

Applicability

Version 1.0

Data Collection Tool for 211 CMR 66.09(3)

This data collection tool is an instrument for carriers to submit required information under 211 CMR 66.09(3) for insured health products offered, issued or renewed to an eligible small business or an eligible individual on or after October 1, 2011 that are subject to M.G.L. c. 176J, in accordance with 211 CMR 66.00, *Small Group Health Insurance*, effective April 1, 2011.

Instructions

Standard Massachusetts Small Group Rate Filing Collection Tool

Version 1.0

1-May-12

<u>Applicability</u>	<u>Instruction</u>
General	If filing for more than one quarter, submit a separate spreadsheet for each quarter of requested rates.
General	Complete shaded cells in the file. Cells that are not shaded may not be modified.
66.09(3)(a)	For new products that were not available in the prior year, leave the prior year PMPM rate cells blank.
66.09(3)(b)	In the "Changes to Cost-Sharing..." section enter text explaining the change in cost sharing including both the prior cost sharing amount and the new cost sharing amount. A separate document may be provided if a large volume of changes are being made.
66.09(3)(b)	In the "Changes to Benefits..." section enter text explaining the change in covered services relative to the prior year. A separate document may be provided if a large volume of changes are being made.
66.09(3)(c)	Item 1 provides flexibility to enter member months by payment arrangement and pharmacy coverage. At this time, plans are not required to populate columns P through S. All plans must enter the total member months in column O either as a data entry field or as a summation of columns P through S. On subsequent tabs, the total member months from column O are used to weight monthly PMPM amounts to calculate annual totals in cells shaded green. If this is inconsistent with the plan's methodology, then revise the calculated totals using formulas and not hard-coded values in the green cells as needed.
66.09(3)(d)	The "normalized" premium revenue should reflect premium revenue that would have been collected if all members had rating factors of 1.0, analogous to the definition of "Normalized per Member per Month Claim Cost" from 211 CMR 66.09(1)(n). The same normalization factors as are applied to the claims may be applied to the premium revenue.
66.09(3)(d)	Item 3 is to be populated by the carrier. However, it may be equal to the amounts calculated on tab '66.09(3)(a)' in cells F116:H116.
66.09(3)(e)	Amounts reported in Item 1 should include estimates of claims incurred but not yet reported.
66.09(3)(e)	"End" dates requested in items 1a, 2a, 3b, and 4a should represent the month through which claims are included in the base experience period used for rating.
66.09(3)(e)	Item 5 should reflect the period consistent with the rating period used in developing rates. For example, if the primary rate development is done for the first effective month of the quarter with other months based on a trend assumption, then this should reflect the 12 months of the rating period for that first month in the quarter. If rates are set separately for each effective month, then one representative month may be chosen.

Instructions

- 66.09(3)(f) Item 3 should reflect the period consistent with the rating period used in developing rates. For example, if the primary rate development is done for the first effective month of the quarter with other months based on a trend assumption, then this should reflect the 12 months of the rating period for that first month in the quarter. If rates are set separately for each effective month, then one representative month may be chosen.
- 66.09(3)(g) Item 3 should reflect the period consistent with the rating period used in developing rates. For example, if the primary rate development is done for the first effective month of the quarter with other months based on a trend assumption, then this should reflect the 12 months of the rating period for that first month in the quarter. If rates are set separately for each effective month, then one representative month may be chosen.
- 66.09(3)(h) Health care quality improvement expenses inserted in cells 1e(1) and 2e(1) are to include only those expenses that are permissible for the numerator of the medical loss ratio calculation per 211 CMR 147.00. For example, if a health care quality improvement program is administered by a vendor and only a portion of the vendor fee is permitted to be included in the numerator of the medical loss ratio calculation, the portion of the fee that is permissible should be entered in items 1e(1) and 2e(1) while the remainder of the fee should be entered in items 1e(2) and 2e(2). Medical administration expenses unrelated to health care quality improvement should be included in 1e(3) and 2e(3).
- 66.09(3)(h) Taxes and assessments that are permitted to be subtracted from premium in the denominator of the medical loss ratio calculation should be included in items 1i(1) and 2i(1). Any fines that may not be subtracted from premium in the medical loss ratio calculation should be shown in 1i(2) and 2i(2).
- 66.09(3)(i) The projected contribution to surplus reported in items 1a, 1b, and 1c (column Q) should reflect the entire rating period for all three effective months in the filing. The amount should be consistent with amounts derived from the average claims, premiums, and administrative expenses reported in the submission.
- 66.09(3)(i) Item 4a requires Risk Based Capital "for the four most recent consecutive quarters" as described in 211 CMR 66.09(4)(c)2.b. For item 4a, please enter the Risk Based Capital calculated as of the most recent annual statement filing.

