Version 1.3

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 January 1, 2014 that are subject to M.G.L. c. 176J, in accordance with 211 CMR 66.00, *Small Group Health Insurance* .

Standard Massachusets Small Group Rate Filing Collection Tool
Version 1.3
12-Jun-13

Applicability	Instruction
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.
General	In this tool, the term "product" is synonymous with HHS's definition of "plan."
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)(a)	Filings for 2014 effective dates must restate the 2013 base rates to reflect 2014 rating factors. See separate guidance for additional detailed instructions on performing the restatement.
66.09(3)(a)	In column M, use the drop down menu to indicate whether each product is a new product (N), an existing product that will continue to be offered as of the effective date (E), or a product that is being discontinued (D). Filings for 2014 effective dates must include products that are being discontinued, i.e., those that currently have members enrolled but will not be offered or renewed during the rating period.
66.09(3)(a)	In column N, indicate the product in which the existing members are anticipated to renew. For existing products that are continuing to be offered, this should be the existing product. For products being discontinued, the membership should be mapped to an existing or new product. This column must be populated using cell references to column A, since there are formulas within the sheet that rely on this column being populated with product names from column A.
66.09(3)(a)	In column O, indicate the metal AV (as prescribed by HHS) for all products that were in effect in the prior year including products that are being discontinued. It is understood that discontinuing products may have metal AVs that do not fall within the permissible ranges for products being offered in 2014. This field need not be populated for new products.
66.09(3)(a)	In column P, indicate the metal AV (as prescribed by HHS) for all products that are being proposed as of the effective date of the filing. This field need not be populated for discontinuing products.
66.09(3)(a)	In columns AP through AR, indicate the projected member months by product for the 12 month period following the applicable effective date, with the following exception. Products that are being discontinued may have enrollment in the 12 month period following the effective date due to policies in force with plan years that end after the effective date. Report these member months in the product to which they are being mapped in column N rather than in the discontinuing product.
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 represenetative month may be chosen.
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 represenetative 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 represenetative 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.
66.09(3)(j)	Under item 1, the adjustments to the MLR for Health Care Quality Improvement Expenses, Deductible Fraud and Abuse Detection/Recovery Expenses, and Taxes and Fees should be normalized to a basis consistent with the claims and premium amounts, i.e., reflecting demographics consistent with the base rates in 66.09(3)(a) and projected member months by product for the rating period.
66.09(3)(j)	In row 14, the federal transitional reinsurance recovery amount should reflect the total recoveries received. It should not be reported net of the required contribution. The contribution amount should be reported within the Taxes and Fees on 66.09(3)(h), item 2i(1) for the 2 prior year periods which are reported in row 20 of 66.09(3)(j). The 3 year prior and projected contribution amounts should be input in row 20.
66.09(3)(n)	In row 10, enter the average rating factors for the prior year and the projection periods. Since prior year base rates and rating factors are to be restated to the proposed factors, any changes from the prior year to the proposed rates should reflect changes in the expected enrollee composition. The change in average rating factors should not be impacted by changes to the factors themselves.
66.09(3)(n)	Components of Average Premium PMPM: Enter each of the components of the total premium shown in row 11. The components must either sum to the total premium resulting in zeros in row 35, or any remaining difference should be explained in cell I35.
66.09(3)(n)	Components of Average Premium PMPM: The "Business as usual" impacts should reflect those components that would have affected the base rates in absence of the ACA. The ACA-related impacts section contains the remaining components of the rate increase that are unique to the ACA or are otherwise unique for 2014. For example,the change in business as usual claims from prior 12 months (row 19) should reflect expected trend and base claim true-ups, not any extraordinary items such as population change which should be reflected in the ACA-related impacts section of the sheet.
66.09(3)(n)	For changes in covered services in row 22, include the impact of each service that changed in the Actuarial Memorandum.
66.09(3)(n)	The change in average cost sharing component in row 23 should reflect both changes to existing products as well as the impact of mapping members from discontinuing products to new or existing products.

