

ABSTRACT

The Louisiana Department of Insurance (DOI) will enhance the scope of its current health insurance rate review authority which is currently limited to approval or modification of rates for Medicare Supplement (MEDSUPP) and Long Term Care (LTC) policies, which is performed through an actuarial review of initial rate filings. All other health initial insurance rate filings are issued file and use.

The Office of Health Insurance is responsible for assuring that health insurance issuers comply with all applicable state and federal requirements. Filings are received through NAIC and DOI IT systems; both IT systems will rely on existing protocols for other product rate filings and be expanded and upgraded to accept health product filings.

The DOI's proposal for implementation of enhancements to its current practices will begin with a review of historical information found in the DOI's "file and use" rates and review of regulatory authority from other states. The DOI anticipates enabling legislation will be considered during the 2011 Regular Session of the Louisiana Legislature. Upon enactment, the DOI will begin the preparation of a policies and procedures manual for the review of health insurance rates and the receipt and review of rate filings and justifications from health insurers by DOI staff and contract actuaries for a final recommendation to the Louisiana Commissioner of Insurance and the Secretary of HHS.

Additional staff will be needed to complete this project; however, the DOI's staffing needs will initially be met by contract with an attorney, a qualified health actuary and six temporary employees in the positions of Insurance Supervisor, Insurance Specialist and Insurance Technician. The proposed budget to develop the rate and data collection system as well as the cost of implementation of necessary statutory and regulatory revisions is expected to require \$993,107.

The goal of the DOI is to provide oversight of insurance premium rates to assure reasonableness and to provide a review of the justification for rate increases which are considered "unreasonable" as defined by HHS. The DOI expects its plan of action to begin in late August, 2010 and to continue through September 2011.

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 #: 809927072 Grant Award: \$1 million

Applicant: Louisiana Department of Insurance

Primary Contact Person, Name: Karen R. Winfrey

Telephone Number: (225) 342-1355 Fax number: (225) 342-5711

Email address: kwinfrey@ldi.state.la.us

APPLICATION COVER SHEET AND CHECK-OFF LIST

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

Budget Narrative

Department Name: Department of Insurance

Project Name: Premium Review Grant

FY 10/11

The projected expenditures associated with the implementation of the Premium Review Grant objectives will include \$422,399 for the Personnel and Fringe Benefits of six (6) temporary employees including an Insurance Supervisor, four (4) Insurance Specialists, and an Insurance Technician. Contractual services are estimated at \$501,400 for actuarial services, legal services, and IT-related professional services contracts. Travel expenditures are estimated at \$6,000 for both in-state and out-of-state travel associated with anticipated working group meetings and other travel associated with the implementation of federal and state health care mandates. Consumable office supplies are estimated at \$6,500 for the purchase of general daily operating supplies. The remaining Other expenditures include \$56,808 for printing and advertising of general insurance information and new regulation mandates, telecommunication/data bandwidth increases, and an inclusive \$18,808 associated with a confirmed increase in the Department's NAIC assessment due to SERFF enhancements, the costs of which are being passed on to the states as part of each state's annual NAIC assessment.



LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON
COMMISSIONER

July 7, 2010

Kathleen Sebelius, Secretary
U.S. Department of Health & Human Services
ATTN: Office of Consumer Information and Oversight

RE: Premium Review Grant
State of Louisiana
James J. Donelon
Commissioner of Insurance
Louisiana Department of Insurance

DUNS # 8099270720000

Dear Secretary Sebelius:

Enclosed please find the application for the \$1 Million Premium Review Grant on behalf of Louisiana Commissioner of Insurance, James J. Donelon and the State of Louisiana. The project director of this grant project will be Karen Reiners Winfrey, Deputy Commissioner, Office of Health Insurance. Karen can be contacted at (225) 342-1355 (O); (225) 342-5711 (Fax) or at kwinfrey@ldi.state.la.us.

The Louisiana Department of Insurance (LDOI), under the leadership of Commissioner Donelon, will obtain legislative approval of statutory changes in the 2011 Session of the Louisiana legislature to assure authority to oversee and coordinate the activities required by this grant. The Office of Health Insurance and the Life & Annuity Division within the LDOI enjoy the experience and expertise in rate review and rebate calculation necessary to assure a smooth expansion of existing procedures.

Should you have any questions or require additional information, please do not hesitate to contact the undersigned at (225) 342-1355 or at kwinfrey@ldi.state.la.us.

Sincerely,

Karen Reiners Winfrey
Deputy Commissioner
Office of Health Insurance

Department Name: Department of Insurance
Program Name: Health
FY 10/11

Salaries	\$73,346
Related Benefits	24,195
Travel	29
Operating Services	321
Interagency Transfers	484
Total	

Department Name: Department of Insurance
Program Name: Rates Review
FY 10/11

Other Compensation	\$284,543
Related Benefits	137,856
Travel	6,000
Operating Services	23,808
Supplies	6,500
Professional Services	501,400
Interagency Transfers	33,000

State of Louisiana



BOBBY JINDAL
GOVERNOR

Post Office Box 94004
Baton Rouge, LA 70804-9004

OFFICE OF THE GOVERNOR

July 1, 2010

Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Ave., SW
Washington, DC 20201

RE: Support for grant to the Louisiana Department of Insurance for development of Health Insurance Premium Review

Dear Ms. Sebelius:

I am writing to express my support for the Louisiana Department of Insurance to be a grantee under the Affordable Care Act of 2010.

The Insurance Department performs oversight of community rating for small group policies and solvency and market conduct regulation of the health insurance industry. The agency's approval authority is limited by statute to Medicare Supplement rates and rates for long-term care products.

This grant will fund the agency's start up costs for creating the knowledge base, data services, expertise and transparent accountability necessary for Louisiana to provide you the information you need as we are required to do by the Affordable Care Act of 2010.

Therefore, I support the awarding of the \$1,000,000 grant to the Department of Insurance. Commissioner of Insurance Jim Donelon has assured me that his Department will be good stewards of this resource and fully comply with the terms and conditions of the grant and the law.

