Maximize use of technology by motivating staff to design processes and procedures around technology.

General Summary of Duty 3 % of Time 10

Special Assignments

Individual tasks related to the duty.

- Participate on NAIC committees and other industry meetings as a representative of the bureau.
- Make speeches and keep abreast of current OFIS issues and trends, and changes implemented by the NAIC to its recommended procedures or accreditation criteria.
- Establish and maintain proper policies and procedures.

16. Describe the types of decisions you make independently in your position and tell who and/or what is affected by those decisions. Use the attached additional sheets, if necessary.

Whether Michigan statutes have been complied with by service contract providers.
Manage the day-to-day operations of the division.

17. Describe the types of decisions that require your supervisor's review.

Issues with significant economic or political impact and those involving major public policy consideration and/or changes.

18. What kind of physical effort do you use to perform your job? What environmental conditions are you physically exposed to on your job? Indicate the amount of time and intensity of each condition. Refer to instructions on page 2.

Position duties and tasks are performed in a traditional office environment which includes considerable sitting, occasional standing, limited lifting, periodic microcomputer usage and normal office routines.

19. List the names and classification titles of classified employees whom you immediately supervise or oversee on a full-time, on-going basis (if more than 10, list only class titles and number of employees in each class).

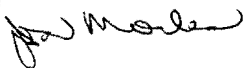
<u>NAME</u>	<u>CLASS TITLE</u>	<u>NAME</u>	<u>CLASS TITLE</u>
Kathleen LaFleur	Exec. Secretary E10	Karen Dennis	Departmental Spec. 13
Rena Wright	Student Assistant	Susan Scarane	Departmental Spec. 13
Paul Duguay	Departmental Manager 14	Vacant	Student Assistant
John Gardner	State Dep. Div. Adm. 15	Vacant	Student Assistant
Debra Cochran	Departmental Spec. 13		

20. My responsibility for the above-listed employees includes the following (check as many as apply):

- | | |
|--|--|
| <input checked="" type="checkbox"/> Complete and sign service ratings | <input checked="" type="checkbox"/> Assign work |
| <input checked="" type="checkbox"/> Provide formal written counseling | <input checked="" type="checkbox"/> Approve work |
| <input checked="" type="checkbox"/> Approve sick and annual leave requests | <input checked="" type="checkbox"/> Review work |
| <input checked="" type="checkbox"/> Sign time card | <input checked="" type="checkbox"/> Provide guidance on work methods |
| <input checked="" type="checkbox"/> Orally reprimand | <input checked="" type="checkbox"/> Train employees in the work |

21. I CERTIFY THAT THE ABOVE ANSWERS ARE MY OWN AND ARE ACCURATE AND COMPLETE.

Signature



Date

5-28-02

NOTE: Make a copy of this form for your records.

TO BE FILLED OUT BY IMMEDIATE SUPERVISOR

22. Do you agree with the responses from the employee for items 1 through 18? If not, which items do you disagree with and why.

I agree.

23. WHAT ARE THE ESSENTIAL DUTIES OF THIS POSITION?

Direct staff and administer operations of the division, provide expert advice and consultation in the area of health benefit plans including rates, benefit contracts and provider contracts used by prepaid health plans. Ensure that rates are fair, reasonable in relation to benefits and that they comply with statutory standards. Participate on NAIC committees and other industry meetings. Make speeches and keep abreast of current OFIS issues and trends, and changes implemented by the NAIC to its recommended procedures. Establish and maintain proper policies and procedures.

24. Indicate specifically how the job's duties and responsibilities have changed since the position was last reviewed.

Due to OFIS reorganization.

25. What is the function of the work area and how does this position fit into that function?

This work area is responsible for reviewing and analyzing subscriber certificate filings, employer agreement filings, grievance procedures filings, rate system filings, provider contract filings, licensure applications and relicensure applications made by various noninsurance entities, including nonprofit health care corporations (Blue Cross) and nonprofit dental care corporations, as well as insurance entities such as health maintenance organizations, alternative financing and delivery systems and multiple employer welfare arrangements. This work area also responds to inquiries from the public and other agencies about the benefits, marketing materials, grievance procedures and premium rates filed by the entities and monitors the compliance of these entities with relevant statutes and administrative rules that relate to the pricing and marketing of health benefits. This position serves as deputy commissioner of the Health Plans Division.

26. In your opinion, what are the minimum education and experience qualifications needed to perform the essential functions of this position.

EDUCATION:

Possession of a Bachelor's degree in any major.

EXPERIENCE:

Two years experience as a professional manager or equivalent experience.

KNOWLEDGE, SKILLS, AND ABILITIES:

- Considerable knowledge of the Michigan Insurance Code, P.A. 350 of 1980, and other laws relating to the regulation of health insurance.
- Knowledge of the principles and techniques of administrative management.
- Knowledge of labor relations, fair employment practices and equal employment opportunity.
- Excellent public relations skills.
- Ability to develop and evaluate programs.

CERTIFICATES, LICENSES, REGISTRATIONS:

NOTE: Civil Service approval of this position does not constitute agreement with or acceptance of the desirable qualifications for this position.

27. I Certify that the information presented in this position description provides a complete and accurate depiction of the duties and responsibilities assigned to this position.

Supervisor's Signature

Date

TO BE FILLED OUT BY APPOINTING AUTHORITY

28. Indicate any exceptions or additions to the statements of the employee(s) or supervisor.

29. I certify that the entries on these pages are accurate and complete.

Appointing Authority's Signature

Date

<p>1. Position Code DEPTMGR3B83N</p>
--

State of Michigan
Department of Civil Service
 Capitol Commons Center, P.O. Box 30002
 Lansing, MI 48909

Federal privacy laws and/or state confidentiality requirements protect a portion of this information.