Carrier name:

Summary Rate Information for Each Product
(Please complete shaded cells.)

Effective date: 7/1/2012 8/1/2012 9/1/2012
End of rating period: 6/30/2013 7/31/2013 8/31/2013

Product	Proposed rate increase over rates in effect 12 months before proposed effective date									Number of currently enrolled groups/n					
	PMPM rate in effect 12 months before proposed effective date			Proposed PMPM Rate			Rate Increase			Number of employer groups			Number of covered employees/dependents (members)		
	July 2011	August 2011	September 2011	July 2012	August 2012	September 2012	July 2012	August 2012	September 2012	July 2012	August 2012	September 2012	July 2012	August 2012	September 2012
										July 2012	August 2012	September 2012	July 2012	August 2012	September 2012
Product # 1	360.00	363.00	366.00	396.00	399.00	402.00	10.00%	9.92%	9.84%	25	25	25	625	625	625
Product # 2	360.00	363.00	366.00	396.00	399.00	402.00	10.00%	9.92%	9.84%	25	25	25	625	625	625
Product # 3	360.00	363.00	366.00	396.00	399.00	402.00	10.00%	9.92%	9.84%	25	25	25	625	625	625
Product # 4				396.00	399.00	402.00	n/a	n/a	n/a						
Product # 5				396.00	399.00	402.00	n/a	n/a	n/a						
Product # 6	360.00	363.00	366.00	396.00	399.00	402.00	10.00%	9.92%	9.84%	25	25	25	625	625	625
Product # 7	360.00	363.00	366.00	396.00	399.00	402.00	10.00%	9.92%	9.84%	25	25	25	625	625	625
Product # 8	360.00	363.00	366.00	396.00	399.00	402.00	10.00%	9.92%	9.84%	25	25	25	625	625	625
Product # 9	360.00	363.00	366.00	396.00	399.00	402.00	10.00%	9.92%	9.84%	25	25	25	625	625	625
.	360.00	363.00	366.00	396.00	399.00	402.00	10.00%	9.92%	9.84%	25	25	25	625	625	625
.	360.00	363.00	366.00	396.00	399.00	402.00	10.00%	9.92%	9.84%	25	25	25	625	625	625
.	360.00	363.00	366.00	396.00	399.00	402.00	10.00%	9.92%	9.84%	25	25	25	625	625	625
.	360.00	363.00	366.00	396.00	399.00	402.00	10.00%	9.92%	9.84%	25	25	25	625	625	625
Product # n	360.00	363.00	366.00	396.00	399.00	402.00	10.00%	9.92%	9.84%	25	25	25	625	625	625
Total *	360.00	363.00	366.00	396.00	399.00	402.00	10.00%	9.92%	9.84%	300	300	300	7,500	7,500	7,500

Note to filers: Unhide rows after the nth row for additional products. The "Total" row should remain in row 116.

* Total rate increase represents the average effective rate increase for all persons covered under the proposed rate changes

Carrier name:

Effective date:
End of rating period:

Members that are projected to be impacted by the proposed increase for each renewal month

Product	Number of individual accounts			Number of covered individuals/dependents (members)			Total number of covered members			Maximum rate increase for any group or individual covered under the proposed rate change (base plus rating factor changes)			Projected covered members (enrolling in any month) for the 12 month rating period starting:		
	July 2012	August 2012	September 2012	July 2012	August 2012	September 2012	July 2012	August 2012	September 2012	July 2012	August 2012	September 2012	July 2012	August 2012	September 2012
Product # 1	50	50	50	100	100	100	725	725	725	15.0%	15.0%	15.0%	8,700	8,700	8,700
Product # 2	50	50	50	100	100	100	725	725	725	15.0%	15.0%	15.0%	8,700	8,700	8,700
Product # 3	50	50	50	100	100	100	725	725	725	15.0%	15.0%	15.0%	8,700	8,700	8,700
Product # 4							-	-	-				8,700	8,700	8,700
Product # 5							-	-	-				8,700	8,700	8,700
Product # 6	50	50	50	100	100	100	725	725	725	15.0%	15.0%	15.0%	8,700	8,700	8,700
Product # 7	50	50	50	100	100	100	725	725	725	15.0%	15.0%	15.0%	8,700	8,700	8,700
Product # 8	50	50	50	100	100	100	725	725	725	15.0%	15.0%	15.0%	8,700	8,700	8,700
Product # 9	50	50	50	100	100	100	725	725	725	15.0%	15.0%	15.0%	8,700	8,700	8,700
.	50	50	50	100	100	100	725	725	725	15.0%	15.0%	15.0%	8,700	8,700	8,700
.	50	50	50	100	100	100	725	725	725	15.0%	15.0%	15.0%	8,700	8,700	8,700
.	50	50	50	100	100	100	725	725	725	15.0%	15.0%	15.0%	8,700	8,700	8,700
Product # n	50	50	50	100	100	100	725	725	725	15.0%	15.0%	15.0%	8,700	8,700	8,700
Total *	600	600	600	1,200	1,200	1,200	8,700	8,700	8,700	15.0%	15.0%	15.0%	121,800	121,800	121,800