With best wishes and highest personal regards, I remain

Sincerely yours,


Bobby Jindal
Governor, State of Louisiana

OFFICE OF HEALTH INSURANCE

Deputy
Commissioner

Admin Asst 4

Insurance Administrator

Supplemental Health
MNRO Division

Insurance Manager

Insurance Supervisor

Insurance Supervisor

Insurance Spec 2
Insurance Spec 2

Insurance Spec 2
Insurance Spec 2

Insurance Tech 2
Insurance Tech 2

LA Health Care Comm

Director of LHCC

Asst Director
Of LHCC

Insurance Spec 3
Insurance Spec 2

HIPAA Quality
Managemet

Insurance Manager

Insurance Supervisor

Insurance Spec 3

Insurance Spec 2
Insurance Spec 2
Insurance Spec 2
Insurance Spec 2

Insurance Supervisor

Insurance Spec 3

Insurance Spec 2
Insurance Spec 2
Insurance Spec 2
Insurance Spec 2

SHIIP

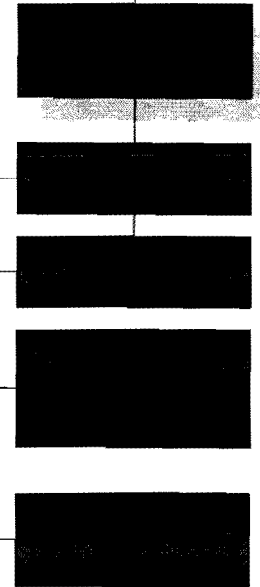
Insurance Manger

Insurance Supervisor

Insurance Spec 3

Insurance Spec 2
Insurance Spec 2

Insurance Tech 2



OFFICE OF HEALTH INSURANCE

Deputy
Commissioner

Admin Asst 4

Insurance Administrator

Supplemental Health
MNRO Division

LA Health Care Comm

HIPAA Quality
Managemet

SHIIP

Insurance Manager

Director of LHCC

Insurance Manager

Insurance Manger

Insurance Supervisor

Insurance Supervisor

Asst Director
Of LHCC

Insurance Supervisor

Insurance Spec 2
Insurance Spec 2

Insurance Spec 2
Insurance Spec 2

Insurance Spec 3
Insurance Spec 2

Insurance Spec 3

Insurance Tech 2
Insurance Tech 2

Insurance Supervisor

Insurance Supervisor

Insurance Spec 2
Insurance Spec 2

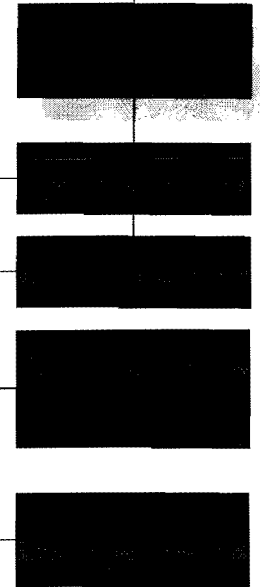
Insurance Tech 2

Insurance Spec 3

Insurance Spec 3

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JOB DESCRIPTION

PROJECT DIRECTOR (DEPUTY COMMISSIONER)

The Deputy Commissioner of the Office of Health Insurance serves as the supervisor over four units. These units are Supplemental Health, Louisiana Health Care Commission, HIPAA Quality Management and SHIIP. In addition, the Deputy Commissioner is responsible for legislation, regulations and compliance with state and federal health care requirements.

- 20% Supervises the functions of the Supplemental Health unit which oversees the filings and review of rates, advertisements and forms for Medicare Supplement and Limited Benefit policies.
- 20% Supervises the functions of the Louisiana Health Care Commissioner which is a statutory created group of 50 individuals who study and make recommendations for health care improvements to the Commissioner of Insurance.
- 20% Supervises the HIPAA/Quality Management unit which is responsible for responding to all complaints relative to major medical health insurance as well as the review of form filings for compliance with the Louisiana Insurance Code.
- 20% Supervises the Senior Health Insurance Information Program (SHIIP) which is responsible for administering a federal grant that employs counselors to assist seniors with questions and interactions with Medicare.
- 10% Researches and monitors changes in state and federal laws governing health insurance. Drafts legislation, rules and regulations related to health insurance. Prepares reports for legislative committees, quarterly meetings of the National Association of Insurance Commissioners (NAIC), working groups and task forces regarding the functions of the Office of Health Insurance.
- 10% Represents the Department at conferences, seminars, training sessions, industry forums and serves as an expert witness at administrative hearings or other legal proceedings. Meets with insurance company officials, government officials and private individuals.

JOB DESCRIPTION

ASSITANT DIRECTOR (INSURANCE SUPERVISOR)

- 25% Plans, organizes, supervises and controls the work activities of staff responsible for review for approval or disapproval of rate and advertising involving health insurance governed under both state and federal laws, rules and regulations.
- 25% Researches and directs the research of such state and federal legal requirements, analyzes legal information and insurance contracts, renders decisions and composes correspondence to interested parties pertaining to insurance inquiries, and rate filings.
- 15% Evaluates and analyzes reports from subordinates regarding industry compliance versus negative trends or unfair trade practices. Considers recommendations of staff and input from other Offices or Divisions of the Department and determines appropriate remedies such as dissemination of consumer and/or industry bulletins or advisories; performing in-house desk audits; initiating administrative action; and drafting of proposed legislation, rules or regulations related to rate filings in health insurance.
- 10% Researches and monitors changes in federal laws governing rate filings in health insurance. Drafts legislation, rules and regulations related to rate filings in health insurance.
- 10% Prepares reports for legislative committee meetings, quarterly meetings of the National Association of Insurance Commissioners, working groups and task forces regarding the functions of the Health Rate Division, deficiencies and problems with rate filings in health insurance.
- 5% Represents the Department at conferences, seminars, training sessions, industry forums and serves as an expert witness at administrative hearings or other legal proceedings. Meets with insurance company officials, government officials and private individuals.
- 5% Conducts staff meetings and conferences with subordinates to discuss operating problems, organization, budgetary matters, technical problems, and status of projects.
- 5% Performs special projects and other related duties as assigned.

JOB DESCRIPTION

INSURANCE SPECIALIST

- 30% Conducts the highest level and most complex investigations involving compliance with all applicable state and federal laws, rules and regulations. Investigates complaints against insurance companies, and insurance agents, or related parties. Continuously monitors compliance versus negative trends or unfair trade practices by evaluating the causes for inquiries and complaints received from consumers; the number and type of complaints filed against each insurer; and the levels of cooperation demonstrated by industry representatives.
- 30% Researches insurance laws, analyzes legal information and insurance contracts, and composes correspondence to interested parties pertaining to insurance inquiries and complaints. Position requires extensive knowledge of the Louisiana Insurance Code and Federal laws and regulations. Assists consumer with the interpretation of statutes, rules, regulations, filing procedures and fees, and status request on pending rate filings.
- 25% Prepares detailed summary investigative reports for supervisor. Also, prepares various other reports, such as the monthly activity report, travel vouchers, weekly time reports, statistical reports, etc.
- 5% Communicates by telephone or correspondence advising insurance agents or company representatives on the proper application of insurance laws.
- 5% Meets with insurance company officials, government representatives, and private individuals, as well as, attorneys regarding state and federal insurance laws, regulations and directives; compiles and maintains investigation files on insurance companies and agents regarding rate filing.
- 5% Performs special projects and other related duties as assigned.