POSITION DESCRIPTION

This form is to be completed by the person that occupies the position being described and reviewed by the supervisor and appointing authority to ensure its accuracy. It is important that each of the parties sign and date the form. If the position is vacant, the supervisor and appointing authority should complete the form.

This form will serve as the official classification document of record for this position. Please take the time to complete this form as accurately as you can since the information in this form is used to determine the proper classification of the position. **THE SUPERVISOR AND/OR APPOINTING AUTHORITY SHOULD COMPLETE THIS PAGE.**

<p>2. Employee's Name (Last, First, M.I.) VACANT</p>	<p>8. Department/Agency ENERGY, LABOR & ECONOMIC GROWTH</p>
<p>3. Employee Identification Number</p>	<p>9. Bureau (Institution, Board, or Commission) OFFICE OF FINANCIAL AND INSURANCE REGULATION</p>
<p>4. Civil Service Classification of Position DEPARTMENTAL MANAGER 14</p>	<p>10. Division HEALTH PLANS DIVISION</p>
<p>5. Working Title of Position (What the agency titles the position) DEPARTMENTAL MANAGER</p>	<p>11. Section FORMS AND RATES SECTION</p>
<p>6. Name and Classification of Direct Supervisor JOAN MOILES, STATE DIVISION ADMINISTRATOR 17</p>	<p>12. Unit</p>
<p>7. Name and Classification of Next Higher Level Supervisor STEVE HILKER, CHIEF DEPUTY COMMISSIONER, STATE BUREAU ADMINISTRATOR 18</p>	<p>13. Work Location (City and Address)/Hours of Work 611 W. OTTAWA, LANSING 8:00 A.M. - 5:00 P.M., MONDAY - FRIDAY</p>

14. General Summary of Function/Purpose of Position

The main responsibility of this position is to manage the staff working in the Forms and Rates Section of the Health Plans Division. This includes directing and participating in the review of rates and forms required to be filed for all personal lines of life and health insurance. This includes directing and participating in the development, interpretation, evaluation and recommendation of policies, procedures and rules in these areas and interpreting laws, policies and procedures as they relate to the Michigan law.

For Civil Service Use Only

15. Please describe your assigned duties, percent of time spent performing each duty, and explain what is done to complete each duty.

List your duties in the order of importance, from most important to least important. The total percentage of all duties performed must equal 100 percent.

Duty 1

General Summary of Duty 1 % of Time 50

Manage review of rate and form filings for life and health lines of business. These lines include group and individual health, credit life and health, long term care, Medicare Supplemental products, credit insurance, as well as life and annuity products.

Individual tasks related to the duty.

- Ensure OFIR is meeting statutory requirements for authorized life and health carriers, including Health Maintenance Organizations and Blue Cross Blue Shield of Michigan. Handling appeals of claim denials by commercial insurers, Blue Cross Blue Shield and Health Maintenance Organizations.
- Supervise and direct the operations of the staff; responsible for staff training where appropriate.
- Ensure consistency of approach in meeting requirements by staff on these complex issues.
- Respond to inquiries and requests for information relative to these filings.
- Respond to Freedom of Information Act requests, requests from consumers, legislators, attorneys, insurance companies and others regarding complaints.
- Attend meetings and/or participate in committees on behalf of Deputy Commissioner and/or the Commissioner with regard to these functions.

Duty 2

General Summary of Duty 2 % of Time 20

Direct and supervise staff in the performance of functions.

Individual tasks related to the duty.

- Develop and implement policies, work plans, procedures, and training for the section staff.
- Coordinate and direct staff by scheduling work assignments, setting work priorities, and tracking work progresses.
- Recruit, hire, and train staff and evaluate staff performances.
- Ensure staff compliance with all federal, state and local regulations and OFIR rules governing work environment, including rules ensuring equal opportunities, etc.
- Ensure compliance with department and Civil Service rules, regulations and guidelines.
- Monitor and evaluate employee performance.

Duty 3

General Summary of Duty 3

% of Time 20

Review life and health filings and determine appropriate disposition as required under Michigan law.

Individual tasks related to the duty.

- Perform comprehensive reviews of life and health filings when staff shortages would otherwise result in an inability to perform a timely review of these filings.
- Communicate with carriers on proper elements of a filing; also notify carriers when an element of a submitted filing cannot be approved. Explain to carriers why approval is not possible, and work with them to develop products that would result in a favorable regulatory outcome.

Duty 4

General Summary of Duty 4

% of Time 5

Develop and implement policies, procedures and guidelines.

Individual tasks related to the duty.

- Develop, implement or modify policies, procedures and guidelines for section operation.
- Provide and analyze section statistics to demonstrate performance and demand/need to section services.
- Interpret laws, policies and procedures as they relate to the regulation of life and health insurance and report findings to Deputy Commissioner and the Commissioner.
- Perform special projects and other duties as it relates to the regulation of life and health insurance.

Duty 5

General Summary of Duty 5

% of Time 5

Other duties as assigned.

Individual tasks related to the duty.

-

Duty 6

General Summary of Duty 6

% of Time _____

Individual tasks related to the duty.

-

16. Describe the types of decisions you make independently in your position and tell who and/or what is affected by those decisions. Use additional sheets, if necessary.

This position is responsible for making many decisions regarding whether or not a life and/or health insurance filing can be approved. While Michigan law sets many parameters for the regulation of insurance, some elements of a policy form or rate (i.e. clarity of a document or whether a rate is "reasonable") are highly subjective. Both insurance carriers and their Michigan enrollees could be potentially affected by these decisions.

17. Describe the types of decisions that require your supervisor's review.

A decision that would significantly alter the mission and goals of the agency.

