

PART 2

2013

PROPOSAL INSTRUCTIONS

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❖ **Proposal Submission Requirements**

If a carrier has more than 1,500 FEHBP contracts at the time of the rate proposal:

- The carrier is considered a large carrier. The carrier must complete and submit Attachments II, IIA, IIB, and IIC.

If a carrier has less than 1,500 FEHBP contracts at the time of the rate proposal, the carrier must choose between the following options:

- Submit the same detailed documentation required for large carriers (see above). A carrier that chooses this option will be considered a large carrier.

OR

- If the carrier's 2012 income from the Federal group will be greater than or equal to \$650,000, the carrier must complete Attachments I, IA, II, IIA, IIB, and IIC and submit Attachments I, IA, IIB, and IIC. A carrier should not send Attachments II and IIA to OPM; however, these documents must be kept on file and available for OPM review in accordance with the records retention clause of the contract. A carrier that chooses this option will be considered a small carrier.
- If the carrier's 2012 income from the Federal group will be less than \$650,000, the carrier must complete and submit Attachments I, IIB, and IIC. Such a carrier need not complete or retain Attachments IA, II and IIA. A carrier that chooses this option will be considered a small carrier.

Since small carriers will not submit detailed documentation, the Office of Actuaries will evaluate these carrier's proposed rates by using its reasonableness test. Rates failing this test will be further reviewed. For small carriers whose 2012 Federal group income will be \$650,000 or more, the Office of Actuaries may request detailed documentation.

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❖ **Instructions for Attachment I – Small Carriers**

If your 2012 Federal group income will be greater than or equal to \$650,000, you must complete and keep on file Attachments II and IIA before submitting Attachment I.

Q1. Indicate the method of community rating used.

Q2. Enter the proposed 2013 Federal group rates on Line A of Attachment I.

If the carrier's 2012 income from the Federal group is greater than or equal to \$650,000, enter the Line 5c rates from Attachment II on Line A of Attachment I.

Q3. If OPM owes the carrier money as a result of the 2012 reconciliation, OPM will reimburse the amount due through an increase in the carrier's 2013 rates. Compute the appropriate increase based on the results of the 2012 reconciliation and enter the amount on Line B of Attachment I.

If the carrier owes OPM as a result of the 2012 reconciliation, OPM will recoup the amount due through a decrease in the carrier's 2013 rates. Compute the appropriate decrease based on the results of the 2012 reconciliation and enter the amount on Line B of Attachment I.

Q4. Enter the proposed 2013 Federal group rates after adjustments (Line A \pm Line B) on Line C of Attachment I.

OPM completes the section below Line C based on negotiations between the carrier and Office of the Actuaries. When we determine that sufficient excess has built up in the contingency reserve, we will propose a reduction to the carrier's rates in order to generate a contingency reserve payment.

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❖ **Instructions for Attachment II – Large Carriers**

Item numbers correspond to line numbers on Attachment II.

1. Proposed FEHB Rates before Loadings for January 1, 2013

This is the carrier's best possible estimate of the 2013 FEHB bi-weekly self and family rates. These rates must be based on the carrier's community rate(s) or on an OPM approved ACR methodology. On the Backup Line 1 Form, indicate in detail how the Line 1 rates were derived. If you are submitting the Backup Line 1 Form as an Excel file, please keep the formulas in the spreadsheet.

Traditional Community Rating (TCR) and Community Rating By Class (CRC)

Complete the TCR & CRC Backup Line 1 Form on page 12 (or equivalent) and enter the resulting self and family rate on Line 1 of Attachment II.

Adjusted Community Rating (ACR)

Complete the ACR Backup Line 1 Form on page 12 (or equivalent) and enter the resulting self and family rate on Line 1 of Attachment II.

2. Special Benefit Loadings

Special Benefit Loadings are loadings to account for differences between the Federal group's benefit package and the carrier's community benefits package or, in the case of an ACR rated carrier, loadings to include benefits not included in claims data. Provide all backup calculations and clearly indicate all utilization and cost assumptions for each special benefit loading.