INCUMBENT MUST BE ABLE TO PERFORM THE ESSENTIAL JOB FUNCTIONS OF THIS POSITION.

JOB DESCRIPTION
INSURANCE TECHNICIAN

Specific duties and responsibilities include, but are not limited to, the following:

- 40% Provides information to the consumer, general public and insurance company representatives by telephone, public contact and correspondence; assists supervisor in locating files needed in response to telephone inquiries.
- 30% Responds to requests for general information through accessing the company database (ex: address, phone numbers, AM best ratings) and information from annual statements (ex: assets and liabilities); acts as a liaison between the Department and the insurance industry and/or the general public.
- 10% Responds to requests for copies of documents, annual statements, etc. and invoices for copies.
- 10% Maintains files and other correspondence; checks for misfiles periodically; cleans out old information from files and reorganizes filing systems periodically.
- 5% Makes deliveries to other divisions daily.
- 5% Performs other related duties and special projects as assigned.

INCUMBENT MUST BE ABLE TO PERFORM THE ESSENTIAL JOB FUNCTIONS OF THIS POSITION.

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 will 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:

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:

07/07/2010

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:

Commissioner of Insurance, State of Louisiana

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

72-6011665

* c. Organizational DUNS:

8099270720000

d. Address:

* Street1:

1702 North 3rd Street

Street2:

* City:

Baton Rouge

County/Parish:

* State:

LA: Louisiana

Province:

* Country:

USA: UNITED STATES

* Zip / Postal Code:

70802-5143

e. Organizational Unit:

Department Name:

Division Name:

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

Prefix:

Ms.

* First Name:

Karen

Middle Name:

R.

* Last Name:

Winfrey

Suffix:

Title:

Deputy Commissioner, Office of Health

Organizational Affiliation:

* Telephone Number:

225-342-1355

Fax Number:

225-342-5711

* Email:

kwinfrey@ldi.state.la.us

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.):

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

Premium Review Grant

Attach supporting documents as specified in agency instructions.

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="993,107.00"/>
* 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="993,107.00"/>

*** 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 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:**

Commissioner of Insurance, State of Louisiana

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

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

Prefix: Ms.

*** First Name:** Karen

Middle Name: R.

*** Last Name:** Winfrey

Suffix:

Title: Deputy Commissioner, Office of Health

Organizational Affiliation:

Louisiana Department of Insurance

*** Street1:** P. O. Box 94214

Street2:

*** City:** Baton Rouge

County: East Baton Rouge Parish

*** State:** LA: Louisiana

Province:

*** Country:** USA: UNITED STATES

*** Zip / Postal Code:** 70804-9214

*** Telephone Number:** 225-342-1355

Fax: 225-342-5711

*** Email:** kwinfrey@ldi.state.la.us

Delete Entry

Previous Person

Next Person

Key Contacts Form

*** Applicant Organization Name:**

Commissioner of Insurance, State of Louisiana

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

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

Prefix:

Mr.

*** First Name:**

Lance

Middle Name:

L.

*** Last Name:**

Herrin

Suffix:

Title:

Deputy Undersecretary, Office of Mgt. & Fin.

Organizational Affiliation:

Louisiana Department of Insurance

*** Street1:**

P. O. Box 94214

Street2:

*** City:**

Baton Rouge

County:

East Baton Rouge Parish

*** State:**

LA: Louisiana

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

70804-9214

*** Telephone Number:**

225-342-3981

Fax:

225-342-6324

*** Email:**

lherrin@ldi.state.la.us

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:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

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

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:

* 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	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

Objective Work Plan

Project:

Premium Review Grant

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

1 To provide oversight of health insurance rates, to provide a review of justification for rate increases which are considered "unreasonable" as defined by HHS.

*** Objective:**

To provide a retrospective review of all rates filed with form filings to determine if they meet the reasonable threshold or have reliable justifications for the requested increase.

*** Results or Benefits Expected:**

To acquire historical insight regarding the impact of applying the federal standard of reasonableness to rates charged in Louisiana.

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
Segregate all rate filings from form filings for all filings FY 2009-10	Insurance supervisor Insurance specialists Insurance tech	08/20/2010	12/20/2010	1,564
Extract all filings which meet the unreasonable threshold	Insurance supervisor Insurance specialists Insurance tech	10/20/2010	01/20/2011	937
Obtain from insurers the justifications for the rates used if found to meet the unreasonable threshold.	Insurance supervisor Insurance specialists Insurance tech	01/20/2011	03/20/2011	731
Review insurer provided justifications	Insurance supervisor Insurance specialist Contract actuary	02/15/2011	04/01/2011	557

Objective Work Plan

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

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

Issuance of an internal report that provides experience on application of HHS rating standards that can be used to advise the legislature on proposed legislation.



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.

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

Budget Narrative File(s)

* Mandatory Budget Narrative Filename:

[Add Mandatory Budget Narrative](#)

[Delete Mandatory Budget Narrative](#)

[View Mandatory Budget Narrative](#)

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

[Add Optional Budget Narrative](#)

[Delete Optional Budget Narrative](#)

[View Optional Budget Narrative](#)

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. FRA-FD-10-99	93.511	\$ 993,107.00	\$	\$	\$	\$ 993,107.00
2.						
3.						
4.						
5. Totals		\$ 993,107.00	\$	\$	\$	\$ 993,107.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	FRA-FD-10-99				
a. Personnel	\$ 284,543.00	\$	\$	\$	\$ 284,543.00
b. Fringe Benefits	137,856.00				137,856.00
c. Travel	6,000.00				6,000.00
d. Equipment					
e. Supplies	6,500.00				6,500.00
f. Contractual	501,400.00				501,400.00
g. Construction					
h. Other	56,808.00				56,808.00
i. Total Direct Charges (sum of 6a-6h)	993,107.00				\$ 993,107.00
j. Indirect Charges					\$
k. TOTALS (sum of 6i and 6j)	\$ 993,107.00	\$	\$	\$	\$ 993,107.00
7. Program Income	\$	\$	\$	\$	\$