18. What kind of physical effort do you use in your position? What environmental conditions are you physically exposed to in your position? Indicate the amount of time and intensity of each activity and condition. Refer to instructions on page 2.

Position duties and tasks are performed in a traditional office environment which includes considerable sitting, occasional standing, limited lifting, considerable microcomputer usage and normal office routines. Some travel may be involved.

19. List the names and classification titles of classified employees whom you immediately supervise or oversee on a full-time, on-going basis. (If more than 10, list only classification titles and the number of employees in each classification.)

<u>NAME</u>	<u>CLASS TITLE</u>	<u>NAME</u>	<u>CLASS TITLE</u>
Karen Dennis	Dept. Specialist 13	To be established	Dept. Analyst 9/10/11
Renee Campbell	Dept. Specialist 13	To be established	Dept. Analyst 9/10/11
Susan Scarane	Dept. Specialist 13		
Kathleen LaFleur	Dept. Analyst 11		
To be established	Dept. Analyst 9/10/11		

20. My responsibility for the above-listed employees includes the following (check as many as apply):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Complete and sign service ratings. | <input checked="" type="checkbox"/> Assign work. |
| <input checked="" type="checkbox"/> Provide formal written counseling. | <input checked="" type="checkbox"/> Approve work. |
| <input checked="" type="checkbox"/> Approve leave requests. | <input checked="" type="checkbox"/> Review work. |
| <input checked="" type="checkbox"/> Approve time and attendance. | <input checked="" type="checkbox"/> Provide guidance on work methods. |
| <input checked="" type="checkbox"/> Orally reprimand. | <input checked="" type="checkbox"/> Train employees in the work. |

21. I certify that the above answers are my own and are accurate and complete.

Karen Dennis
Signature

6-8-10
Date

NOTE: Make a copy of this form for your records.

TO BE COMPLETED BY DIRECT SUPERVISOR

22. Do you agree with the responses from the employee for Items 1 through 20? If not, which items do you disagree with and why?

I agree.

23. What are the essential duties of this position?

The essential duties of this position are to manage and direct the Rates and Forms Section as it relates to the review and determination of rate and form filings for all personal (non-commercial) lines of life and health insurance. In addition, this position is responsible for interpreting laws and developing, interpreting and implementing relevant policies and procedures.

24. Indicate specifically how the position's duties and responsibilities have changed since the position was last reviewed.

This position is new.

25. What is the function of the work area and how does this position fit into that function?

This work area is responsible for reviewing and analyzing subscriber certificate/policy filings for all personal lines of life and health insurance. The area is also responsible for the review of rate filings for Blue Cross Blue Shield, health maintenance organizations, individual health insurance, long term care, and Medicare supplemental benefit plans. This work area also responds to inquiries from the public and other agencies about the benefits, marketing materials, grievance procedures and premium rates filed by these entities and monitors the compliance of these entities with relevant statutes and administrative rules that relate to the pricing and marketing of health benefits. This position is responsible for managing the Rate and Form Review Section which is responsible for the review of forms and rates required to be filed by life and health carriers, including Blue Cross Blue Shield and health maintenance organizations.

26. In your opinion, what are the minimum education and experience qualifications needed to perform the essential functions of this position.

EDUCATION:

Possession of a bachelor's degree in any major.

EXPERIENCE:

Four years of professional, business and administrative experience, including two years equivalent to the experienced (P11) level or one year equivalent to the advanced (12) level; or, one year of professional managerial or specialist experience, in any field of work, equivalent to the (13) level or above.

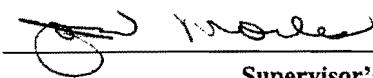
KNOWLEDGE, SKILLS, AND ABILITIES:

Knowledge and experience in health care and health insurance law. Knowledge of the legislative process and governmental organization and structure. Knowledge of training and supervisory techniques. Ability to instruct, direct and evaluate employees. Ability to analyze and evaluate data for use in program development and analysis. Ability to interpret laws, rules and regulations relative to OFIR. Ability to communicate effectively. Ability to formulate policies and procedures. Knowledge and experience in contract law.

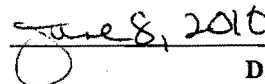
CERTIFICATES, LICENSES, REGISTRATIONS:

NOTE: Civil Service approval of this position does not constitute agreement with or acceptance of the desirable qualifications for this position.

27. I certify that the information presented in this position description provides a complete and accurate depiction of the duties and responsibilities assigned to this position.



Supervisor's Signature



Date

TO BE FILLED OUT BY APPOINTING AUTHORITY

28. Indicate any exceptions or additions to the statements of the employee(s) or supervisor.

29. I certify that the entries on these pages are accurate and complete.

Appointing Authority's Signature

Date

Objective Work Plan

Project:

Premium Review Grant

*** Year:** *** Funding Agency Goal:**

2

Enhance the agency's current rate review process for health insurance premiums.

*** Objective:**

Build and grow a robust and effective health insurance rate review program.

*** Results or Benefits Expected:**

Consumer protection and rate transparency.

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
OFIR will hire and assign additional staff that will devote one hundred percent of their time to the review of health insurance rates.	Project Manager	10/04/2010	09/30/2011	140
OFIR will seek training in actuarial skills and medical loss ratio analysis. Training will be obtained through the state's procurement system and held on site, and web-based, when available.	Project Manager, Purchasing Personnel, Contractors	10/04/2010	09/30/2011	56
Actuarial support, as needed, for specific rate filing challenges.	Contractors	10/04/2010	09/30/2011	4,900
Investigate existing health insurance rate transparency models from Michigan's sister states to determine an efficient and economical method to build its own process and procedure for rate transparency.	Project Manager & Contractors	10/04/2010	09/30/2011	2,080

Objective Work Plan

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours

*** Criteria for Evaluating Results or Benefits Expected:**

Quantitative analysis regarding the number of rate reviews completed, successful challenges of rate filings and successful negotiation of problematic rate filings. All data can be tracked with the assistance of the NAIC's SERFF system.