If the loading is a benefit you sell to other groups, there should be a uniform price (i.e., a capitation rate or standard set of two-tiered community rates) for the benefit. Indicate clearly in your backup calculations the adjustments (if any) you have made to the uniform loading to arrive at the Federal loading.

You must offset through negative loadings any benefits not provided to the Federal group which are part of the carrier's basic package. You should enter a cost of \$0.00 for benefit differences with no cost.

Complete the Backup Special Benefits Loading Form on page 13 (or equivalent) and enter the loading(s) on Line 2 of Attachment II.

3. FEHB Rates Plus Special Loadings

Add Lines 1 and 2 and enter the sum on Line 3 of Attachment II.

4a. Extension of Coverage Loading

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Extension of Coverage is the automatic continuation of health benefits coverage for 31 days after FEHB eligibility terminates, except by the enrollee's cancellation of coverage.

If entitled to the Extension of Coverage Loading, multiply Line 3 by .004 and enter the result on Line 4a of Attachment II.

Generally, an ACR rated carrier is **not** entitled to this loading. If an ACR rated carrier thinks they are entitled to the Extension of Coverage Loading, a detailed explanation must be submitted with this proposal and backup documentation must be kept available for audit review. OPM reserves the right to deny this loading.

4b. Medicare Loading

The purpose of the Medicare loading is to adjust a carrier's premium to provide the correct income for FEHB retirees age 65 and older since most other groups generally cover their retirees by Medicare Advantage Plans or Medicare Supplement Plans and are excluded from the employee plan.

A carrier must document the Medicare status of Federal annuitants and their covered spouses age 65 and over, and compute a Medicare loading. Compute the cost of benefits for the Federal annuitants and compare the cost with the income received on behalf of these annuitants from OPM and CMS. If more income is received than is needed to cover the cost of benefits for this group, the Medicare loading should be negative. If less income is received than is needed, the loading should be positive. Clearly explain your method and provide backup calculations.

The difference between the cost for these enrollees and revenue received from CMS should roughly equal the premium charged to Medicare enrollees for either Medicare Supplement Plans or Medicare Advantage Plans with adjustments made for differences in levels of benefits. Please verify the reasonableness of your loading. We will verify the accuracy of your calculation based on the answers you provide in questions QG11 and QG12.

A carrier claiming a Medicare loading must have appropriate documentation to justify the distribution of its Medicare population submitted in QG14.

If you use ACR to compute your rates, you must be sure you have considered the effect of COB (coordination of benefits) income received from CMS. You should pay particular attention to QA4 and QA5 of the questionnaire. **A carrier using a claims-based ACR method will normally not have a Medicare loading.**

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Below is an example of the method we suggest. If you use a reasonable and well documented method for other groups, you should also use it for the Federal group.

EXAMPLE:					
<u>Medicare Coverage</u>	Distribution of Federal Annuitants and Covered Spouses*	<u>Cost of Benefits</u>	<u>FEHBP Premium**</u>	<u>CMS COB</u>	<u>Gain (Loss) to Carrier</u>
A + B	100	\$120	\$50	\$100	\$30
A	65	120	50	60	(10)
B	10	120	50	40	(30)
None	50	120	50	0	(70)

(1) Revenue Gain: $100 \times \$30 = \$3,000$
(2) Revenue Loss: $(65 \times \$10) + (10 \times \$30) + (50 \times \$70) = \$4,450$
(3) Net Loss = $\$4,450 - \$3,000 = \$1,450$

* From QG15, Attachment IIA
** If you use this method, the FEHBP premium should be the single rate

This positive loading of \$1,450 could be spread over the self and family contracts in any reasonable manner. Note that whether the loading comes out negative or positive depends on the distribution of Federal enrollees by Medicare status.

Complete the Backup Medicare Loading Form on page 14 (if appropriate) and enter the Loading on Line 4b of Attachment II.