Note to filers: Unit

* Total rate increase

Changes to Cost-Sharing for Each Product Relative to the 12-month Period Prior to the Proposed Effective Date of the Filed Rates

(Please complete shaded cells. If no changes, enter "None.")

Product	<u>Inpatient Hospital</u>	<u>Outpatient Hospital Rad/Lab/Path</u>	<u>Other</u>	<u>Medical/Osteo Physicians</u>	<u>Mental Health Providers</u>	<u>Other Practitioners</u>	<u>Outpatient Rx Drugs</u>	<u>Supplies</u>
Product # 1								
Product # 2								
Product # 3								
Product # 4								
Product # 5								
Product # 6								
Product # 7								
Product # 8								
Product # 9								
.								
.								
.								
Product # n								

Note to filers: Unhide rows after the nth row for additional products.

Changes to Benefits for Each Product Relative to the 12-month Period Prior to the Proposed Effective Date of the Filed Rates

(Please complete shaded cells. If no changes, enter "None")

Product	<u>Inpatient Hospital</u>	<u>Outpatient Hospital Rad/Lab/Path</u>	<u>Other</u>	<u>Medical/Osteo Physicians</u>	<u>Mental Health Providers</u>	<u>Other Practitioners</u>	<u>Outpatient Rx Drugs</u>	<u>Supplies</u>
Product # 1								
Product # 2								
Product # 3								
Product # 4								
Product # 5								
Product # 6								
Product # 7								
Product # 8								
Product # 9								
.								
.								
Product # n								

Note to filers: Unhide rows after the nth row for additional products.

Member Months

(Please complete shaded cells.)

Item #		Month	Year	Global Payment Arrangements		Non-Global Payment Arrangements			
				All Products	With Rx	Without Rx	With Rx	Without Rx	
1	Number of member months of coverage reported for each of the latest available 12 months for all members, whether renewing or not in the proposed rating period. This should correspond with the base experience period used in ratemaking. Data can cross calendar years.	Month 1	April	2011	120,000				
		Month 2	May	2011	120,000				
		Month 3	June	2011	120,000				
		Month 4	July	2011	120,000				
		Month 5	August	2011	120,000				
		Month 6	September	2011	120,000				
		Month 7	October	2011	120,000				
		Month 8	November	2011	120,000				
		Month 9	December	2011	120,000				
		Month 10	January	2012	120,000				
		Month 11	February	2012	120,000				
		Month 12	March	2012	120,000				
			Total			1,440,000	-	-	-
2	Number of member months projected to be impacted by the proposed rate increase This should tie back to 66.09(3)(a).	Month 1	July	2012	104,400				
		Month 2	August	2012	104,400				
		Month 3	September	2012	104,400				
		Total			313,200				
3	Number of total projected member months in the rating period (first effective date)				121,800				

Premium Revenue Per Member Per Month

(Please complete shaded cells.)