Objective Work Plan

You may attach up to 17 additional Objective Work Plan forms here. To extract, fill and attach each additional form, follow these steps:

- Select the "Select to Extract the Objective Work Plan Attachment" button below.
- Save the file using a descriptive name to help you remember the content of the supplemental form that you are creating. When assigning a name to the file, please remember to give it the extension ".pdf" (for example, "Objective_1.pdf"). If you do not name your file with the ".pdf" extension you will be unable to open it later, using Adobe Reader.
- Use the "Open Form" tool on Adobe Reader to open the new form you just saved.
- Enter your additional Objective information in this supplemental form, similar to the Objective Work Plan form that you see in the main body of your application.
- When you have completed entering information in the supplemental form, save and close it.
- Return to this page and attach the saved supplemental form you just filled in, to one of the blocks provided on this "attachments" form.

Important: Attach additional Objective Work Plan forms, using the blocks below. Please remember that the files you attach must be Objective Work Plan PDF forms that were previously extracted using the process outlined above. Attaching any other type of file may result in the inability to submit your application to Grants.gov. Note: It is important to attach completed forms only. Attach ONLY PDF (.pdf) forms where ALL required fields are filled out. Incomplete or missing data will cause your application to be rejected.

Select to extract the Objective Work Plan Attachment

1) Please attach Attachment 1		Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2		Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3		Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4		Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11		Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12		Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13		Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14		Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15		Add Attachment	Delete Attachment	View Attachment
16) Please attach Attachment 16		Add Attachment	Delete Attachment	View Attachment
17) Please attach Attachment 17		Add Attachment	Delete Attachment	View Attachment

Project Abstract

The Project Abstract must not exceed one page and must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This Abstract must not include any proprietary/confidential information.

* Please click the add attachment button to complete this entry.

Add Attachment

Delete Attachment

View Attachment

Project Abstract.doc

PREMIUM REVIEW GRANT – PROJECT ABSTRACT

The Michigan Office of Financial and Insurance Regulation (OFIR) intends to use the funds acquired through this grant to build and grow a robust and effective health insurance rate review program that maximizes consumer protection and rate transparency.

OFIR will use the \$1,000,000 provided through this grant to expand OFIR's in depth review and analysis of health insurance rate filings into areas that, due to budgetary constraints and limited review authority, it has not historically engaged in – health maintenance organizations and commercial carriers. OFIR will leverage the funds provided through this grant into four primary areas:

(1) Additional staffing - OFIR will hire three additional staff (one Departmental Manager and two Departmental Specialists) that will devote one hundred percent of their time to the review of health insurance rates;

(2) Training for existing and new health insurance rate review staff - OFIR will seek training, both actuarial and through the National Association of Insurance Commissioners (NAIC), that will focus on enhancing staffs' ability to read, analyze and interpret actuarial certifications contained in health insurance rate filings and the requisite analysis that will accompany the new medical loss ratio requirements to be implemented by the Department of Health and Human Services (HHS) in 2011, as well as the analysis required for unreasonable rate increases that will be filed with OFIR and HHS pursuant to the Patient Protection and Affordable Care Act (PPACA).

(3) Additional actuarial support – given budget constraints, OFIR has historically contracted with actuaries, as needed, for specific rate filing challenges. Through this grant, OFIR intends to contract with consulting actuaries to both perform targeted, in-depth analysis and review of health insurance rate filings made by health maintenance organizations and commercial carriers and to build processes and procedures for a more general rate review program for these areas that OFIR staff can employ, in the absence of actuarial support.

(4) Rate transparency and data reporting – OFIR will investigate existing health insurance rate transparency models from Michigan's sister states to determine an efficient and economical method to build its own process and procedure for rate transparency. OFIR will additionally work with the NAIC to leverage its System for Electronic Rate and Form Filing to accomplish and comply with the data reporting requirements contained in PPACA.

OFIR will closely monitor and evaluate the health insurance rate review enhancements put forward as a result of this grant through quantitative measures – SERFF data regarding the number of rate filings reviewed, challenged and modified.

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

[Add Mandatory Project Narrative File](#)

[Delete Mandatory Project Narrative File](#)

[View Mandatory Project Narrative File](#)

To add more Project Narrative File attachments, please use the attachment buttons below.

[Add Optional Project Narrative File](#)

[Delete Optional Project Narrative File](#)

[View Optional Project Narrative File](#)

PROJECT NARRATIVE

A. Current Health Insurance Rate Review Capacity and Process

1. Areas of Rate Review

The Michigan Office of Financial and Insurance Regulation (OFIR) currently performs comprehensive rate reviews on rates filed by Blue Cross Blue Shield of Michigan (BCBSM) and its licensed health maintenance organizations (HMOs). A more limited review of individual rates filed by commercial insurance companies is also performed.

BCBSM – This company is Michigan’s carrier of last resort and must offer coverage to every Michigan citizen not currently incarcerated for health care fraud. BCBSM has its own enabling act (MCL 550.1101 et seq.), separate from Michigan’s Insurance Code. Requirements for the submission, review process and approval of rates for this carrier vary greatly from other carrier types (HMOs and commercial carriers).

There are five underwritten lines of business for which OFIR reviews rates: three individual lines - nongroup, group conversion, Medicare supplemental (sometimes called other-than-group or OTG); and two group lines – area-rated groups which applies to small employer groups of 1 – 50 employees, and experience-rated groups, which applies to employer groups of 51+ employees. Note that BCBSM includes sole proprietors as part of its small group business.