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.		\$	\$	\$	\$
17.					
18.					
19.					
20. TOTAL (sum of lines 16 - 19)		\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:		22. Indirect Charges:	
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>Patti Kling</p>	<p>* TITLE</p> <p>Deputy Undersecretary, Office of Mgt & Fin</p>
<p>* APPLICANT ORGANIZATION</p> <p>Commissioner of Insurance, State of Louisiana</p>	<p>* DATE SUBMITTED</p> <p>07/07/2010</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: Commissioner of Insurance, State of Louisiana * Street 1: P. O. Box 94214 Street 2: _____ * City: Baton Rouge State: LA: Louisiana Zip: 70804 Congressional District, if known: _____		
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: _____	9. Award Amount, if known: \$ _____	
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: Patti Kling * Name: Prefix Mr. _____ * First Name Lance _____ Middle Name L. _____ * Last Name Herrin _____ Suffix _____ Title: Deputy Undersecretary, Office of Mgt. & Fin. Telephone No.: 225-342-3981 Date: 07/07/2010		

Basic Work Plan

1. Estimated date of established funding agreement with State:

08/20/2010

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: Develop and pass legislation on rate/rule regulation

b. Name of person or organization responsible for carrying out task: Warren Byrd, Executive Counsel

c. How long will this task take to complete? 10 months

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

Creating the statutory and regulatory framework for rate regulation is essential to the Louisiana Department of Insurance's (LDOI) authority to provide reliable guidance to the Secretary of the U.S. Department of Health and Human Services regarding unreasonable premium increases and the determination of unjustified and/or excessive premium increases. This task requires researching existing state systems, laws and rules that regulate health insurance rates, performing comparative analysis and determining LDOI's recommendation to the legislature. As the lawmaking body, the Louisiana legislature may accept, modify or reject the proposal to regulate health insurance rates.

3 a. Describe this task or milestone: Continued from above

b. Name of person or organization responsible for carrying out task: Warren Byrd, Executive Counsel

c. How long will this task take to complete? 10 months

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

Even if the legislature refuses to provide the authority, this exercise will help the LDOI become better equipped to provide reliable guidance to HHS.

Project Abstract Summary

Program Announcement (CFDA)

93.511

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

RFA-FD-10-999

*** Closing Date**

07/07/2010

*** Applicant Name**

Commissioner of Insurance, State of Louisiana

*** 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.**

Other Attachment File(s)

* Mandatory Other Attachment Filename:

Add Mandatory Other Attachment

Delete Mandatory Other Attachment

View Mandatory Other Attachment

To add more "Other Attachment" attachments, please use the attachment buttons below.

Add Optional Other Attachment

Delete Optional Other Attachment

View Optional Other Attachment

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.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="993,107.00"/>
* 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="993,107.00"/>

*** 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 No

If "Yes", provide explanation and attach

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:

Lance L. Herrin

7-7-10

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.
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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>Deputy Undersecretary, Office of Mgt & Fin</p>
<p>* APPLICANT ORGANIZATION</p> <p>Commissioner of Insurance, State of Louisiana</p>	<p>* DATE SUBMITTED</p> <p>Completed on submission to Grants.gov</p>

7-7-10

PROJECT NARRATIVE:

General rate regulation information: The Louisiana Department of Insurance (DOI) does NOT have explicit statutory or regulatory authority to approve and/or deny health insurance rates in the major medical market. DOI's sole authority is limited to approval or modification of rates for Medicare Supplement (MEDSUPP) and Long Term Care (LTC) policies. Generally, health insurance products are regulated through prior review of forms to make certain products meet all statutory and regulatory requirements. The DOI oversees market conduct through examinations and through actions taken as a result of consumer inquiries or complaints.

Health insurance products licensed and regulated by the DOI include Major Medical (Indemnity/ PPO / POS); HSME (Hospital Surgical Medical Expense/ PPO/ POS); HMO (Health Maintenance Organization / PPO/ POS). All of these products are sold in the individual, small group and large group markets.

Rating/filing requirements: The DOI currently completes an actuarial review of LTC and MEDSUPP initial rate filings. All other health initial insurance rate filings are issued file and use. Both the MEDSUPP and LTC policies are issued guaranteed renewable (the company cannot cancel coverage but it can periodically increase its rates if its unfolding experience so justifies it). These products are priced to meet a minimum statutory loss ratio standard as prescribed in the DOI's **Regulations 33 and 46** respectively. The company can only increase rates if it demonstrates that its ultimate experience loss ratio appears likely to exceed the statutory minimum loss ratio standard.

All renewal rate increase filings for MEDSUPP and LTC along with actuarial memoranda are reviewed to see if the requested rate increase is actuarially justified. The DOI's review, like the

initial loss ratio review, entails ensuring that the support assumptions are reasonably likely to meet expectations. Under state regulations, the company is also required to supply the data necessary to defend the failure of the original filing's initial assumptions to meet expectations.

All other health insurance filings are issued file and use. The DOI does not currently review either the initial or renewal rates for these filings because it does not have the authority to approve or disapprove them. The small group community rating reviews are conducted at the time of the company's statutory financial examinations to see if the company adheres to the community rating restrictions of **Regulation 52**. Exceptions are noted and remedial action is implemented where necessary. The guidance of ASOP 26 is utilized.

Legal authority: Under the authority granted by **La. R.S. 22:1111; La. R.S. 22:1094, Regulation 33** and **Regulation 46, Regulation 52**, as well as federal law, MEDSUPP and LTC coverage sold in Louisiana are subject to the review and approval by the DOI through its Office of Health Insurance and Life & Annuity Division.

State staff: The Office of Health Insurance is responsible for performing MEDSUPP rate reviews while the Life & Annuity Division is responsible for LTC rate reviews. The reviews assure compliance with all applicable state and federal requirements. In-depth technical knowledge of all aspects of MEDSUPP plans, LTC plans, and the pertinent state and federal laws, rules and regulations is essential to assure this compliance.

Rate filings may be submitted in paper form but, more often, the filings are submitted through the System for Electronic Rate and Form Filing (SERFF), or directly through the Department's Complaint, Rate and Form Tracking (CRAFT) system. SERFF is the NAIC's uniform, countrywide electronic filing system which is used as the de facto filing mechanism in

Louisiana. CRAFT is the DOI's internal system for complaint, rate and form tracking. In 2009, 80 percent of the MEDSUPP rate filings were received through SERFF; two percent were received through CRAFT; and 18 percent were received as a paper filing. In 2009, 92 percent of the LTC rate filings were received through SERFF; none were received through CRAFT; and 8 percent were received as a paper filing.