Item #		Month	Year	All Products	
1	Actual premium revenue per member per month (PMPM) reported for each of the latest available 12 months for all members, whether renewing or not in the proposed the rating period. This is the base experience period for ratemaking, so data can cross calendar years.	Month 1	April	2011	360.00
		Month 2	May	2011	360.00
		Month 3	June	2011	360.00
		Month 4	July	2011	360.00
		Month 5	August	2011	360.00
		Month 6	September	2011	360.00
		Month 7	October	2011	360.00
		Month 8	November	2011	360.00
		Month 9	December	2011	360.00
		Month 10	January	2012	360.00
		Month 11	February	2012	360.00
		Month 12	March	2012	360.00
			Total		
2	Item # 1 above, but shown on a normalized per member per month basis.	Month 1	April	2011	360.00
		Month 2	May	2011	360.00
		Month 3	June	2011	360.00
		Month 4	July	2011	360.00
		Month 5	August	2011	360.00
		Month 6	September	2011	360.00
		Month 7	October	2011	360.00
		Month 8	November	2011	360.00
		Month 9	December	2011	360.00
		Month 10	January	2012	360.00
		Month 11	February	2012	360.00
		Month 12	March	2012	360.00
			Total		
3	Projected premium revenue per member per month (PMPM) based on the proposed rates and the projected membership impacted by the rate increase.	Month 1	July	2012	396.00
		Month 2	August	2012	399.00
		Month 3	September	2012	402.00
		Total			399.00
4	Item # 3 above, but shown on a normalized per member per month basis.	Month 1	July	2012	396.00
		Month 2	August	2012	399.00
		Month 3	September	2012	402.00
		Total			399.00
5	Describe the normalization factors used in item #s 2 and 4 above and how they take into account the average enrollee risk for the permitted risk characteristics. (Attach separate document if needed.)				
6	For item # 1 above, explain any differences between what is included in this filing and what normally is included in the carrier's reported financial statements. (Attach separate document if needed.)				

Fee-for-Service Claims and Utilization Experience (Do not include any quality improvement expenses)

(Please complete shaded cells.)

Item #		Month	Year	All Products							Total			
				Inpatient	Outpatient Hospital		Medical/Osteo	Mental Health	Other	Outpatient				
				Hospital	Rad/Lab/Path	Other	Physicians	Providers	Practitioners	Rx Drugs		Supplies		
1	Actual fee-for-service claims payment experience per member per month (PMPM) reported for each of the latest available 12 months for all members, whether renewing or not in the proposed rating period. This is the base experience period for ratemaking, so data can cross calendar years. Include incurred but not reported reserves in the reported values.	Month 1	April	2011	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 2	May	2011	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 3	June	2011	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 4	July	2011	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 5	August	2011	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 6	September	2011	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 7	October	2011	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 8	November	2011	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 9	December	2011	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 10	January	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 11	February	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 12	March	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Total			39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
1a	Actual fee-for-service claims payment experience per member per month (PMPM) that was used in the development of the rate filing (should ideally be the same as Total from # 1). Explain any differences between 1 and 1a.	Start	April	2011	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		End	March	2012										
		Explain any differences between 1 and 1a here												
2	Item # 1 above, but shown on a normalized per member per month basis.	Month 1	April	2011	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 2	May	2011	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 3	June	2011	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 4	July	2011	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 5	August	2011	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 6	September	2011	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 7	October	2011	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 8	November	2011	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 9	December	2011	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 10	January	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 11	February	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 12	March	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Total			39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
2a	Item # 1a above, but shown on a normalized per member per month basis. Explain any differences between 2 and 2a.	Start	April	2011	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		End	March	2012										
		Explain any differences between 2 and 2a here												
3	Actual fee-for-service utilization experience per 1000 members reported for each of the latest available 12 months for all members, whether renewing or not in the proposed rating period.	Month 1	April	2011	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 2	May	2011	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 3	June	2011	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 4	July	2011	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 5	August	2011	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 6	September	2011	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 7	October	2011	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 8	November	2011	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 9	December	2011	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 10	January	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 11	February	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 12	March	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Total			3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	24.00
3a	Provide a description of the units of measurement.													
3b	Actual fee-for-service utilization experience per 1000 members that was used in the development of the rate filing (should ideally be the same as # 3). Explain any differences between 3 and 3a.	Start	April	2011	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		End	March	2012										
		Explain any difference between 3 and 3a here												