Carrier name:

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

Effective date:	1/1/2014	2/1/2014	3/1/2014
End of rating period:	12/31/2014	1/31/2015	2/28/2015

	Proposed rate increase over rates in effect 12 months before proposed effective date															
	PMPM rate in effect 12 months before proposed effective date			Proposed PMPM Rate			Rate Increase			Discontinued, Existing, New	Product Members will Move to (or Remain in)	Metal AV 12 months prior	Metal AV for Proposed Product	Number of employer groups		
Product	January 2013	February 2013	March 2013	January 2014	February 2014	March 2014	January 2014	February 2014	March 2014					January 2014	February 2014	March 2014
Product # 1	360.00	363.00	366.00				n/a	n/a	n/a	D	Product # 4	0.870		25	25	25
Product # 2	360.00	363.00	366.00				n/a	n/a	n/a	D	Product # 4	0.870		25	25	25
Product # 3	360.00	363.00	366.00				n/a	n/a	n/a	D	Product # 4	0.870		25	25	25
Product # 4				396.00	399.00	402.00	n/a	n/a	n/a	N	Product # 4		0.900			
Product # 5				396.00	399.00	402.00	n/a	n/a	n/a	N	Product # 5		0.900			
Product # 6	360.00	363.00	366.00	396.00	399.00	402.00	10.00%	9.92%	9.84%	E	Product # 6	0.900	0.900	25	25	25
Product # 7	360.00	363.00	366.00	396.00	399.00	402.00	10.00%	9.92%	9.84%	E	Product # 7	0.900	0.900	25	25	25
Product # 8	360.00	363.00	366.00	396.00	399.00	402.00	10.00%	9.92%	9.84%	E	Product # 8	0.900	0.900	25	25	25
Product # 9	360.00	363.00	366.00	396.00	399.00	402.00	10.00%	9.92%	9.84%	E	Product # 9	0.900	0.900	25	25	25
a	360.00	363.00	366.00	396.00	399.00	402.00	10.00%	9.92%	9.84%	E	a	0.900	0.900	25	25	25
b	360.00	363.00	366.00	396.00	399.00	402.00	10.00%	9.92%	9.84%	E	b	0.900	0.900	25	25	25
c	360.00	363.00	366.00	396.00	399.00	402.00	10.00%	9.92%	9.84%	E	c	0.900	0.900	25	25	25
d	360.00	363.00	366.00	396.00	399.00	402.00	10.00%	9.92%	9.84%	E	d	0.900	0.900	25	25	25
Product # n	360.00	363.00	366.00	396.00	399.00	402.00	10.00%	9.92%	9.84%	E	Product # n	0.900	0.900	25	25	25
Total *	360.00	363.00	366.00	396.00	399.00	402.00	10.00%	9.92%	9.84%					300	300	300

Note to filers: Unhide rows after the nth row for additional products. The "Total" row should remain in row 166.

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

Carrier name:

Effective da
End of rating peric

	Number of currently enrolled groups/n		
	Number of covered employees/dependents (members)		
Product	January 2014	February 2014	March 2014
Product # 1	625	625	625
Product # 2	625	625	625
Product # 3	625	625	625
Product # 4			
Product # 5			
Product # 6	625	625	625
Product # 7	625	625	625
Product # 8	625	625	625
Product # 9	625	625	625
a	625	625	625
b	625	625	625
c	625	625	625
d	625	625	625
Product # n	625	625	625
Total *	7,500	7,500	7,500

Note to filers: Unl

* Total rate increa

Carrier name:

Effective da
End of rating peri

ıembers 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:		
	January 2014	February 2014	March 2014	January 2014	February 2014	March 2014	January 2014	February 2014	March 2014	January 2014	February 2014	March 2014	January 2014	February 2014	March 2014
Product # 1	50	50	50	100	100	100	725	725	725	15.0%	15.0%	15.0%			
Product # 2	50	50	50	100	100	100	725	725	725	15.0%	15.0%	15.0%			
Product # 3	50	50	50	100	100	100	725	725	725	15.0%	15.0%	15.0%			
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
a	50	50	50	100	100	100	725	725	725	15.0%	15.0%	15.0%	8,700	8,700	8,700
b	50	50	50	100	100	100	725	725	725	15.0%	15.0%	15.0%	8,700	8,700	8,700
c	50	50	50	100	100	100	725	725	725	15.0%	15.0%	15.0%	8,700	8,700	8,700
d	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%	95,700	95,700	95,700

Note to filers: Unl

* Total rate increa

Carrier name:

Effective da
End of rating peri

Product	Mapped Members		
	January 2014	February 2014	March 2014
Product # 1	-	-	-
Product # 2	-	-	-
Product # 3	-	-	-
Product # 4	2,175	2,175	2,175
Product # 5	-	-	-
Product # 6	725	725	725
Product # 7	725	725	725
Product # 8	725	725	725
Product # 9	725	725	725
a	725	725	725
b	725	725	725
c	725	725	725
d	725	725	725
Product # n	725	725	725
Total *	8,700	8,700	8,700

Note to filers: Unl

* Total rate increa

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

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

Member Months

(Please complete shaded cells.)

Item #	Description		Month	Year	All Products	Global Payment Arrangements With Rx	Global Payment Arrangements Without Rx	Non-Global Payment Arrangements With Rx	Non-Global Payment Arrangements Without Rx
1	Number of member months of coverage reported for each of the latest available 12 months	Month 1	April	2012	120,000				
	for all members, whether renewing or not in the proposed rating period.	Month 2	May	2012	120,000				
	This should correspond with the base experience period used in ratemaking.	Month 3	June	2012	120,000				
	Data can cross calendar years.	Month 4	July	2012	120,000				
		Month 5	August	2012	120,000				
		Month 6	September	2012	120,000				
		Month 7	October	2012	120,000				
		Month 8	November	2012	120,000				
		Month 9	December	2012	120,000				
		Month 10	January	2013	120,000				
		Month 11	February	2013	120,000				
		Month 12	March	2013	120,000				
		Total			1,440,000	-	-	-	-
2	Number of member months projected to be impacted by the proposed rate increase	Month 1	January	2014	104,400				
	This should tie back to 66.09(3)(a).	Month 2	February	2014	104,400				
		Month 3	March	2014	104,400				
		Total			313,200				
3	Number of total projected member months in the rating period (first effective date)				95,700				