5a. Proposed FEHB Rates – 2013

Add Lines 3, 4a, and 4b and enter the sum on Line 5a of Attachment II.

5b. Discount

Enter the amount of discount, if any, on Line 5b(i), SSSG Discount, or Line 5b(ii), Other Discount, on Attachment II. An SSSG discount may be adjusted at the time of reconciliation to reflect the actual discount applied. Other discounts may not be adjusted.

5c. Final Proposed FEHBP Rates – 2013

Add Lines 5a and 5b and enter the total on Line 5c of Attachment II.

Attachment I

2013 RATE PROPOSAL - SMALL CARRIERS				
(Use BIWEEKLY Net-To-Carrier Rates)				
CARRIER NAME				
STATE		CODE		OPTION (High/Standard/HDHP/CDHP/Basic)
Q1. What type(s) of community rating do you propose to use for the Federal group in 2013?				
TCR (Traditional Community Rating)				
CRC (Community Rating By Class)				
ACR (Adjusted Community Rating)				
			SELF	FAMILY
Q2. What are the 2013 proposed Federal group rates? If your 2012 Federal group income is greater than or equal to \$650,000, enter the rates from Line 5c, Attachment II on this line. Line A:				
Q3. Enter the adjustment to the 2013 proposed Federal group rates as a result of the reconciliation of the 2012 Federal group rates. If your actual 2012 Federal group rates were higher than estimated in the 2012 proposal, the 2013 rates should be increased to recover the loss. Likewise, if the actual 2012 Federal group rates were less than estimated in the 2012 proposal, the 2013 rates should be decreased to return the gain to OPM. Line B:				
Q4. What are the proposed 2013 Federal group rates after adjustments? (Line A ± Line B) Line C:				
OPM will complete the section below if it is necessary to reduce the proposed rates in order to draw down the contingency reserve.				
Amount of excess contingency reserve:				
Rate reduction necessary to generate a contingency reserve payment approximately equal to the excess. Line D:				
2013 FEHBP Rates Line E:				

If you are a state mandated TCR group, are there currently at least two groups that are eligible to be SSSGs for 2013?

[] Yes [] No

Attachment IA

Certificate of Accurate Pricing
For Community Rated Carriers (SSSG methodology)

This is to certify that, to the best of my knowledge and belief:

- 1) The cost or pricing data submitted (or, if not submitted, maintained and identified by the carrier as supporting documentation) to the Contracting Officer or the Contracting Officer's representative or designee in support of the 2012 FEHB rates were developed in accordance with the requirements of 48 CFR Chapter 16 and the FEHB contract and are accurate, complete, and current as of the date this certificate is executed; and
- 2) The methodology used to determine the FEHB rates is consistent with the methodology used to determine the rates for the carrier's Similarly Sized Subscriber Groups.

Firm	
Name	
Title	
Signature	
Date	

Attachment IA

Certificate of Accurate Pricing
For Community Rated Carriers (MLR methodology)

This is to certify that, to the best of my knowledge and belief:

- 1) The cost or pricing data submitted (or, if not submitted, maintained and identified by the carrier as supporting documentation) to the Contracting Officer or the Contracting Officer's representative or designee in support of the 2012 FEHB rates were developed in accordance with the requirements of 48 CFR Chapter 16 and the FEHB contract and are accurate, complete, and current as of the date this certificate is executed.