The individual lines (nongroup, group conversion and Medicare supplemental) include the actual, proposed rates when filed. There are various benefit plan options for nongroup and group conversion subscribers from which they may choose. Some benefit plans are closed to new business, but must continue to be offered to those currently

enrolled. Most of the benefit options are age-rated, although a few community-rated plans still remain. Most benefit plans are basically the same and vary only by the required cost sharing (deductibles, copayments, coinsurance). Medicare supplemental enrollees may choose from Medicare Supplemental Options A and C. BCBSM does not currently vary the rates charged to the subscribers in its individual lines by geography. Although there is no set schedule for the filing of rates for BCBSM's individual lines of business, recent practice has been to request rate increases on an annual basis.

For its group lines of business, BCBSM does not file actual rates but rather submits for approval rating formulas to derive rates for group business. These rating methodologies are called the Area Rating System (ARS) and Experience Rating System (ERS), which include a detailed description of the method by which rates are calculated for small and large groups. The product of each of these formulas is a factor of +/- 1.0. Variables in the formulas include the demographics and geographic location of the employees of the small group and the past experience of the employer group for large groups. BCBSM's enabling act requires that these rating methodologies be filed every 3 years. While the formulas don't change in the interim period, the rates produced are kept current, by the regular filing of updated trends (monthly for ERS groups; quarterly for ARS groups), and changes to administrative expenses.

While the ARS and ERS formulas produce a relativity factor that compares a given customer with all other BCBSM customers, the BCBSM base rate table is a listing of all relativities of all the benefit options it offers.

The base rate table is filed annually in July. It contains a list of every single certificate and rider currently available for purchase and lists a relativity factor for each

by Cross (hospital-related), Shield (physician-related), Vision, Dental, Prescription Drug and Point of Service (POS) comparing each product's relationship with other benefits offered by BCBSM.

All BCBSM rate filing reviews are done in accordance with its enabling act. Rates filings for each of the five lines must be submitted a minimum of 120 days before BCBSM wants the change to be put into effect. Within 30 days after submission of the filing, OFIR is required to determine whether the filing is complete. Upon a positive determination being made, BCBSM post notices Michigan's major newspapers that a filing was made, and the instructions for interested parties to request a hearing. While anyone who may comment on the rate filing, only those who have standing may actually request a hearing on whether the rates do not violate the requirements of BCBSM's enabling act. Persons with standing include anyone who is covered by a BCBSM benefit plan for which rates have been filed, the Michigan attorney general, and the insurance Commissioner. The individual or organization choosing to intervene has the burden of proof with regard to how a proposed rate violates Michigan law.

New products that are filed are reviewed under another section of BCBSM's enabling act (MCL 500.1607), and are subject to a 30-day review process. This process does not require newspaper posting and the option for interested parties to request a hearing. They are simply reviewed by OFIR staff (and its contracted actuaries, when necessary) and if found to be compliant with Michigan law, are approved by the Commissioner (via the Commissioner's Designee).

When BCBSM submits rates, they are reviewed first by an analyst and then by the Deputy Commissioner for the Health Plans Division. When additional assistance is

required, the services of a contracted actuary are used. The required standard for rates is that they be adequate, equitable, and not excessive. These standards for the review of BCBSM rates are found in MCL 500.1609. BCBSM's rates for each of its five lines of business must, over time, be self-sustaining. Premiums from any one of the five lines listed above cannot be used to subsidize the revenue shortfall of another line of business. Therefore, when rates are developed, BCBSM must, in their development of rates, and OFIR in its review of rates, consider only the past claims experience and other data relating to each individual line of business.

Upon completion of its review, OFIR determines the disposition of the filing. A filing may be approved, disapproved, or approved with modifications. If disapproved, BCBSM must be notified with the specific reason for disapproval. If approved with modifications, BCBSM must also be notified with the specific reason for the modifications. If BCBSM is dissatisfied with the determination made by the Commissioner, it may request a hearing under Michigan's Administrative Procedures Act.

There were approximately 50 rate filings submitted by BCBSM between the period of June 29, 2009 and June 29, 2010. Most of these were form filings that included rates and were therefore subject to the 30-day review process.

Hearings on rate filings are occasionally requested, although fortunately not often. The most recent hearing request was in 2009 and the request came from Michigan's attorney general. This hearing request came in regards to rates which had been filed for each of BCBSM's individual lines of business. Since the Commissioner had not yet made his own determination on these filings, he, too, became a party to the hearing. For

the nongroup and group conversion lines, a settlement was ultimately reached among the parties.

For BCBSM's Medicare Supplemental line, however, the hearing was held. BCBSM argued the validity of its request for a 31 percent rate increase. Commissioner's staff argued that the rate increase should be approximately 4 percent. The attorney general argued that BCBSM's reserves were higher than they needed to be, and that no rate increase was warranted. The Commissioner's position was upheld, and a 3.8% rate increase was granted.

HMO – HMOs are required to file for approval rates for all product types for each of its lines of business, with the exception of rates for Medicaid and Medicare Advantage benefit plans.

Chapter 35 of the Michigan Insurance Code (MCL 500.3501 *et seq.*) describes the specific laws that apply to HMOs. Under this chapter, HMOs are required to file rates annually. While an HMO may file a new product with an associated rate at any time, all HMOs are also required to submit a rate filing on an annual basis that reflects its proposed rates, including supporting documentation, and its rating methodology. The HMO's rating methodology will explain whether and in what manner rates may be calculated on a community rating, adjusted community rating or experience rated methodology. The methodology would also include the demographic factors used to adjust rates. Some HMOs use community rating for groups up to 100 and experience rating for 100+. OFIR has historically not allowed experience rating for groups with fewer than 100 employees due to concerns over credibility of the data used to calculate the experience rates and the potential volatility of the rates themselves.