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	2012	360.00
		Month 2	May	2012	360.00
		Month 3	June	2012	360.00
		Month 4	July	2012	360.00
		Month 5	August	2012	360.00
		Month 6	September	2012	360.00
		Month 7	October	2012	360.00
		Month 8	November	2012	360.00
		Month 9	December	2012	360.00
		Month 10	January	2013	360.00
		Month 11	February	2013	360.00
		Month 12	March	2013	360.00
		Total			360.00
2	Item # 1 above, but shown on a normalized per member per month basis.	Month 1	April	2012	360.00
		Month 2	May	2012	360.00
		Month 3	June	2012	360.00
		Month 4	July	2012	360.00
		Month 5	August	2012	360.00
		Month 6	September	2012	360.00
		Month 7	October	2012	360.00
		Month 8	November	2012	360.00
		Month 9	December	2012	360.00
		Month 10	January	2013	360.00
		Month 11	February	2013	360.00
		Month 12	March	2013	360.00
		Total			360.00
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	January	2014	396.00
		Month 2	February	2014	399.00
		Month 3	March	2014	402.00
		Total			399.00
4	Item # 3 above, but shown on a normalized per member per month basis.	Month 1	January	2014	396.00
		Month 2	February	2014	399.00
		Month 3	March	2014	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								
					Inpatient Hospital	Outpatient Hospital Rad/Lab/Path	Outpatient Hospital Other	Medical/Osteo Physicians	Mental Health Providers	Other Practitioners	Outpatient Rx Drugs	Supplies	Total
1	Actual fee-for-service claims payment experience per member per month (PMPM) reported	Month 1	April	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
	for each of the latest available 12 months for all members, whether renewing or not in the	Month 2	May	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
	proposed rating period.	Month 3	June	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
	This is the base experience period for ratemaking, so data can cross calendar years.	Month 4	July	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
	Include incurred but not reported reserves in the reported values.	Month 5	August	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 6	September	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 7	October	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 8	November	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 9	December	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 10	January	2013	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 11	February	2013	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 12	March	2013	39.37	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	284.37
1a	Actual fee-for-service claims payment experience per member per month (PMPM) that was used	Start	April	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
	in the development of the rate filing (should ideally be the same as Total from # 1).	End	March	2013									
	Explain any differences between 1 and 1a.				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	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 2	May	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 3	June	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 4	July	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 5	August	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 6	September	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 7	October	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 8	November	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 9	December	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 10	January	2013	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 11	February	2013	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
		Month 12	March	2013	39.37	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	284.37
2a	Item # 1a above, but shown on a normalized per member per month basis	Start	April	2012	39.37	35.00	35.00	35.00	35.00	35.00	35.00	35.00	284.37
	Explain any differences between 2 and 2a.	End	March	2013									
					Explain any differences between 2 and 2a here								
3	Actual fee-for-service utilization experience per 1000 members reported for each of the	Month 1	April	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
	latest available 12 months for all members, whether renewing or not in the	Month 2	May	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
	proposed rating period.	Month 3	June	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 4	July	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 5	August	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 6	September	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 7	October	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 8	November	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 9	December	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 10	January	2013	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 11	February	2013	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 12	March	2013	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	24.00
3a	Provide a description of the units of measurement.												
3b	Actual fee-for-service utilization experience per 1000 members that was used	Start	April	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
	in the development of the rate filing (should ideally be the same as # 3).	End	March	2013									
	Explain any differences between 3 and 3a.				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	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 2	May	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 3	June	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 4	July	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 5	August	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 6	September	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 7	October	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 8	November	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00

		Month 9	December	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 10	January	2013	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 11	February	2013	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
		Month 12	March	2013	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	24.00
4a	Item # 3b above, but shown on a normalized per member per month basis.	Start	April	2012	3.0	3.0	3.0	3.0	3.0	3.0	3.0	3.0	24.00
	Explain any differences between 4 and 4a.	End	March	2013	Explain any difference between 4 and 4a here								
5	Projected fee-for-service claims payment experience per member per month (PMPM) for the	Start	January	2014	44.35	39.43	39.43	39.43	39.43	39.43	39.43	39.43	320.36
	period impacted for the proposed rate increase.	End	December	2014									
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	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	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	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%	5.0%
9b	Costs per service				4.8%	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%	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 #	Description		Month	Year	All Products: Inpatient Hospital	Outpatient Hospital Rad/Lab/Path	Outpatient Hospital Other	Medical/Osteo Physicians	Mental Health Providers	Other Practitioners	Outpatient Rx Drugs	Supplies	Total
1	Historic capitation or global payments per member per month (PMPM) reported	Month 1	April	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	for each of the latest available 12 months for all members, whether renewing or not	Month 2	May	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	in the proposed rating period, and whether or not the member's costs are capitated.	Month 3	June	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	This is the base experience period for ratemaking, so data can cross calendar years.	Month 4	July	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
		Month 5	August	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
		Month 6	September	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
		Month 7	October	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
		Month 8	November	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
		Month 9	December	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
		Month 10	January	2013	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
		Month 11	February	2013	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
		Month 12	March	2013	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	28.00
1a	Historic capitation or global payments per member per month (PMPM) that was used	Start	April	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	in the development of the rate filing (should ideally be the same as Total from # 1).	End	March	2013									
	Explain any differences between 1 and 1a.				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	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
		Month 2	May	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
		Month 3	June	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
		Month 4	July	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
		Month 5	August	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
		Month 6	September	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
		Month 7	October	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
		Month 8	November	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
		Month 9	December	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
		Month 10	January	2013	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
		Month 11	February	2013	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
		Month 12	March	2013	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	28.00
2a	Item # 1a above, but shown on a normalized per member per month basis.	Start	April	2012	3.50	3.50	3.50	3.50	3.50	3.50	3.50	3.50	28.00
	Explain any differences between 2 and 2a.	End	March	2013									
					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	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	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.)												
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%	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.)												