Firm	
Name	
Title	
Signature	
Date	

Attachment II

2013 RATE PROPOSAL – LARGE CARRIERS						
(Use BIWEEKLY Net-To-Carrier Rates)						
CARRIER NAME						
STATE		CODE		OPTION (High/Standard/HDHP/CDHP/Basic)		
					SELF	FAMILY
1. Proposed FEHB Rates Before Loadings for January 1, 2013						
2. Special Benefit Loadings						
(a)						
(b)						
(c)						
3. FEHB Rates Plus Special Benefit Loadings						
4. Standard Loadings						
(a) Extension of Coverage Loading [.004 x (3)]						
(b) Medicare Loading						
5a. Proposed 2013 FEHB Rates Before Discount [(3) + (4a) + (4b)]						
5b. Discount						
(i) SSSG Discount (for TCR plans only)						
(ii) Other Discount						
5c. Final Proposed 2013 FEHB Rates [(5a) - (5bi) - (5bii)]						

Attachment II Backup

➤ **Backup Line 1 Form**

Enter the results on Line 1 of Attachment II. If neither of these Forms is appropriate, create/modify a form and place it here. If you are submitting an Excel file, please keep the formulas in the spreadsheet.

Backup Line 1 Form – TCR & CRC	
Beginning Capitation Rate	
Age/Sex Factor	
Resulting Capitation Rate	
Percentage of Self Contracts	
Percentage of Family Contracts	
Average Family Size	
1 st Level Step-Up Factor (Self/Capitation)	
Revenue Ratio (Family/Self Ratio)	
Self Rate	
Family Rate	

Backup Line 1 Form – ACR	
Experience Period	
Total Paid Claims (before any COB)	
Total COB (including CMS)	
Annual Trend	
Total Trend from Experience Period	
Expected Claims	
Administration (& Profit)	
Total Expected Claims + Admin + Profit	
Members	
Per Member Rate	
Percentage of Self Contracts	
Percentage of Family Contracts	
Average Family Size	
1 st Level Step-Up Factor (Self/Capitation)	
Revenue Ratio (Family/Self Ratio)	
Self Rate	
Family Rate	

Attachment II Backup

Backup Special Benefit Loadings Form

Enter the Special Benefit Loadings (if appropriate) under Line 2 of Attachment II. If you are submitting an Excel file, please keep the formulas in the spreadsheet.

Backup Special Benefits Loading Form			
Benefit	Cost/Member	Self Rate	Family Rate
(a)			
(b)			
(c)			
(d)			
(e)			
(f)			
(g)			
(h)			
(i)			
(j)			

Note: Include any necessary backup calculations here to support these loadings.

Attachment II Backup

Backup Medicare Loading Form

Enter Medicare Loading (if appropriate) on Line 4b of Attachment II.

Backup Medicare Loading Form					
Medicare Coverage	(A) Count	(B) Cost Of Benefits	(C) FEHB Premium	(D) CMS COB	Plan Cost A*(B-C-D)
Part A Only					
Part B Only					
Parts A & B					
No Coverage					
Total		(E)			
Total FEHBP Members (F)					
Cost Per Member (E / F)					
Self Loading					
Family Loading					

Or

Alternative Backup Medicare Loading Form					

Attachment II Backup

This page is for TCR plans only.

If you choose to submit potential SSSGs in the proposal, fill out the form below. You must also keep a list on file of all potential SSSGs ranked by the group's most recent enrollment (but no later than March 31 of the current year). SSSGs will be chosen from the list on file in the event that at least nine of the 10 potential SSSGs listed below no longer qualify to be SSSGs at the time of reconciliation.

POTENTIAL SSSGS	
NAME	ENROLLMENT/ AS OF
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Attachment IIA

c. Are these step-up factors group-specific (i.e., derived using the demographics of the Federal group)? Or, are the step-up factors based on overall population demographics?

Group Specific Based on Overall Carrier Population Demographics

d. If you use group-specific factors, do you use them for all groups?
If "No", what are your criteria for using group-specific factors?

QG6. If you use enrollment-mix or other demographic assumptions at any point in the development of the 2013 Federal group rates (including development of step-up factors), what are they?

% Self Contracts _____ % Family Contracts _____

Family Size _____ Other: _____

What is the "as of" date of the above enrollment? _____

QG7. What is the source of your demographic information? Is the same source used for all groups? If not, what is the source of your demographic information for other groups?

QG8. If you do not use step-up factors to convert a capitation rate to the self and family rates, explain in how you derive the self and family rates.