The Office of Health Insurance currently has an Insurance Manager, an Insurance Supervisor, one insurance specialist, one insurance technician and one in-house actuary handling the review and approval of rate filings for MEDSUPP products. The actuary reviews the actuarial memorandum describing the rating methodology for the particular products being filed and any other relevant financial/actuarial documentation.

There are four types of filings that are considered MEDSUPP rate filings. Initial rate filings included in a complete form filing for a MEDSUPP product; rate adjustment filings; annual rate filings; and refund calculation filings.

The Life and Annuity Division currently has a Division Director, an Assistant Director, one insurance analyst, and one in-house actuary handling the review and approval of rate filings for LTC insurance products. The actuary reviews the actuarial memorandum describing the rating methodology for the particular products being filed and any other relevant financial/actuarial documentation.

There are three types of filings that are considered LTC rate filings. They are initial rate filings included in a complete form (includes rate) filing for a LTC product; rate adjustment filings; and updated projections for previously approved rate adjustments.

Rate review process: All filings for MEDSUPP and LTC products are received through SERFF, CRAFT, or U.S. mail, and immediately assigned to the insurance technician/analyst in the Office of Health Insurance or Life & Annuity Division. The filing is entered with all the pertinent information into the CRAFT system. The technician/analyst is responsible for the review of the full form filing, with the exception of the rate portion which is submitted to the Department's in-house actuary for review and approval.

Upon completion of the rate review, the actuary sends his recommendation back to the insurance technician/analyst so that the review of the full form (includes rate) filing may be completed. An approval or disapproval letter regarding the complete form filing is issued to the carrier.

MEDSUPP Rate adjustment filings must demonstrate that the anticipated lifetime loss ratio (incurred claims/earned premiums) is not less than 65 percent for individual policies and 75 percent for group policies. LTC rate adjustment filings are governed by Regulation 46 which details the procedure for requesting an adjustment and the criteria that must be met.

Regulation 33 provides that an issuer of MEDSUPP policies and certificates issued in this state shall file annually no later than December 31 its rates for the upcoming calendar year. These rate filings CANNOT include rate adjustments. Annual filings and rate adjustment filings must be filed separately.

For each approved LTC policy rate increase, the insurer is required to subsequently submit updated loss ratio projections for the next three years that compare the actual loss ratio results to those originally projected at the time of the rate increase request. . The commissioner may extend the period to greater than three years if actual results deviate significantly from the originally projected values.

For MEDSUPP only, **Regulation 33**, provides that a refund or credit calculation is required if, on the basis of the experience as reported, the benchmark ratio since inception exceeds the adjusted experience ratio since inception. When a charged rate results in an actual past loss ratio lower than the minimum, the excess premium is rebated to the insured.

Authority to review rates/Criteria: Authority to review and approve/disapprove rates for major medical products would have to be enacted by the Louisiana legislature during the 2011 Regular Legislative Session.

Grounds for approval of rates: MEDSUPP rates are based on requirements found primarily in **Regulation 33**. The primary factor taken into account is the loss ratio standards.

Actuaries must review the rate filing to ensure that the loss ratios are calculated using incurred claims experience (or incurred health care expenses when coverage is provided by a health maintenance organization on a service rather than a reimbursement basis) and earned premiums for the period in accordance with accepted actuarial principles and practices.

All initial rate filings and schedules must demonstrate that expected claims in relation to premiums comply with the requirements of **Regulation 33**. Rate revision filings must also demonstrate that the anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage when combined with the actual experience to date can be expected to meet the appropriate loss ratio standards.

Annual rate filings, which are due December 31, and the supporting documentation must demonstrate that the appropriate loss ratio standards can be expected to be met over the entire period for which rates are computed. This demonstration excludes active life reserves. An expected third-year loss ratio which is greater than or equal to the applicable percentage must be

demonstrated for policies or certificates in force less than three years. The filing must contain all MEDSUPP plans issued by the issuer and cannot include rate adjustments.

With respect to refund or credit calculations, the actuary must determine whether a refund or credit calculation is required based on whether the benchmark ratio since inception (Ratio 1) exceeds the adjusted experience ratio since inception (Ratio 3). The actuary must ensure that the refund calculation is done on a statewide basis for each type in a standard MEDSUPP benefit plan. For purposes of the refund or credit calculation, experiences on policies issued within the reporting year are excluded. A refund or credit shall be made only when the benchmark loss ratio exceeds the adjusted experience loss ratio and the amount to be refunded or credited exceeds a de minimis level.

Regulation 46 provides the grounds for approval of LTC rates. The initial loss ratio projections for LTC products are reviewed to determine whether the actuarial assumptions that are used in the development of the initial loss ratio projections are reasonable. In evaluating the reasonableness of the assumptions, reference is made to the guidelines under the actuarial standards of practice (ASOP), particularly ASOP 18.

The renewal rate increase filings for LTC products are reviewed to determine whether the requested rate increase is actuarially justified. When requesting a rate increase, a company specifically combines their historical loss ratio experience with a projected future loss ratio to form an expected ultimate loss ratio. The rate increase is generally requested because the company has concluded that without a rate increase its ultimate results will be well in excess of the minimum loss ratio standard and that a rate increase will mitigate this excess. The DOI's review, like the initial loss ratio review, is a determination of whether the supporting

assumptions are reasonably likely to meet expectations. Under **Regulation 46**, the company is also required to defend the failure of the initial assumptions to meet expectations.

Timing of review: In general, rate filings for MEDSUPP and LTC carriers must be reviewed and approved prospectively. A carrier may not issue MEDSUPP or LTC policies unless both the forms and rates have been approved by the DOI. Although approvals are issued on a prospective basis, examples of “retroactive” action taken by the DOI would be a response to a complaint filed regarding an allegedly inappropriate rate increase or a MEDSUPP rebate calculation.

Rate modification: For major medical filings, the DOI does NOT have explicit statutory or regulatory approval authority; therefore, the DOI cannot provide any examples of a “requested” rate modification and/or negotiation resulting in demonstrably lower rates.

IT resources & capacity: All form and rate submissions are processed using the DOI internal form and rate review system. Currently, the DOI collects and stores health rate information. There is no formal review or approval process for health rates. Rate information is required during form submission and is stored within the DOI form and rate review and approval systems along with the supporting forms.

CRAFT has a rate review and approval component for property and casualty rate submissions.

The existing system has sufficient capacity to be expanded and extended to support any proposed health rate review and approval processes in the future.