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

Item #	Description		Month	Year	All Products Inpatient Hospital	Outpatient Hospital Rad/Lab/Path	Outpatient Hospital Other	Medical/Osteo Physicians	Mental Health Providers	Other Practitioners	Outpatient Rx Drugs	Supplies	Total
1	Other non-fee-for-service and non-capitation payments per member per month (PMPM) reported	Month 1	April	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
	for at least the latest available 12 months for all members, whether renewing or not in the	Month 2	May	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
	proposed rating period. This includes all bonus and incentives tied to provider performance	Month 3	June	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
	and other payments not tied to service or performance.	Month 4	July	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
	This is the base experience period for ratemaking, so data can cross calendar years.	Month 5	August	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
		Month 6	September	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
		Month 7	October	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
		Month 8	November	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
		Month 9	December	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
		Month 10	January	2013	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
		Month 11	February	2013	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
		Month 12	March	2013	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	Start	April	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
	used in the development of the rate filing. This includes all bonus and incentives tied to provider	End	March	2013									
	performance and other payments not tied to service or performance (should ideally be the same				Explain any difference between 1 and 1a here								
	as Total from # 1). Explain any difference between 1 and 1a.												
2	Item # 1 above, but shown on a normalized per member per month basis.	Month 1	April	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
		Month 2	May	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
		Month 3	June	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
		Month 4	July	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
		Month 5	August	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
		Month 6	September	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
		Month 7	October	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
		Month 8	November	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
		Month 9	December	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
		Month 10	January	2013	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
		Month 11	February	2013	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
		Month 12	March	2013	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	Start	April	2012	0.35	0.35	0.35	0.35	0.35	0.35	0.35	0.35	2.80
	Explain any difference between 2 and 2a.	End	March	2013									
					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	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	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%	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)

Item #		All Products: Second Most Recent Available Financial Statement Calendar Year	Most Recent Available Financial Statement Calendar Year		Projected for rating period of all three renewal months		
	Start	1/1/2011	1/1/2012		1/1/2014		
	End	12/31/2011	12/31/2012		2/28/2015		
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	0.8%	50
1b	Marketing and sales	9,900	10,000	1.0%	10,150	0.7%	150
1c	Distribution	1,900	2,000	5.3%	2,030	0.7%	30
1d(1)	Claims operations - Deductible Fraud and Abuse Detection/Recovery Expenses (permitted under 211 CMR 147.00)	-	-	#DIV/0!	-	#DIV/0!	-
1d(d)	Claims operations - Other	1,900	2,000	5.3%	2,030	0.7%	30
1e(1)	Medical administration - Health care quality improvement expenses (permitted under 211 CMR 147.00)	880	980	11.4%	990	0.5%	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	0.5%	10
1f	Network operations	3,900	4,000	2.6%	4,060	0.7%	60
1g	Charitable contributions	490	500	2.0%	510	1.0%	10
1h	General administration	2,400	2,500	4.2%	2,540	0.8%	40
1i(1)	Taxes and assessments paid to federal, state or local governments (permitted under 211 CMR 147.00)	890	989	11.1%	998	0.4%	9
1i(2)	Fines paid to federal, state or local governments	10	11	10.0%	12	4.3%	1
1j	Capital costs and depreciation	8,900	9,000	1.1%	9,140	0.7%	140
1k	Miscellaneous expenditures	1,900	2,000	5.3%	2,030	0.7%	30
1l	Total administrative expenses	36,890	38,000	3.0%	38,570	0.7%	570
2	Item # 1 above, but shown on a per member per month (PMPM) basis						
2a	Financial administration	2.90	3.00	3.4%	3.05	0.8%	0.05
2b	Marketing and sales	9.90	10.00	1.0%	10.15	0.7%	0.15
2c	Distribution	1.90	2.00	5.3%	2.03	0.7%	0.03
2d(1)	Claims operations - Deductible Fraud and Abuse Detection/Recovery Expenses (permitted under 211 CMR 147.00)	-	-	#DIV/0!	-	#DIV/0!	-
2d(2)	Claims operations - Other	1.90	2.00	5.3%	2.03	0.7%	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	0.5%	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	0.5%	0.01
2f	Network operations	3.90	4.00	2.6%	4.06	0.7%	0.06
2g	Charitable contributions	0.49	0.50	2.0%	0.51	1.0%	0.01
2h	General administration	2.40	2.50	4.2%	2.54	0.8%	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	0.4%	0.01
2i(2)	Fines paid to federal, state or local governments	0.01	0.01	10.0%	0.01	4.3%	0.00
2j	Capital costs and depreciation	8.90	9.00	1.1%	9.14	0.7%	0.14
2k	Miscellaneous expenditures	1.90	2.00	5.3%	2.03	0.7%	0.03
2l	Total administrative expenses	36.89	38.00	3.0%	38.57	0.7%	0.57