QG9. Are the special benefits listed in Line 2, Attachment II of the 2013 proposal different from those that you offered in 2012?

YES NO If "Yes", explain.

QG10. With regard to the special benefits shown on Line 2, Attachment II: Are any of them a rider offered to other groups?

YES NO If "Yes", indicate which special benefits are riders.

QG11. The FEHBP requires coordination of benefits (COB) with CMS for Federal annuitants and their covered spouses who are entitled to Medicare.

a. Do you have a Medicare Advantage or Cost Contract with CMS?

Attachment IIA

YES Medicare Advantage Contract Cost Contract NO

b. Are any Federal group enrollees covered under these contracts?

YES NO NA

c. If the answer to QG11(a) is “Yes”, explain the arrangement you have with CMS, describe all benefit packages you offer enrollees under your Medicare Advantage contract, and the premiums paid (if any) by the individuals enrolled under your Medicare Advantage contract.

QG12. Do you sell a Medicare supplement policy?

YES NO

If “Yes”, describe the benefit packages of any Medicare supplement policies you offer, and the premiums you charge for them.

QG13. Explain how you coordinate benefits for Federal Medicare annuitants and Medicare dependent spouses.

QG14. Show the number of Federal annuitants and their covered spouses age 65 and older enrolled with the carrier. Also include the amount of COB money received from CMS for each of the following categories:

	Counts	COB Amount
Medicare Part A and Part B		
Medicare Part A Only		
Medicare Part B Only		
Neither Part A nor Part B		
Cannot Determine		

Note: The sum of the numbers in the counts column above should be the total number of Federal annuitants and their covered spouses age 65 and older enrolled with the carrier.

Attachment IIA

QG15. How do you determine the numbers that you have in the distribution in QG14?

QG16. Do your Attachment II, Line 1 rates reflect any tax, fee or monetary payment imposed on the carrier by a state or local government?

YES NO

If “Yes”, have you included a negative loading in the Special Benefits section of the proposal?

YES NO

If “No”, explain why you did not include a negative loading.

QG17. If you use different rating methods (i.e. TCR, CRC, ACR) for different groups, describe your criteria for the use of each method.

QG18. BACKUP CALCULATIONS - Attachment II, Line 1 Rates

a) If you use Traditional Community Rating (TCR), show how you derive the rates on Line 1, Attachment II of the proposal. If they are two-tiered rates that you use for all groups, and will be backed by an insurance department filing, state this. If you derived the rates by converting a capitation rate into self and family rates, show the calculations.

If you use Community Rating by Class (CRC) or Adjusted Community Rating (ACR) show any details of the derivation of the Line 1, Attachment II rates that were not given in the previous parts of this questionnaire.

Do not skip this question or refer us to another sheet. What we want here is a clear explanation of your Line 1 rates. If there are other sheets with detailed calculations, tell us here in simple language what is done. We want to see how you develop the rates; do not modify your rate development to match our forms or examples.

QG19. In your 2013 Proposal does FEHB receive any discounts, underwriting adjustments, or concessions? TCR plans should not consider estimated SSSG discounts when answering this question.

YES NO

Attachment IIA

If Yes, what is the discount as a percentage?

Please note you will be required to provide this discount to FEHB in the 2013 reconciliation.

QG20. Select the category that accurately describes your plan's 2012 Actuarial Value for In-Network Benefits for a Non-Medicare Enrollee**:

	Option 1	Option 2	Option 3
Plan Option*			
In Network Non-Medicare Actuarial Value > = 90%			
In Network Non-Medicare Actuarial Value > = 80% but < 90%			
In Network Non-Medicare Actuarial Value > = 70% but < 80%			
In Network Non-Medicare Actuarial Value > = 60% but < 70%			
In Network Non-Medicare Actuarial Value < 60%			

* Please provide a separate actuarial value for each plan option.

** A Non-Medicare enrollee is defined as one who has no Medicare coverage of any kind. A Medicare enrollee is defined as one who has Part A only, Part B only or both Part A and B of Medicare coverage.