The review/approval criteria found in Michigan law for these rates are:

MCL 500.3521 requires HMOs to submit supporting data used in the development of their rates or rating methodology and all other data sufficient to establish financial soundness. They must be filed and approved before becoming effective.

MCL 500.3519 requires rates to be fair, sound, and reasonable in relation to the services provided and not unfairly discriminatory.

OFIR has a 60-day period to review/approve HMO rates or they are deemed approved. If rates are disapproved or approved with modifications, OFIR must provide statutory support for its reasons, pursuant to MCL 500.3525. As with BCBSM, an HMO may appeal a determination made by OFIR through Michigan's Administrative Procedures Act.

HMO rates are reviewed by an analyst first and are subsequently reviewed by the Deputy Commissioner for the Health Plans Division. There were approximately 99 HMO rate filings submitted during the June 29, 2009 and June 29, 2010 period.

Commercial Health Insurance – Commercial Health (individual) rates must be filed with OFIR in accordance with MCL 500.3474. Group rates are currently exempt from filing with OFIR. The filing must be made 30 days prior to the rates being used. Individual health products that are reviewed include major medical, specified disease, disability income, cancer coverage, critical illness coverage, short term medical coverage and hospital indemnity.

A rate filing must include enough actuarial information for the reviewer to determine if the rates are reasonable for the benefits contained in the coverage. The filing must contain an actuarial certification, including a description of the premiums, that the

benefits are reasonable in relation to the premium charged and show compliance with the minimum anticipated loss ratio (R500.803). The loss ratio for individual commercial health depends on the type of policy issued by the carrier and can range from 50-65%, with rates for individual hospital-medical-surgical policies having a required minimum loss ratio of 55% over the life of the policy.

As required under R500.804, the actuarial certification should include the specific formula and assumptions used to calculate the gross premiums, the expected claim costs, morbidity and mortality tables, lapse rate experience and the experience of the insurer on similar coverage.

Note that the Insurance Code only requires that rates be *filed* – rather than filed and approved. While administrative rules list elements that *should* be included with the rate filing, the word ‘should’ implies that there is discretion on the part of the insurer. Also, the rules state that the minimum loss ratio must be at least 55 percent. That 55 percent loss ratio is not required on an annual basis but rather is *over the life of the policy*, which is an undefined period of time. This makes the Commissioner’s authority over individual rates charged by commercial carriers to be tenuous, at best, while rate approval authority is completely absent for group rates. The one exception to this is that all carriers in the small employer market must, annually, submit an actuarial certification that states that the rating methods of the carrier are actuarially sound (MCL 500.3715(2)).

2. Current Budget, Staffing and Transparency

The Michigan Office of Financial and Insurance Regulation budget attributable to insurance related functions for Fiscal Year 2010 was approximately \$29,015,800. Of this amount, it is estimated that approximately \$300,000 was allocated to the health insurance

rate review function – two-thirds of this amount are attributable to two full time employees and the remaining third went to actuarial support.

OFIR currently has one Department Manager responsible for reviewing all rate filings made by BCBSM and all HMOs and one Departmental Specialist responsible for reviewing all commercial rate filings. As mentioned previously, there were 50 BCBSM, 99 HMO and 525 commercial rate filings made during the period of June 29, 2009 through June 29, 2010.

OFIR does not presently post basic rate filing information online but all rate information submitted to OFIR is accessible by the public through the Michigan Freedom of Information Act. Since all rates must now be submitted through the SERFF system and can be accessed electronically, any rate filing requested by the public is provided by OFIR in an electronic form at no cost to the public.

B. Proposed Rate Review Enhancements for Health Insurance

The proposed enhancements for Michigan's rate review processes will focus on four key areas: (1) staffing; (2) training; (3) actuarial support; and (4) data reporting/ rate transparency. Each area will be addressed under separate heading below.

1. Staffing

OFIR proposes to use the available grant funds to hire an additional three staff members into OFIR's Health Plans Division – one departmental manager, one departmental specialist and one departmental analyst. These staff members will work along side the existing two full time employees and will work to greatly enhance and increase OFIR's ability to conduct meaningful health insurance rate reviews.

The added staff will be primarily focused on reviews in the commercial sector, which has the highest volume of filings on an annual basis. The staff may also be utilized to bolster rate reviews in the small group markets generally as well.

It is envisioned that a portion of the additional staff time will be dedicated to moving health insurance rate transparency efforts forward, as further delineated below.

2. Training

OFIR will contract for training of health insurance rate review staff. This training will be channeled through two fronts – actuarial and the NAIC.

The actuarial training will focus on enhancing the new and existing rate review staffs' understanding of the actuarial principals associated with rate setting and rate filing. It is anticipated that this training would also put the health insurance rate review staff in a better position to read, comprehend and analyze the actuarial certifications included in many of the health insurance rate filings currently filed with OFIR.

The second prong of the training OFIR will be pursuing will be through the NAIC and would be geared more specifically to the rating provisions contained in PPACA. Specifically, this training would address the new medical loss ratio requirement that will soon be required and would provide pertinent rate review staff with the tools necessary to review data and ensure compliance with the newly established standards.

3. Actuarial Support

Due to budget constraints (and the pay scale established by the Michigan Civil Service system), it is not feasible for OFIR to have actuaries on staff. Accordingly, when the need arises, OFIR has historically contracted for actuarial support and services. So far in Fiscal Year 2010, OFIR has allocated \$84,500 for actuarial services in connection

with BCBSM rate filings alone. In order to broadly establish a more robust review of health insurance rates, additional resources must be allocated toward actuarial support. This would allow for a more in depth analysis of rates filed not just by BCBSM, but HMOs and commercial insurers as well.