3 Explain the following related to administrative expenses:

- 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

(Attach separate document if needed.)

4	Test for presumptive disapproval under 211 CMR 66.09(4)(c)1	
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)	Subtract projected deductible fraud and abuse detection/recovery expenses permitted under 211 CMR 147.00	-
4a(5)	Adjusted projected administrative expense PMPM	36.58
4a(6)	Adjusted projected administrative expense PMPM calculated in accordance with Policy Filing Guidance 2012-xx (value in 4a(5) must equal 4a(6))	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)	Subtract actual deductible fraud and abuse detection/recovery expenses permitted under 211 CMR 147.00	-
4b(5)	Add one-time expenses that are not reflected in the calendar year expenses (Proper explanation required).	-
4b(6)	Adjusted base period administrative expense PMPM for the most recent calendar year	36.03
4c	Annualized percentage increase in adjusted administrative expense PMPM	0.73%
4d	New Englancd medical CPI index value for the November period preceding the date of the filing	576.195
4e	New England medical CPI index value from the November period one year earlier	566.915
4f	Increase in the New England medical CPI for the most recent calendar year	1.64%
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:		
	January 2014	February 2014	March 2014	January 2014	February 2014	March 2014
Product # 1				-	-	-
Product # 2				-	-	-
Product # 3				-	-	-
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
a	36.58	36.58	36.58	8,700	8,700	8,700
b	36.58	36.58	36.58	8,700	8,700	8,700
c	36.58	36.58	36.58	8,700	8,700	8,700
d	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	95,700	95,700	95,700

Contribution-to-Surplus

(Please complete shaded cells.)

Item #			All Products		
			2 Years Prior	1 Year Prior	Projected
		Start	1/1/2012	1/1/2013	1/1/2014
		End	12/31/2012	12/31/2013	2/28/2015
1	Contribution-to-surplus for the two years prior to the submission of the rate filing				
1a	Aggregate PMPM (that was built into the premiums, not actual)		7.90	8.00	7.35
1b	Normalized PMPM		7.80	8.00	7.35
1c	% of premium		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	Contribution-to-surplus used in other lines of coverage Filers should indicate the line of business in the shaded area below. Unhide rows if additional lines of business needed.				
	Line of business # 1 (Small group, Large group, Medicare, etc.)				
3a	Aggregate PMPM (that was built into the premiums, not actual)		6.00	6.00	
3b	% of premium		2.50%	2.50%	
	Line of business # 2 (Small group, Large group, Medicare, etc.)				
3c	Aggregate PMPM (that was built into the premiums, not actual)		6.00	6.00	
3d	% of premium		2.50%	2.50%	
	Line of business # 3 (Small group, Large group, Medicare, etc.)				
3e	Aggregate PMPM (that was built into the premiums, not actual)		6.00	6.00	
3f	% of premium		2.50%	2.50%	
4	Test for presumptive disapproval under 211 CMR 66.09(4)(c)2				
4a	Risk Based Capital Ratio, calculated according to the provisions of 211 CMR 25.00, for the four most recent consecutive quarters				285.0%
4b	Statutory Surplus				42,750,000
4c	Authorized Control Level				15,000,000
4d	Are proposed rates presumptively disapproved?				No

Medical Loss Ratio
(Please complete shaded cells.)