4	Item # 3 above, but shown on a normalized per member per month basis.	Month 1	April	2011	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 2	May	2011	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 3	June	2011	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 4	July	2011	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 5	August	2011	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 6	September	2011	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 7	October	2011	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 8	November	2011	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 9	December	2011	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 10	January	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 11	February	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 12	March	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Total					3.00	3.00	3.00	3.00	3.00	3.00	3.00
4a	Item # 3b above, but shown on a normalized per member per month basis. Explain any differences between 4 and 4a.	Start	April	2011	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00	
		End	March	2012									
Explain any difference between 4 and 4a here													
5	Projected fee-for-service claims payment experience per member per month (PMPM) for the period impacted for the proposed rate increase.	Start	July	2012	44.35	39.43	39.43	39.43	39.43	39.43	39.43	39.43	320.36
		End	June	2013									
5a	Item # 5 above, but shown on a normalized per member per month basis.				44.35	39.43	39.43	39.43	39.43	39.43	39.43	320.36	
6	Projected fee-for-service utilization experience per 1000 members for the period impacted for the proposed rate increase.				3.19	3.19	3.19	3.19	3.19	3.19	3.19	25.52	
6a	Item # 6 above, but shown on a normalized basis.				3.19	3.19	3.19	3.19	3.19	3.19	3.19	25.52	
7	Describe the normalization factors used in item #s 2, 2a, 4, 4a, 5a and 6a above and how they take into account the average enrollee risk for the permitted risk characteristics.												
8	Explain any differences between what is included in this filing and what normally is included in the carrier's reported financial statements.												
9	Annualized fee-for-service trends used to project historic claims forward to the period for which the rates will be effective.												
9a	Utilization per thousand members (this should be consistent with the difference between lines 3b and line 6)				5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	
9b	Costs per service				4.8%	4.8%	4.8%	4.8%	4.8%	4.8%	4.8%	4.8%	
9c	PMPM Costs (this should be consistent with the difference between lines 1a and line 5)				10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
9d	Actuarial basis for all changes in fee-for-service trends, including all relevant studies used to derive factors (Attach separate document if needed)												
10	Explanation of the completion method used to derive the IBNR claims for the claim experience study. (Attach separate document if needed.)												

Capitation/Global Payments (Do not include any quality improvement expenses)
 (Please complete shaded cells.)

Item #	Month	Year	All Products									Total		
			Inpatient Hospital	Outpatient Rad/Lab/Path	Hospital Other	Medical/Osteo Physicians	Mental Health Providers	Other Practitioners	Outpatient Rx Drugs	Supplies				
1	Historic capitation or global payments per member per month (PMPM) reported for each of the latest available 12 months for all members, whether renewing or not in the proposed rating period, and whether or not the member's costs are capitated. This is the base experience period for ratemaking, so data can cross calendar years.	Month 1	April	2011	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Month 2	May	2011	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Month 3	June	2011	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Month 4	July	2011	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Month 5	August	2011	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Month 6	September	2011	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Month 7	October	2011	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Month 8	November	2011	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Month 9	December	2011	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Month 10	January	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Month 11	February	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Month 12	March	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Total			3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
1a	Historic capitation or global payments per member per month (PMPM) that was used in the development of the rate filing (should ideally be the same as Total from # 1). Explain any differences between 1 and 1a.	Start	April	2011	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	End	March	2012	Explain any difference between 1 and 1a here										
2	Item # 1 above, but shown on a normalized per member per month basis.	Month 1	April	2011	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Month 2	May	2011	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Month 3	June	2011	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Month 4	July	2011	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Month 5	August	2011	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Month 6	September	2011	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Month 7	October	2011	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Month 8	November	2011	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Month 9	December	2011	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Month 10	January	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Month 11	February	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Month 12	March	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Total			3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
2a	Item # 1a above, but shown on a normalized per member per month basis. Explain any differences between 2 and 2a.	Start	April	2011	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	End	March	2012	Explain any differences between 2 and 2a here										
3	Projected capitation claim payments per member per month (PMPM) for the period impacted for the proposed rate increase.				3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	31.52
4	Item # 3 above, but shown on a normalized per member per month basis.				3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	3.94	31.52
5	Describe the normalization factors used in item #s 2, 2a and 4 above and how they take into account the average enrollee risk for the permitted risk characteristics. (Attach separate document if needed.)	[Shaded area]												
6	Explain any differences between what is included in this filing and what normally is included in the carrier's reported financial statements. (Attach separate document if needed.)	[Shaded area]												
7	Annualized trend factors used to project historic claims forward to the period for which the rates will be effective. (This should be consistent with the difference between line 1a and line 3.)				10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
7a	Actuarial basis for all changes in capitation or global payment trends, including all relevant studies used to derive factors. (Attach separate document if needed.)	[Shaded area]												

Other Non-Fee-for-Service and Non-Capitation Payments (Do not include any quality improvement expenses)
 (Please complete shaded cells.)

