

**§ 153.730**

or reinsurance program on behalf of the State, as applicable, may not—

(1) Include enrollee’s personally identifiable information in the masked enrollee identification number; or

(2) Use the same masked enrollee identification number for different enrollees enrolled with the issuer.

**§ 153.730 Deadline for submission of data.**

A risk adjustment covered plan or a reinsurance-eligible plan in a State in which HHS is operating the risk adjustment or reinsurance program, as applicable, must submit data to be considered for risk adjustment payments and charges and reinsurance payments for the applicable benefit year by April 30 of the year following the applicable benefit year.

**PART 154—HEALTH INSURANCE ISSUER RATE INCREASES: DISCLOSURE AND REVIEW REQUIREMENTS**

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154.301 CMS’s determinations of Effective Rate Review Programs.

AUTHORITY: Section 2794 of the Public Health Service Act (42 USC 300gg–94).

SOURCE: 76 FR 29985, May 23, 2011, unless otherwise noted.

**45 CFR Subtitle A (10–1–13 Edition)**

**Subpart A—General Provisions**

**§ 154.101 Basis and scope.**

(a) *Basis.* This part implements section 2794 of the Public Health Service (PHS) Act.

(b) *Scope.* This part establishes the requirements for health insurance issuers offering health insurance coverage in the small group or individual markets to report information concerning unreasonable rate increases to the Centers for Medicare & Medicaid Services (CMS). This part further establishes the process by which it will be determined whether the rate increases are unreasonable rate increases as defined in this part.

**§ 154.102 Definitions.**

As used in this part:

*CMS* means the Centers for Medicare & Medicaid Services.

*Effective Rate Review Program* means a State program that CMS has determined meets the requirements set forth in §154.301(a) and (b) for the relevant market segment in the State.

*Federal medical loss ratio standard* means the applicable medical loss ratio standard for the State and market segment involved, determined under subpart B of 45 CFR part 158.

*Health insurance coverage* has the meaning given the term in section 2791(b)(1) of the PHS Act.

*Health insurance issuer* has the meaning given the term in section 2791(b)(2) of the PHS Act.

*Individual market* has the meaning given the term under the applicable State’s rate filing laws, except that:

(1) Where State law does not define the term, it has the meaning given in section 2791(e)(1)(A) of the PHS Act; and

(2) Coverage that would be regulated as individual market coverage (as defined in section 2791(e)(1)(A)) if it were not sold through an association is subject to rate review as individual market coverage.

*Product* means a package of health insurance coverage benefits with a discrete set of rating and pricing methodologies that a health insurance issuer offers in a State.

*Rate increase* means any increase of the rates for a specific product offered