Item #			All Products			
			3 Years Prior	2 Years Prior	1 Year Prior - Base	Projected for rating period of all three renewal months
		Start	1/1/2010	1/1/2011	1/1/2012	1/1/2014
		End	12/31/2010	12/31/2011	12/31/2012	2/28/2015
1	Medical loss ratio					
	PMPM Incurred Claims		263.02	289.32	318.25	358.00
	PMPM Adjustment to Incurred Claims for Risk Adjustment Payments/Charges					(1.00)
	PMPM Adjustment to Incurred Claims for Federal Transitional Reinsurance Recoveries					(3.00)
	PMPM Adjustment to Incurred Claims for Risk Corridor Payments/Charges					0.00
	PMPM Adjustment to Incurred Claims for Health Care Quality Improvement Expenses		0.88	0.88	0.98	0.99
	PMPM Adjustment to Incurred Claims for Deductible Fraud and Abuse Detection/Recovery Expenses		0.00	0.00	0.00	0.00
	PMPM Earned Premium prior to Rebates		300.00	329.00	360.00	399.00
	PMPM Earned Premium net of Rebates		300.00	329.00	360.00	n/a
	PMPM Adjustment to Earned Premium for Taxes and Fees		0.88	0.89	0.99	1.00
	Medical Loss Ratio (prior to any Rebates)		88.2%	88.4%	88.9%	89.2%
	Crediblity Adjustment Factor Per 211 CMR 147.00		0.0%	0.0%	0.0%	0.0%
	Modified Medical Loss Ratio		88.2%	88.4%	88.9%	89.2%
2	Test for presumptive disapproval under 211 CMR 66.09(4)(c)3					
2a	Minimum Medical Loss Ratio for this rate filing per 211 CMR 66.09(1)(k)					89.0%
2b	Test # 1: Are proposed rates presumptively disapproved?					No
2c	Is Test #1 above the only test that would result in presumptive disapproval?					Yes
2d	If items # 2b and #2c equal "Yes" then what was the aggregate medical loss ratio in the 12-month period prior to the rate filing, otherwise enter "N/A"					87.1%
2e	Excess of item # 1 over item # 2d, if applicable					N/A
2f	Test # 2: Are proposed rates presumptively disapproved?					N/A
2g	Adjusted Minimum Medical Loss Ratio per 211 CMR 66.09(1)(a), if applicable					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:		
	January 2014	February 2014	March 2014	January 2014	February 2014	March 2014	January 2014	February 2014	March 2014
Product # 1	-	-	-				-	-	-
Product # 2	-	-	-				-	-	-
Product # 3	-	-	-				-	-	-
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
a	396.00	399.00	402.00	355.00	358.00	361.00	8,700	8,700	8,700
b	396.00	399.00	402.00	355.00	358.00	361.00	8,700	8,700	8,700
c	396.00	399.00	402.00	355.00	358.00	361.00	8,700	8,700	8,700
d	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

66.09(3)(j)

Total	396.00	399.00	402.00	355.00	358.00	361.00	95,700	95,700	95,700

Summary of Tests for Presumptive Disapproval

Item #		All Products
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

Premium Increase Normalized for Rating Factors

	PMPM rate in effect 12 months			Proposed PMPM Rate		
	January 2013	February 2013	March 2013	January 2014	February 2014	March 2014
Average Base Rate - normalized for proposed factors	$360.00	$363.00	$366.00	$396.00	$399.00	$402.00
Average Base Rate Increase				10.0%	9.9%	9.8%
Projected average rating factors during rating period	1.240	1.250	1.240	1.250	1.260	1.250
Average Premium PMPM - with projected enrollment	$446.40	$453.75	$453.84	$495.00	$502.74	$502.50
Average Premium Increase				10.9%	10.8%	10.7%