Budget & staffing: The total appropriation for the DOI is \$29,567,312. Of this total, \$27,893,536 is self generated funds; \$707,420 is an Administrative Fund; \$392,763 is the DOI’s Insurance Fraud Investigation Fund; \$25,000 LATIFPA and \$548,593 is a federal grant (SHIP).

Attached hereto is Exhibit "A" detailing the breakdown of the budget for rate review of MEDSUPP and LTC policies. The total budget for FY 2010-2011 is \$98,375.

The DOI's current staff includes the following job titles with accompanying educational requirements: Insurance Specialist 1: A baccalaureate degree.; Insurance Specialist 2: A baccalaureate degree plus one year of experience in claims adjusting, processing, marketing, sales, rate making, underwriting, policy services, audits, investigations, licensing, or regulation and enforcement of compliance with insurance laws as an insurance marketing representative or as a practicing attorney.; Insurance Technician 1: Two years of experience with clerical duties or an Associate Degree in Office Systems Technology.; Insurance Technician 2: Three years of experience with clerical duties or an Associate Degree in Office Systems Technology.; Actuary: A baccalaureate degree in Actuarial Science, Math, Economics or similar degree; must be on the actuarial exam track, having passed two or more actuarial exams or achieved the ASA or FSA designation; experience building actuarial models in SQL, SAS and/or VBA is preferred.

Rate filings: In 2009, the total number of rate filings received for MEDSUPP and Medicare Select was 286. The average days to complete were 74. The total number of rate filings received for LTC was 59. The average days to complete were 47 days. The total number of rate filings received for all other health filings in 2009 was 606. The average days to complete were 21. (Currently these rate filings are only informational and do not require full review. The average number of days to complete is driven by the forms associated with these rate filings.)

Consumer protections: La. R.S. 22:1094 provides that rate filings for small group community rating are confidential and may be released to the public by court order or an agreement with the insurance carrier. Access to the DOI is governed by La. R.S. 44:1, et seq. Summaries of rate

changes are offered in plain language for consumers. See **Regulation 33**. For MEDSUPP products, the insured must be notified within 45 days for any premium increase. Consumers are not provided with official comment periods to review and comment on proposed rate changes.

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¶ With the exception of MEDSUPP and LTC filings, the DOI does not have health insurance rate filing regulatory authority. Under existing Louisiana law, the DOI does not have statutory authority for the approval or disapproval of health insurance rate filings. Thus, there are no public meetings or other processes that currently exist for the review of such filings.

Regulation 33, which pertains to MEDSUPP standards, permits the commissioner to conduct a public hearing to gather information concerning a request by an insurer for an increase in a rate for a policy form or certificate form if the experience of the form for the previous reporting period is not in compliance with the applicable loss ratio standard. In accordance with La. R.S. 49:950 *et seq*, such hearing shall be conducted by the Division of Administrative Law (DAL). Moreover, an appeals process is in place for an aggrieved party who wishes to seek appellate
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¶ review of a decision or order by the DAL.

Between June 2008 and June 2010, the Office of Health Insurance received 63 complaints relative to premium increases. The complaints address issues of excessive premiums and rate increases.

Examination & oversight: Action has not been taken against a major medical company for rate issues. Louisiana does not have statutory authority to approve rates in the major medical health insurance market. No formal hearings were held over the past two plan years regarding health insurance rates.

b) **Proposed rate review enhancements for health insurance**

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Authority needed: Louisiana does not currently have authority to review and/or approve health insurance rates for major medical products. However, because of DOI's experience with rate review and approval in MEDSUPP and LTC, the DOI is well prepared to implement an expansion of the current practices.

The DOI plan of action will include a review of historical information found in the DOI's "file and use" rates. The DOI will utilize the definition of "unreasonable" to determine the filings which would have met the threshold and then conduct an inquiry as required by HHS. The inquiry will include a request to the health insurers for justification of any rate increase that meets the threshold for review.

In developing the authority for rate review in Louisiana, the DOI will obtain and compare regulatory authority from other states. This information, along with the current MEDSUPP and LTC rate review process, will be considered during the drafting of proposed legislation necessary to implement the necessary DOI authority.

The DOI anticipates the enactment of enabling legislation during the 2011 Regular Session of the Louisiana Legislature. A comprehensive legislative package will include amendments to the Insurance Code (Title 22). The DOI's proposed legislation will expand its current authority to include the review and possibly prior approval of major medical health insurance rates.

The DOI expects that filing requirements will include an actuarial memorandum describing the rating methodology and, when applicable, data to support any request for initial rates or a subsequent rate adjustment.

Upon enactment of this legislation, the DOI will begin drafting and implementing policies and procedures for the review of health insurance rates. This will include the training of employees

in the tasks associated with the acceptance of rate filings. The final phase of the plan of action will occur when the DOI begins receiving rate filings. This phase will include the receipt and review of rate filings and justifications from health insurers by DOI staff (and, possibly, contract actuaries) for a final recommendation to the Louisiana Commissioner of Insurance and the Secretary of HHS.

The DOI expects its plan of action to begin in late August, 2010 and to conclude in September, 2011.

Staffing: An increase in the current staff is anticipated. However, until the definition of “unreasonable” by HHS is determined, DOI’s projection of increased staff is based upon its history for “file and use” filings. The DOI’s staffing needs would initially be met by contract with a qualified health actuary who meets the American Academy of Actuaries qualification standards to prepare a health insurance product structure and rate filing certification Statement of Actuarial Opinion. Other support staff would also be needed for the associated administrative functions. The DOI will employ six additional employees in the positions of Insurance Supervisor, Insurance Specialist and Insurance Technician.

Proposed Budget: The proposed budget to develop the rate and data collection system as well as the cost of implementation of necessary statutory and regulatory revisions is expected to require \$993,107. (See attached Exhibit “B”)

IT: The DOI will partner with the National Association of Insurance Commissioners (NAIC) as well as expand its internal capabilities to assure adequate IT services.