Item #	Month	Year	All Products							Total			
			Inpatient Hospital	Outpatient Hospital Rad/Lab/Path	Other	Medical/Osteo Physicians	Mental Health Providers	Other Practitioners	Outpatient Rx Drugs		Supplies		
1	Other non-fee-for-service and non-capitation payments per member per month (PMPM) reported for at least the latest available 12 months for all members, whether renewing or not in the proposed rating period. This includes all bonus and incentives tied to provider performance and other payments not tied to service or performance. This is the base experience period for ratemaking, so data can cross calendar years.	Month 1	April	2011	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
	Month 2	May	2011	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	Month 3	June	2011	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	Month 4	July	2011	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	Month 5	August	2011	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	Month 6	September	2011	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	Month 7	October	2011	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	Month 8	November	2011	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	Month 9	December	2011	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	Month 10	January	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	Month 11	February	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	Month 12	March	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	Total			0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
1a	Other non-fee-for-service and non-capitation payments per member per month (PMPM) that was used in the development of the rate filing. This includes all bonus and incentives tied to provider performance and other payments not tied to service or performance (should ideally be the same as Total from # 1). Explain any difference between 1 and 1a.	Start	April	2011	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	End	March	2012	Explain any difference between 1 and 1a here									
2	Item # 1 above, but shown on a normalized per member per month basis.	Month 1	April	2011	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	Month 2	May	2011	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	Month 3	June	2011	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	Month 4	July	2011	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	Month 5	August	2011	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	Month 6	September	2011	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	Month 7	October	2011	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	Month 8	November	2011	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	Month 9	December	2011	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	Month 10	January	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	Month 11	February	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	Month 12	March	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	Total			0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
2a	Item # 1a above, but shown on a normalized per member per month basis. Explain any difference between 2 and 2a.	Start	April	2011	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80	
	End	March	2012	Explain any difference between 2 and 2a here									
3	Projected other claim payments per member per month (PMPM) for the period impacted for the proposed rate increase.				0.39	0.39	0.39	0.39	0.39	0.39	0.39	3.12	
4	Item # 3 above, but shown on a normalized per member per month basis.				0.39	0.39	0.39	0.39	0.39	0.39	0.39	3.12	
5	Describe the normalization factors used in item #s 2, 2a and 4 above and how they take into account the average enrollee risk for the permitted risk characteristics. (Attach separate document if needed.)												
6	Explain any differences between what is included in this filing and what normally is included in the carrier's reported financial statements. (Attach separate document if needed.)												
7	Annualized trend factors used to project historic claims forward to the period for which the rates will be effective (This should be consistent with the difference between line 1a and line 3.)				10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	
7a	Actuarial basis for all changes in other payment trends, including all relevant studies used to derive factors. (Attach separate document if needed.)												

Administrative Expenses

(Please complete shaded cells.)

(must enter start and end dates in date format)

		All Products					
		Second Most Recent Available	Most Recent Available	Projected for rating period of all three renewal months			
Item #		Financial Statement Calendar Year	Financial Statement Calendar Year				
Start		1/1/2010	1/1/2011		7/1/2012		
End		12/31/2010	12/31/2011		8/31/2013		
1	Administrative expenses for the two years prior to the submission of the rate filing for the following categories of expenses:			Change from	Change from Base Period		
		Amount	Amount	Prior 12 Months	Amount	Percent (Annualized)	\$
1a	Financial administration	2,900	3,000	3.4%	3,050	1.0%	50
1b	Marketing and sales	9,900	10,000	1.0%	10,150	0.9%	150
1c	Distribution	1,900	2,000	5.3%	2,030	0.9%	30
1d	Claims operations	1,900	2,000	5.3%	2,030	0.9%	30
1e(1)	Medical administration - Health care quality improvement expenses (permitted under 211 CMR 147.00)	880	980	11.4%	990	0.6%	10
1e(2)	Medical administration - Other health care quality improvement expenses	20	20	0.0%	20	0.0%	-
1e(3)	Medical administration - Other	900	1,000	11.1%	1,010	0.6%	10
1f	Network operations	3,900	4,000	2.6%	4,060	0.9%	60
1g	Charitable contributions	490	500	2.0%	510	1.3%	10
1h	General administration	2,400	2,500	4.2%	2,540	1.0%	40
1i(1)	Taxes and assessments paid to federal, state or local governments (permitted under 211 CMR 147.00)	890	989	11.1%	998	0.6%	9
1i(2)	Fines paid to federal, state or local governments	10	11	10.0%	12	5.6%	1
1j	Capital costs and depreciation	8,900	9,000	1.1%	9,140	1.0%	140
1k	Miscellaneous expenditures	1,900	2,000	5.3%	2,030	0.9%	30
1l	Total administrative expenses	36,890	38,000	3.0%	38,570	0.9%	570
2	<u>Item # 1 above, but shown on a per member per month (PMPM) basis</u>						
2a	Financial administration	2.90	3.00	3.4%	3.05	1.0%	0.05
2b	Marketing and sales	9.90	10.00	1.0%	10.15	0.9%	0.15
2c	Distribution	1.90	2.00	5.3%	2.03	0.9%	0.03
2d	Claims operations	1.90	2.00	5.3%	2.03	0.9%	0.03
2e(1)	Medical administration - Health care quality improvement expenses (permitted under 211 CMR 147.00)	0.88	0.98	11.4%	0.99	0.6%	0.01
2e(2)	Medical administration - Other health care quality improvement expenses	0.02	0.02	0.0%	0.02	0.0%	-
2e(3)	Medical administration - Other	0.90	1.00	11.1%	1.01	0.6%	0.01
2f	Network operations	3.90	4.00	2.6%	4.06	0.9%	0.06
2g	Charitable contributions	0.49	0.50	2.0%	0.51	1.3%	0.01
2h	General administration	2.40	2.50	4.2%	2.54	1.0%	0.04
2i(1)	Taxes and assessments paid to federal, state or local governments (permitted under 211 CMR 147.00)	0.89	0.99	11.1%	1.00	0.6%	0.01
2i(2)	Fines paid to federal, state or local governments	0.01	0.01	10.0%	0.01	5.6%	0.00
2j	Capital costs and depreciation	8.90	9.00	1.1%	9.14	1.0%	0.14
2k	Miscellaneous expenditures	1.90	2.00	5.3%	2.03	0.9%	0.03
2l	Total administrative expenses	36.89	38.00	3.0%	38.57	0.9%	0.57
3	<u>Explain the following related to administrative expenses:</u>						
3a	Describe in detail any Miscellaneous expenditures in 2k above						
3b	Significant changes in expenses due to one-time costs						
3c	Significant changes in expenses caused by regulatory requirements						
3d	Projected cost and cost per member per month attributed to each regulatory requirement						
3e	Projected cost and cost per member per month attributed to each effort to contain health care delivery costs						
3f	Allocation of companywide expenses to the small group line of business						
3g	Other relevant factors						
3g	(Attach separate document if needed.)						