Components of Average Premium PMPM

	January 2013	February 2013	March 2013	January 2014	February 2014	March 2014	
Projected claims used in premium development before changes in population or covered services, net of any revenue from change in average rating factors reflected in row 24 below	$396.00	$402.00	$402.00	$412.04	$418.01	$417.98	
Administrative expenses, excluding ACA-related taxes and fees, net of any revenue from change in average rating factors reflected in row 24 below	$43.40	$43.56	$42.45	$53.18	$54.94	$54.88	
Contribution to surplus	$7.00	$7.00	$7.00	$7.50	$7.50	$7.50	
Additional benefits in projection period (e.g., pedi vision)				$7.00	$7.00	$7.00	(include the cost for each additional benefit in the Actuarial Memorandum)
Change in average cost sharing (actuarial value)				$0.00	$0.00	$0.00	
Revenue from change in average rating factors				$3.96	$3.99	$4.02	
CommCare population change (not including any portion of changes that can be rated for as reflected in "Revenue from change in average rating factors" immediately above)				-$2.00	-$2.00	-$2.00	
Other assumed morbidity change (describe to right or in Actuarial Memorandum)				$0.00	$0.00	$0.00	
Revenue neutrality adjustment related to capping of kids at 3 under age 21 (or similar capping prior to 2014)	$0.00	$0.00	$0.00	$2.00	$2.00	$2.00	
Reinsurance contribution	$0.00	$0.44	$0.88	$5.25	$5.08	$4.90	
Insurer Tax	$0.00	$0.76	$1.51	$9.90	$10.05	$10.05	
PCORI	$0.00	$0.00	$0.00	$0.17	$0.17	$0.17	
Reinsurance recovery				-$3.00	-$3.00	-$3.00	
Risk Adjustment Charge/Payment				-$1.00	-$1.00	-$1.00	
Total	$446.40	$453.75	$453.84	$495.00	$502.74	$502.50	
check (explain any differences to right or in Actuarial Memorandum)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	

Impact on Base Rate of Components of Average Premium Increase

	January 2014	February 2014	March 2014	
Projected claims used in premium development before changes in population or covered services, net of any revenue from change in average rating factors reflected in row 24 below	3.6%	3.5%	3.5%	
Administrative expenses, excluding ACA-related taxes and fees, net of any revenue from change in average rating factors reflected in row 24 below	2.2%	2.5%	2.7%	
Contribution to surplus	0.1%	0.1%	0.1%	
Additional benefits in projection period (e.g., pedi vision)	1.6%	1.5%	1.5%	
Change in average cost sharing (actuarial value)	0.0%	0.0%	0.0%	
Revenue from change in average rating factors	n/a	n/a	n/a	changes in enrollee characteristics that can be reflected in rating factors do not impact normalized base rates
CommCare population change (not including any portion of changes that can be rated for as reflected in "Revenue from change in average rating factors" immediately above)	-0.4%	-0.4%	-0.4%	
Other assumed morbidity change (describe to right or in Actuarial Memorandum)	0.0%	0.0%	0.0%	
Revenue neutrality adjustment related to capping of kids at 3 under age 21 (or similar capping prior to 2014)	0.4%	0.4%	0.4%	
Reinsurance contribution	1.2%	1.0%	0.9%	
Insurer Tax	2.2%	2.0%	1.9%	
PCORI	0.0%	0.0%	0.0%	
Reinsurance recovery	-0.7%	-0.7%	-0.7%	
Risk Adjustment Charge/Payment	-0.2%	-0.2%	-0.2%	
Total	10.0%	9.9%	9.8%	
Other	0.0%	0.0%	0.0%	