Goals/Performance Standards: The overall goal of the DOI is to provide oversight of insurance premium rates to assure reasonableness and to provide a review of the justification for rate

increases which are considered “unreasonable” as defined by HHS. The DOI will measure its performance by tracking the number of days necessary to process a rate filing. It is expected that the total process will not exceed thirty days.

c) Reporting to the Secretary on Rate Increase Patterns

By accepting this grant, the DOI is prepared to comply with the reporting requirements of PPACA. The DOI will collect this data through the use of SERFF as well as the DOI’s internal IT capabilities. The DOI expects to support and participate in adjustments to the NAIC’s SERFF system to enhance uniform reporting at a cost of \$18,808. The NAIC’s enhancements to SERFF will include, at a minimum: the ability for Louisiana as a grantee to access rate increases sought by health insurance issuers, identified by company type and product type; facility in SERFF to indicate which rate filings meet the HHS threshold for “unreasonable,” full product identification, including company’s name for product, its HHS ID and product status track able by filer; and fields required for HHS data collection. The NAIC modifications of SERFF are expected to include justification for all rate filings, not just those meeting the “unreasonable” threshold; it is not yet determined if DOI will utilize this feature. The NAIC will provide to DOI training and support for these modifications and will provide the DOI assistance in providing for consumer-friendly rate disclosures that the DOI will make publicly available when authorized by law. NAIC assistance is expected to be available within three months of receiving the HHS required uniform template for reporting. Initially, the focus will be on implementing the means of data collection. Subsequent releases will incorporate reporting needs with full implementation projected for eight months after the NAIC receives the reporting template and supporting documentation.

d) Optional Data Center Funding

The DOI has benefited from the services of two state universities in the past and would seek to utilize the services of either of these state universities to collaborate on efforts to compile and publish fee schedule information on health insurance premium in a manner that would benefit consumers and interested parties. Any work performed under contract would be consistent with the Louisiana Code of Governmental Ethics (Title 42). The project specifications would include all grant requirements for demonstration of appropriate analytic methods and public disclosure. This contracted service would be limited to the \$50,000 available under the limitations of the Grant Cycle I. Because the project would only examine data from health insurance products sold in Louisiana, its research is not expected to duplicate any efforts of any other entity, although much of the data forming the contractor's information is subject to a public records disclosure so a non-contracted party could provide some level of peer review without being funded under this grant. In order to provide greater access to health insurance information, data analysis results and reports, the department will need to add additional capacity to the department's data center. Several of the planned enhancements include: Adding capacity of department's web presence servers, augmenting back office servers and corresponding storage to increase scalability, and improve network bandwidth.

Objective Work Plan

Project:
 Premium Review Grant

*** Year:** 1 *** Funding Agency Goal:**
 To provide oversight of health insurance rates, to provide a review of justification for rate increases which are considered "unreasonable" as defined by HHS.

*** Objective:**
 To provide a retrospective review of all rates filed with form filings to determine if they meet the reasonable threshold or have reliable justifications for the requested increase.

*** Results or Benefits Expected:**
 To acquire historical insight regarding the impact of applying the federal standard of reasonableness to rates charged in Louisiana.

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
Segregate all rate filings from form filings for all filings FY 2009-10	Insurance supervisor Insurance specialists Insurance tech	08/20/2010	12/20/2010	1,564
Extract all filings which meet the unreasonable threshold	Insurance supervisor Insurance specialists Insurance tech	10/20/2010	01/20/2011	937
Obtain from insurers the justifications for the rates used if found to meet the unreasonable threshold.	Insurance supervisor Insurance specialists Insurance tech	01/20/2011	03/20/2011	731
Review insurer provided justifications	Insurance supervisor Insurance specialist Contract actuary	02/15/2011	04/01/2011	557

Objective Work Plan

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

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

Issuance of an internal report that provides experience on application of HHS rating standards that can be used to advise the legislature on proposed legislation.

Objective Work Plan

Project:

Premium Review Grant

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

1 To provide oversight of health insurance rates, to provide a review of justification for rate increases which are considered "unreasonable" as defined by HHS.

*** Objective:**

To determine a rate regulation public policy recommendation for the Louisiana legislature

*** Results or Benefits Expected:**

To pass legislation that will permit Louisiana to provide the appropriate level of rate regulation of health insurers to improve the availability of health insurance at reasonable cost to Louisiana policyholders

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
Obtain and compare the rate regulation authorities in all 50 states	Insurance supervisor with existing management and contract attorney	08/20/2010	11/20/2010	420
Survey markets for health insurance in other states and to determine the extent that rate regulation affects diversity in the market	Insurance supervisor with existing management and legal staff	11/20/2010	01/20/2011	90
Draft legislation to propose to the Louisiana legislature for the purpose of state regulation of health insurance premium/rates	Insurance supervisor with existing management and legal staff	01/20/2011	04/25/2011	130
Provide testimony and legal guidance to the Louisiana legislature to assure enactment of proposed legislation	Existing management and contract attorney	04/25/2011	06/23/2011	240

Objective Work Plan

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

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

Issuance of an internal report that provides guidance for optimal effective level of rate regulation that can be used to advise the legislature on proposed legislation.

Objective Work Plan

Project:
 Premium Review Grant

*** Year:** 1 *** Funding Agency Goal:**
 To provide oversight of health insurance rates, to provide a review of justification for rate increases which are considered "unreasonable" as defined by HHS.

*** Objective:**
 To determine work flow for implementation of rate regulation

*** Results or Benefits Expected:**
 To provide appropriate staff guidance in conformity to Louisiana law.

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
Draft policies and procedures manual for review of health insurance rates	Insurance supervisor with existing management and staff	05/15/2011	06/30/2011	128
Train insurance specialists for the review of health insurance rates	Insurance supervisor Insurance specialists Insurance tech	07/01/2011	07/15/2011	320

Objective Work Plan

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

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

Staff in place for implementation of rate review as authorized by the legislature.

Objective Work Plan

Project:
 Premium Review Grant

*** Year:** 1 *** Funding Agency Goal:**
 To provide oversight of health insurance rates, to provide justification for rate increases which are considered "unreasonable" as defined by HHS.

*** Objective:**
 To process rate review in a timely manner

*** Results or Benefits Expected:**
 To reach proper determination of rate filings and make recommendations to HHS.

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
Accept all rate filings, segregate confidential from non-confidential parts of the filing, to push filing and supporting documents to the actuary for review	Insurance supervisor Insurance specialists Insurance tech	07/16/2011	09/30/2011	1,440
Review all justifications for rate increases	Contract actuary	07/20/2011	09/30/2011	360
Make final recommendation to Louisiana Commissioner of Insurance and to the Secretary of HHS	Existing managment	08/01/2011	09/30/2011	0

Objective Work Plan

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

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

Performance measures to include the number of days in each phase of the review process and the number of days from receipt of the filing to a decision reached or recommendation made by the Commissioner of Insurance. The performance standards will be twenty-four days from receipt of filing to referral to actuary; twenty days from receipt by actuary to recommendation by actuary; no longer than thirty days from receipt of filing to completion of review by the DOI.