4	<u>Test for presumptive disapproval under 211 CMR 66.09(4)(c)1</u>	
4a(1)	Total projected administrative expense PMPM	38.57
4a(2)	Subtract projected taxes and assessments permitted under 211 CMR 147.00	(1.00)
4a(3)	Subtract projected expenses to improve health care quality permitted under 211 CMR 147.00	(0.99)
4a(4)	Adjusted projected administrative expense PMPM	<u>36.58</u>
4a(5)	Adjusted projected administrative expense PMPM calculated in accordance with Policy Filing Guidance 2012-xx (value in 4a(5) must equal 4a(4))	36.58
4b(1)	Actual base period administrative expense PMPM for the most recent calendar year	38.00
4b(2)	Subtract actual taxes and assessments	(0.99)
4b(3)	Subtract actual expenses to improve health care quality permitted under 211 CMR 147.00	(0.98)
4b(4)	Add one-time expenses that are not reflected in the calendar year expenses (Proper explanation required).	-
4b(5)	Adjusted base period administrative expense PMPM for the most recent calendar year	<u>36.03</u>
4c	Annualized percentage increase in adjusted administrative expense PMPM	0.96%
4d	New England medical CPI index value for the November period preceding the date of the filing	566.915
4e	New England medical CPI index value from the November period one year earlier	552.253
4f	Increase in the New England medical CPI for the most recent calendar year	2.65%
4g	Are proposed rates presumptively disapproved?	No

5 Detailed support per Policy Filing Guidance 2012-xx

Product	Administrative Expenses PMPM Excluding Taxes and Expenses to Improve Health Care Quality			Projected Member Months, 12 months starting:		
	July 2012	August 2012	September 2012	July 2012	August 2012	September 2012
	Product # 1	36.58	36.58	36.58	8,700	8,700
Product # 2	36.58	36.58	36.58	8,700	8,700	8,700
Product # 3	36.58	36.58	36.58	8,700	8,700	8,700
Product # 4	36.58	36.58	36.58	8,700	8,700	8,700
Product # 5	36.58	36.58	36.58	8,700	8,700	8,700
Product # 6	36.58	36.58	36.58	8,700	8,700	8,700
Product # 7	36.58	36.58	36.58	8,700	8,700	8,700
Product # 8	36.58	36.58	36.58	8,700	8,700	8,700
Product # 9	36.58	36.58	36.58	8,700	8,700	8,700
.	36.58	36.58	36.58	8,700	8,700	8,700
.	36.58	36.58	36.58	8,700	8,700	8,700
.	36.58	36.58	36.58	8,700	8,700	8,700
Product # n	36.58	36.58	36.58	8,700	8,700	8,700
Total	36.582	36.582	36.582	121,800	121,800	121,800

Contribution-to-Surplus

(Please complete shaded cells.)