Briefly describe the methodology and assumptions used to determine the above including the standard population utilized:

QG21. Please provide the requested percentages in the tables below:

Generic Dispensing Rate (GDR) = # of generic scripts / # of total scripts

Actual GDR 2010	Actual GDR 2011	Estimated GDR 2012	Projected GDR 2013

Generic Substitution Rate (GSR) = percentage of all prescriptions available as generics dispensed as generics

Actual GSR 2010	Actual GSR 2011

Specialty Drug Trend

Actual Specialty Drug Trend 2010	Actual Specialty Drug Trend 2011	Estimated Specialty Drug Trend 2012	Projected Specialty Drug Trend 2013

QG22. List below the MLR(s) submitted to HHS for the 2011 calendar year that include claims and premium information from this plan code, as well as the state to which they apply. If a rebate is due as a result of the above MLR(s), list the amount of rebate owed to FEHB.

Attachment IIA

	State	ACA MLR	Rebate Due FEHB
<i>example</i>	<i>XX</i>	<i>82.3%</i>	<i>\$5,000,000</i>

Attachment IIA

TCR Questions

(Answer only if the carrier uses TCR to develop rates)

QT1. Do you use a standard set of tiered rates applicable to all groups with a tiered rate structure?

YES NO If "Yes", what are they?

Self _____ Family _____

Self _____ Couple _____ Family _____

QT2. Do you begin your rate development with a capitation rate, and then convert it to the self and family rates?

YES NO If "Yes", what is the capitation rate?

Capitation Rate = _____

Note that you may check both QT1 and QT2 "Yes" if you use a standard set of tiered rates that are derived from a capitation rate.

QT3. Do you use "step-up" factors to convert the capitation rate to the self and family rates?

YES NO

QT4. Are you electing to submit a list of potential SSSGs at this time?

YES NO

If "No", the carrier will select two groups which meet the SSSG requirements at the time of reconciliation as the SSSGs.

If "Yes", **make sure the form on page 15 is filled out.** The carrier must also have a list on file of **all** potential SSSGs ranked by the group's most recent enrollment (but no later than March 31 of the current year).

QT5. Do you include a potential SSSG discount in your 2013 FEHB proposed rates?

YES NO

If Yes, what is the discount as a percentage?

If Yes, was the discount as a percentage applied to the entire rate?

YES NO If "No", explain why

Attachment IIA

CRC Questions

(Answer only if the carrier uses CRC to develop its rates)

QC1. Do you use CRC for all your groups?

YES

NO

If "No", what is your criteria for using CRC?

QC2. What CRC factors do you use?

Age

Sex

Other _____, _____, _____

QC3. What capitation rate do you begin with?

Capitation Rate = _____

QC4. What is the adjustment factor you use to adjust the capitation?

Adjustment Factor = _____

What is your adjusted capitation rate?

Adjusted Capitation Rate = _____

Explain how you derived the CRC adjustment factor. **In particular, on what population data are the CRC utilization factors based? How often do you update the data on which the CRC utilization factors are based?**

QC5. Give a simple narrative explanation of how you derive your rates including how you adjust the capitation rate.

Do not skip this question or refer us to another sheet. What we want here is a clear explanation of how you derive your rates. If there are other sheets with detailed calculations, tell us here in simple language what is presented on those sheets.

QC6. Have you enclosed any worksheets (i.e. sheets showing age/sex distribution and relative utilization factors) that you used to derive the CRC adjustment factor? **Please note that you must have documented support for the CRC age/sex factors.**

YES

NO

NA

Attachment IIA

If “No” or “NA”, explain. (Note: We normally expect to see the worksheets from which you derive the CRC adjustment factor. These may be submitted separately.)

QC7. Do you use "step-up" factors to convert the adjusted capitation rate to the self and family rates?

YES NO If “No”, explain

QC8. Explain how you derive the "relative utilization factors" associated with your age/sex distribution sheet.