Objective Work Plan

Project:

Premium Review Grant

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

1	To provide oversight of health insurance rates, to provide a review of justification for rate increases which are considered "unreasonable" as defined by HHS.
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*** Objective:**

To provide accurate information to the public, the secretary of HHS, as requested or as required.

*** Results or Benefits Expected:**

To serve the public and HHS through transparency

* Activities	* Position Responsible	* Time Period Begin	* Time Period End	* Non-Salary Personnel Hours
Build IT support necessary for tracking all activities related to rate review and to provide maintenance and support for the IT system	IT contractor	08/20/2010	09/30/2011	499
Respond to inquiries about the federal health reforms and to public records requests; and to prepare reports and respond to information requested by or required by HHS	Insurance supervisor Insurance specialists Insurance tech	08/20/2010	09/30/2011	7,879

Objective Work Plan

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

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

Document all inquiries and requests for information in a manner that makes possible the reporting of the volume of such responses on an annual basis.

RESUME/JOB DESCRIPTION

PROJECT DIRECTOR (DEPUTY COMMISSIONER)

The Deputy Commissioner of the Office of Health Insurance serves as the supervisor over four units. These units are Supplemental Health, Louisiana Health Care Commission, HIPAA Quality Management and SHIIP. In addition, the Deputy Commissioner is responsible for legislation, regulations and compliance with state and federal health care requirements.

- 20% Supervises the functions of the Supplemental Health unit which oversees the filings and review of rates, advertisements and forms for Medicare Supplement and Limited Benefit policies.
- 20% Supervises the functions of the Louisiana Health Care Commissioner which is a statutory created group of 50 individuals who study and make recommendations for health care improvements to the Commissioner of Insurance.
- 20% Supervises the HIPAA/Quality Management unit which is responsible for responding to all complaints relative to major medical health insurance as well as the review of form filings for compliance with the Louisiana Insurance Code.
- 20% Supervises the Senior Health Insurance Information Program (SHIIP) which is responsible for administering a federal grant that employs counselors to assist seniors with questions and interactions with Medicare.
- 10% Researches and monitors changes in state and federal laws governing health insurance. Drafts legislation, rules and regulations related to health insurance. Prepares reports for legislative committees, quarterly meetings of the National Association of Insurance Commissioners (NAIC), working groups and task forces regarding the functions of the Office of Health Insurance.
- 10% Represents the Department at conferences, seminars, training sessions, industry forums and serves as an expert witness at administrative hearings or other legal proceedings. Meets with insurance company officials, government officials and private individuals.

RESUME/JOB DESCRIPTION

ASSITANT DIRECTOR (INSURANCE SUPERVISOR)

- 25% Plans, organizes, supervises and controls the work activities of staff responsible for review for approval or disapproval of rate and advertising involving health insurance governed under both state and federal laws, rules and regulations.
- 25% Researches and directs the research of such state and federal legal requirements, analyzes legal information and insurance contracts, renders decisions and composes correspondence to interested parties pertaining to insurance inquiries, and rate filings.
- 15% Evaluates and analyzes reports from subordinates regarding industry compliance versus negative trends or unfair trade practices. Considers recommendations of staff and input from other Offices or Divisions of the Department and determines appropriate remedies such as dissemination of consumer and/or industry bulletins or advisories; performing in-house desk audits; initiating administrative action; and drafting of proposed legislation, rules or regulations related to rate filings in health insurance.
- 10% Researches and monitors changes in federal laws governing rate filings in health insurance. Drafts legislation, rules and regulations related to rate filings in health insurance.
- 10% Prepares reports for legislative committee meetings, quarterly meetings of the National Association of Insurance Commissioners, working groups and task forces regarding the functions of the Health Rate Division, deficiencies and problems with rate filings in health insurance.
- 5% Represents the Department at conferences, seminars, training sessions, industry forums and serves as an expert witness at administrative hearings or other legal proceedings. Meets with insurance company officials, government officials and private individuals.
- 5% Conducts staff meetings and conferences with subordinates to discuss operating problems, organization, budgetary matters, technical problems, and status of projects.
- 5% Performs special projects and other related duties as assigned.

TIME LINE

August 20, 2010 – December 20, 2010	Segregate all rate filings from form filings for all filings FY 2009-10. Performed by the insurance supervisor, specialists and technician.
	Obtain and compare the rate regulation authority in all 50 states. Performed by the insurance supervisor, existing management and the contract attorney.
October 20, 2010 – January 20, 2011	Extract all filings which meet the unreasonable threshold. Performed by the insurance supervisor, specialists and technician.
November 20, 2010 – January 20, 2011	Survey markets for health insurance in other states to determine the extent that rate regulation affects diversity in the market. Performed by the insurance supervisor, existing management and legal staff.
January 20, 2011 – March 20, 2011	Obtain from insurers the justifications for the rates used if found to meet the unreasonable threshold. Performed by the insurance supervisor, specialists and technician.
January 20, 2011 – April 25, 2011	Draft legislation to propose to the La. Legislature for the purpose of rate regulation of health insurance premium/rates. Performed by the insurance supervisor, existing management and legal staff.
February 15, 2011 – April 1, 2011	Review insurer provided justifications. Performed by the insurance supervisor and specialists and contract actuary.
April 25, 2011 – June 23, 2011	Provide testimony and legal guidance to the La. Legislature to assure enactment of proposed legislation. Performed by existing management and the contract attorney.

May 15, 2011 – June 30, 2011	Draft policies and procedures manual for review of health insurance rates. Performed by insurance supervisor and existing management and staff.
July 1, 2011 – July 15, 2011	Train insurance specialists for the review of insurance rates. Performed by the insurance supervisor, specialists and technician.
July 16, 2011 – September 30, 2011	Accept all rate filings, segregate confidential from non-confidential parts of the filing, to provide filing and supporting documents to the actuary for review. Performed by the insurance supervisor, specialists and technician.
July 20, 2011 – September 30, 2011	Review all justifications for rate increases. Performed by the contract actuary.
August 1, 2011 – September 30, 2011	Make final recommendations to La. Commissioner of Insurance and the Secretary of HHS. Performed by existing management.
August 20, 2010 – September 30, 2011	Build IT support necessary for tracking all activities related to rate review and to provide maintenance and support for the IT system. Performed by IT contractor.
	Respond to inquiries about the federal health reforms and to public records request; and prepare reports and respond to information requested by or required by HHS. Performed by the insurance supervisor, specialists and technician.