4. Data Reporting/Rate Transparency

OFIR anticipates that the data reporting requirement contained in Section 2794 of the Public Health Services Act will be addressed by leveraging the National Association of Insurance Commissioners' (NAIC) System for Electronic Rate and Form Filing (SERFF) as detailed in Section C below.

With regard to rate transparency, OFIR expects to allocate a portion of the added staffing resources to explore the feasibility of extracting pertinent, basic health insurance rate information from the rate filings and posting them in a readily accessible spot on the OFIR website. OFIR will look to its sister-state regulators for working rate transparency models, as well as work with the NAIC and the SERFF team to move toward a public portal by which health insurance rate data is readily accessible and comprehensible to the public.

C. Reporting to the Secretary on Rate Increase Patterns

OFIR attests that it will comply with the reporting requirements set forth in Section 2794 of the Public Health Services Act and as further delineated in the grant solicitation by leveraging the NAIC's SERFF system to provide the requisite data on health insurance rate trends in premium rating areas. Specifically, the NAIC has committed to deliver the following:

Description of Deliverables:

- 1) Requirements defined in Section A.1(c)(1) and A.1(c)(2) on pages 15, 16 and 17. Specifically, the estimate covers the expenses associated with modifying SERFF to address data collection and reporting requirements, such as:
 - a. State options to indicate premium review grant participation
 - b. Company profile changes to incorporate company type
 - c. State-maintained indicator for rate filing requests meeting the HHS threshold for 'unreasonable'.
 - d. Addition of field to indicate product types
 - e. Company-maintained product information including product name, HHS id, and product status that will allow the companies to track products and apply them to filings.
 - f. A new set of fields added to the Rate/Rule schedule items to provide HIPR data on a policy form basis.
 - g. Changes to the State API to accommodate retrieval of the data elements added above and to allow for updates of appropriate data elements via the State API.
- 2) Incorporating the submission of a federally mandated Rate Filing Disclosure Form and Justification (currently being reviewed by the B Committee) that is required to be filed under provisions of the Affordable Care Act if a rate request falls under the definition of 'unreasonable'. The estimate provided by the NAIC would also allow the Rate Filing Disclosure Form, or similar document, to be

filed regardless of whether the rate request falls under the definition of ‘unreasonable’ in the event the states wanted to include this in their submission requirements to facilitate meeting the requirement that consumer friendly descriptions of rate filings be made available publicly.

- 3) Additional SERFF state training that will support the grant requirements.
- 4) Support for making non-confidential consumer friendly rate disclosures and/or rate filing information available publicly, as required and permitted.
- 5) Support the ability to satisfy reporting requirements of the uniform template for data reporting within the SERFF system, if HHS will accept reports directly from SERFF, including basic trending reports.

The workflow on a Health filing that requires the enhanced data reporting fields will vary from the existing SERFF workflow. States will set preferences that will indicate the level of data they would like to require. Fields exposed to the industry during the filing creation process are determined by these state preferences. The overall workflow will be changed in that the filer will now be required to tie schedule items (such as rates and policy forms) to a specific product. This will allow for the reporting of data based on the product the consumer will ultimately be offered. A significant portion of the project hours will be devoted to aggregating the collected data into the reports required by HHS. An interface to allow HHS to get reports from SERFF is included within the estimate should that prove a requirement.

Delivery Timeline:

The SERFF enhancements incorporating HHS reporting requirements will be implemented in a phased approach with the first release to occur within 3 months of the receipt of HHS requirements for the uniform template for reporting. The initial release will focus on implementing the means for data collection; subsequent releases will incorporate reporting needs. Releasing functionality in this manner will allow a period of time during which data can then be submitted by insurers prior to any required reporting to HHS, thus avoiding manual data collection processes. Based on the requirements known at this time, the development will occur over an 8 month period beginning when the NAIC receives the reporting template and supporting documentation.

Budget Narrative File(s)

* Mandatory Budget Narrative Filename:

To add more Budget Narrative attachments, please use the attachment buttons below.

Budget Narrative

OFIR's budget covers the fiscal year FY 2011 of the grant cycle 1 program period, from October 1, 2010 through September 30, 2011. As required, included below are budget narratives for the project period.

Object Class Category	Total	Description
Personnel	\$215,439.84	See annual detail below
Fringe Benefits	\$97,072.28	See annual detail below
Travel	\$5,000	See annual detail below
Equipment	\$7,000	See annual detail below
Supplies	\$1,400	See annual detail below
Contractual	\$658,145	See annual detail below
Total Direct charges	\$985,200	See annual detail below
Indirect Charges	\$15,943	See attached Negotiated Indirect Cost Rate Agreement
Total	\$1,000,000	

Personnel

Position	Annual Hours	Total Salary*
Manager	2,080	\$75,460.32
Specialist (Commercial)	2,080	\$69,989.76
Specialist (HMO)	2,080	\$69,989.76
Total		\$215,439.84

*Salary based on Michigan Department of Civil Service Compensation Plan, effective 10/1/2009.

Fringe Benefits

State of Michigan Average Annual Group Insurance \$13,291 per position
 State of Michigan Defined Contribution Retirement Rate 18.90% of wages
 FICA Rate 7.65% of wages

Travel

Travel expenses are charged at State of Michigan travel reimbursement rates. Expected travel for the three additional staff is a four to five day insurance-specific training held in Kansas City, Missouri at the National Association of Insurance Commissioners training center.

Equipment

Computer equipment purchased for the three additional staff. Computer equipment will be purchased from the State of Michigan contract with HP/EDS. Computer equipment required to support the work consists of:

Desktop PC w/dual monitor
Keyboard, Mouse, Graphics Card
Acrobat Software for SERFF Rate Review
Desktop Printer

Other equipment costs are monthly equipment lease charges for network document scanning, printing and facsimile functions.