Item #	Start End	All Products		
		2 Years Prior	1 Year Prior	Projected
		7/1/2010 6/30/2011	7/1/2011 6/30/2012	7/1/2012 8/31/2013
1	<u>Contribution-to-surplus for the two years prior to the submission of the rate filing</u>			
1a		7.90	8.00	7.35
1b		7.80	8.00	7.35
1c		2.20%	2.50%	1.86%
2a	Detailed explanation of reasons for the projected contribution-to-surplus included in the rate filing. (Attach separate document if needed.)			
2b	Describe the method used to quantify the projected contribution-to-surplus included in the rate filing. (Attach separate document if needed.)			
3	<u>Contribution-to-surplus used in other lines of coverage</u> Filers should indicate the line of business in the shaded area below. Unhide rows if additional lines of business needed.			
	<u>Line of business # 1 (Small group, Large group, Medicare, etc.)</u>			
3a		6.00	6.00	
3b		2.50%	2.50%	
	<u>Line of business # 2 (Small group, Large group, Medicare, etc.)</u>			
3c		6.00	6.00	
3d		2.50%	2.50%	
	<u>Line of business # 3 (Small group, Large group, Medicare, etc.)</u>			
3e		6.00	6.00	
3f		2.50%	2.50%	
4	<u>Test for presumptive disapproval under 211 CMR 66.09(4)(c)2</u>			
4a				285.0%
4b				42,750,000
4c				15,000,000
4d				No

Medical Loss Ratio
(Please complete shaded cells.)

All Products

Item #	Start End	All Products			Projected for rating period of all three renewal months 7/1/2012 8/31/2013
		3 Years Prior 1/1/2009 12/31/2009	2 Years Prior 1/1/2010 12/31/2010	1 Year Prior - Base 1/1/2011 12/31/2011	
1					
2					
2a					90.0%
2b					No
2c					Yes
2d					87.1%
2e					N/A
2f					N/A
2g					N/A

3 Detailed support per Policy Filing Guidance 2011-C. Total claim cost should match sum of worksheets (e), (f) and (g), item #s 5, 3 and 3, respectively. Claim cost excludes quality improvement expenses.

Product	Premium Rates			Projected Claims			Projected Member Months, 12 months starting:		
	July 2012	August 2012	September 2012	July 2012	August 2012	September 2012	July 2012	August 2012	September 2012
Product # 1	396.00	399.00	402.00	355.00	358.00	361.00	8,700	8,700	8,700
Product # 2	396.00	399.00	402.00	355.00	358.00	361.00	8,700	8,700	8,700
Product # 3	396.00	399.00	402.00	355.00	358.00	361.00	8,700	8,700	8,700
Product # 4	396.00	399.00	402.00	355.00	358.00	361.00	8,700	8,700	8,700
Product # 5	396.00	399.00	402.00	355.00	358.00	361.00	8,700	8,700	8,700
Product # 6	396.00	399.00	402.00	355.00	358.00	361.00	8,700	8,700	8,700
Product # 7	396.00	399.00	402.00	355.00	358.00	361.00	8,700	8,700	8,700
Product # 8	396.00	399.00	402.00	355.00	358.00	361.00	8,700	8,700	8,700
Product # 9	396.00	399.00	402.00	355.00	358.00	361.00	8,700	8,700	8,700
.	396.00	399.00	402.00	355.00	358.00	361.00	8,700	8,700	8,700
.	396.00	399.00	402.00	355.00	358.00	361.00	8,700	8,700	8,700
.	396.00	399.00	402.00	355.00	358.00	361.00	8,700	8,700	8,700
Product # n	396.00	399.00	402.00	355.00	358.00	361.00	8,700	8,700	8,700
Total	396.00	399.00	402.00	355.00	358.00	361.00	121,800	121,800	121,800

Summary of Tests for Presumptive Disapproval

Item #		<u>All Products</u>
1	Are proposed premium rates presumptively disapproved due to excessive Administrative Expenses?	No
2	Are proposed premium rates presumptively disapproved due to excessive Contribution-to-Surplus?	No
3	Are proposed premium rates presumptively disapproved due to failure to meet Minimum Medical Loss Ratio standards?	No