Note that we would expect the factors to be based on the utilization experience of the different age groups of the total employee population the carrier services. In some cases, a carrier might use factors based on some other large population. Please make it clear to us exactly where your relative utilization factors come from, and on what population they are based.

IMPORTANT! DO NOT SKIP THIS QUESTION

QC9. When you derive the CRC adjustment factor, do you include the number of Federal annuitants, over age 65, anywhere in the calculation?

YES NO

If “Yes”, have you given us a credit for Medicare Reimbursement?

Do you include the number of Federal annuitants **under** age 65?

YES NO

In general, explain how you use the group of Federal retirees (if at all) in your calculation of the CRC factor.

IMPORTANT! DO NOT SKIP THIS QUESTION

QC10. Do you use an industry factor in your rating?

YES NO

If Yes, did the Federal group receive a factor of 1.00 or less?

YES NO If No, explain

Attachment IIA

ACR Questions

(Answer only if the carrier uses ACR to develop its rates)

QA1. Do you use ACR for all your groups?

YES NO If "No", what is your criteria for using ACR?

QA2. What method of ACR do you use to rate the Federal group in 2013?

A Method Based on Federal Claims

Other

Note: You should have on file any claims/utilization data supporting the rates for the Federal group.

QA3. If your answer was "Other" for QA2, give a simple, but comprehensive explanation of how you developed your rates. Use extra sheets if necessary.

QA4. Are age 65 and older retirees included in the claims or utilization data used to determine the ACR factor or rates?

YES NO If "No", a standard Medicare loading should be taken.

QA5. If you answered "Yes" to QA4, are CMS reimbursements included in the Federal group's experience?

YES NO

If "No", a negative Medicare loading should be taken to account for all monies received from CMS or monies saved because Medicare was the primary payer (i.e. responsible for most of the claim payments).

If "Yes", there should be no Medicare loading.

QA6. Did you reduce claims used in the rate development by all COB income (e.g. prescription drug rebates, settlements) that the carrier received from other insurance sources excluding CMS?

YES NO

If "No", credit must be applied to the Federal group for any monies received from other insurance sources.

Attachment IIA

Questions QA7 through QA14 are for carriers that answered QA2 by checking “A Method Based on Federal Claims”

QA7. Clearly explain your ACR method using Federal claims data to compute rates. **Do not skip this question and do not refer us to other sheets. What we want here is a simple narrative description of your method.**

QA8. Do you use completion factors to derive incurred claims?

YES NO

If “Yes”, you should use the same set of completion factors for all your groups. Do you?

YES NO NA If No, explain.

QA9. Complete the following for the claims in the experience period used to calculate your 2013 rates:

Total Claims (not including any COB) _____

Medicare COB _____

Other COB (e.g. Rx rebates, settlements) _____

Net Claims _____

QA10. Explain how you compute the administrative charge.
IMPORTANT! DO NOT SKIP THIS QUESTION

QA11. Did the claims used in the rate development reflect special benefits?

YES NO

QA12. Do you derive an adjusted capitation rate by using an ACR factor that was derived from actual claims data?

YES NO If “Yes”, Adjusted Capitation Rate = _____

Attachment IIA

QA13. Do you use step-up factors to convert an adjusted capitation rate to the self and family rates?

YES

NO

If "Yes", please make sure you answer QG5.

Attachment IIB

Carrier Contacts

For information about your rate submission, we should contact:

Name	
Phone Number	
Fax Number	
Email	

OR

Name	
Phone Number	
Fax Number	
Email	

Our counterproposal and rate acceptance letters should be addressed to:

Name	
Address	
Phone Number	
Fax Number	
Email	

Attachment IIC

Utilization Data (Based on Total HMO Population)		
Type of Service	Annual Utilization Per 1000 Members	
1. Number of Prescriptions		
	A. Mental	B. Other
2. Number of Office Visits		
3. Number of Inpatient Hospital Days		