Supplies

General office supplies purchased for the three additional staff. All supplies will be purchased from the State of Michigan contract with OfficeMax.

Contractual

Contractual costs include the following:

- Actuarial and loss-ratio training for present and new staff to be provided by the National Association of Insurance Commissioner and consulting actuarial experts. Contracts will be secured through the State of Michigan Department of Technology, Management and Budget.
- Contractual costs will also include actuarial consulting services, both as needed and specific rate filing assignments.
- OFIR will contract for technology consulting to assist with the transparency research and subsequent efforts.

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006
Expiration Date 07/30/2010

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Grants to States for Health Insurance Premium Review-Cycle I" Office of Consumer Information and Insurance Oversight (OC	93.511	\$ 1,000,000.00	\$	\$	\$	\$ 1,000,000.00
2.						
3.						
4.						
5. Totals		\$ 1,000,000.00	\$	\$	\$	\$ 1,000,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Grants to States for Health Insurance Premium Review-Cycle I" Office of Consumer Information and Insurance Oversight (OC				
a. Personnel	\$ 215,439.84	\$	\$	\$	\$ 215,439.84
b. Fringe Benefits	97,072.28				97,072.28
c. Travel	5,000.00				5,000.00
d. Equipment	7,000.00				7,000.00
e. Supplies	1,400.00				1,400.00
f. Contractual	658,145.00				658,145.00
g. Construction	0.00				
h. Other	0.00				
i. Total Direct Charges (sum of 6a-6h)	984,057.12				\$ 984,057.12
j. Indirect Charges	15,943.00				\$ 15,943.00
k. TOTALS (sum of 6i and 6j)	\$ 1,000,000.12	\$	\$	\$	\$ 1,000,000.12
7. Program Income	\$	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES

	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.		\$	\$	\$	\$
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)		\$	\$	\$	\$

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$	\$
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

	(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
		(b) First	(c) Second	(d) Third	(e) Fourth
16.	Grants to States for Health Insurance Premium Review-Cycle I" Office of Consumer Information and Insurance Oversight (OC	\$ 253,750.00	\$ 248,750.00	\$ 248,750.00	\$ 248,750.00
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)		\$ 253,750.00	\$ 248,750.00	\$ 248,750.00	\$ 248,750.00

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: 456,000	22. Indirect Charges: 0
23. Remarks:	

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

<p>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p>Completed on submission to Grants.gov</p>	<p>* TITLE</p> <p>Chief of Staff</p>
<p>* APPLICANT ORGANIZATION</p> <p>Michigan Office of Financial and Insurance Regulation</p>	<p>* DATE SUBMITTED</p> <p>Completed on submission to Grants.gov</p>

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB

0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: Michigan Office of Financial and Insurance Regulation * Street 1: 611 West Ottawa, 3rd Floor Street 2: _____ * City: Lansing State: MI: Michigan Zip: 48933-1070 Congressional District, if known: MI-008		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:		
6. * Federal Department/Agency: Department of Health and Human Services	7. * Federal Program Name/Description: Affordable Care Act (ACA) Grants to States for Health Insurance Premium Review CFDA Number, if applicable: 93.511	
8. Federal Action Number, if known: RFA-FD-10-999	9. Award Amount, if known: \$ 1,000,000.00	
10. a. Name and Address of Lobbying Registrant: Prefix _____ * First Name N/A Middle Name _____ * Last Name N/A Suffix _____ * Street 1 _____ Street 2 _____ * City _____ State _____ Zip _____		
b. Individual Performing Services (including address if different from No. 10a) Prefix _____ * First Name N/A Middle Name _____ * Last Name N/A Suffix _____ * Street 1 _____ Street 2 _____ * City _____ State _____ Zip _____		
11. Information requested through this form is authorized by title 31 U.S.C section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. * Signature: Completed on submission to Grants.gov * Name: Prefix Mr. * First Name Joseph Middle Name A. * Last Name Garcia Suffix _____ Title: Chief of Staff Telephone No.: 517-373-7466 Date: Completed on submission to Grants.gov		

Basic Work Plan

1. Estimated date of established funding agreement with State:

Note: Tasks starting before this date are not eligible for funding, and cannot be counted toward matching funds.

Describe the tasks in the work plan:

2 a. Describe this task or milestone:

b. Name of person or organization responsible for carrying out task:

c. How long will this task take to complete? months

d. Justify how this project task contributes to project completion: (800 character limit - about 133 words)

Project Abstract Summary

Program Announcement (CFDA)

93.511

*** Program Announcement (Funding Opportunity Number)**

RFA-FD-10-999

*** Closing Date**

07/07/2010

*** Applicant Name**

Michigan Office of Financial and Insurance Regulation

*** Length of Proposed Project**

Application Control No.

Federal Share Requested (for each year)

*** Federal Share 1st Year**

\$

*** Federal Share 2nd Year**

\$

*** Federal Share 3rd Year**

\$

*** Federal Share 4th Year**

\$

*** Federal Share 5th Year**

\$

Non-Federal Share Requested (for each year)

*** Non-Federal Share 1st Year**

\$

*** Non-Federal Share 2nd Year**

\$

*** Non-Federal Share 3rd Year**

\$

*** Non-Federal Share 4th Year**

\$

*** Non-Federal Share 5th Year**

\$

*** Project Title**

Premium Review Grant

Project Abstract Summary

* Project Summary

[Empty text area for Project Summary]

* Estimated number of people to be served as a result of the award of this grant.

[Empty input box for estimated number of people to be served]

Other Attachment File(s)

* Mandatory Other Attachment Filename:

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