

Table of Contents

OPM Community Rating Guidelines - 2002.....	4
List of rate attachments	4
General policy for the 2002 rate year.....	5
Special audits.....	6
Policy on Error reporting.....	6
New rating areas.....	6
Similarly Sized Subscriber Groups (SSSGs)	6
Regulatory definition.....	7
Enrollment and contract renewal dates	8
Definition Of Rating Region	8
Policy on Selection of SSSGs	9
Consistency of rating methods	12
Examination of non-SSSG groups	12
Policy on Recovery of Discounts.....	12
Miscellaneous remarks.....	13
State taxes.....	12
Special loading for enrollment discrepancies.....	13
Community-rating policy	14
CRC rating.....	14
ACR rating	15
Attachment I	16
Instructions for Attachment I	17
Attachment 1A	18
Attachment II	19
Instructions for Attachment II.....	20
Attachment IIA.....	30
Attachment IIB	56
Attachment IIC.....	57

OPM Community Rating Guidelines – 2002

OPM Community Rating Guidelines - 2002

This discusses OPM's rating policy for the 2002 rate year.

List of Rate Attachments

Attachment I

This is the 2002 rate proposal/questionnaire for small carriers.

Instructions for Attachment I

Line-by-line instructions to small carriers for completing Attachment I.

Attachment IA

The Certificate of Accurate Pricing For Small Community Rated Carriers. It is for use only by small carriers whose 2001 income from the Federal group will be \$500,000 or more. A carrier contracting official must use the form to certify that the information in the reconciliation documents (Attachments III, IIIA, IIIB, kept on file at the carrier) is accurate and that OPM can rely on the information as a basis for determining the Federal group's 2002 rates. **Note that this document pertains to your 2001 rates.**

Attachment II

The rate proposal sheet. It is for use by large carriers and small carriers whose 2001 income from the Federal group will be \$500,000 or more. Large carriers must submit the form to OPM. Small plans must keep it on file.

Instructions for Attachment II

Line-by-line instructions (with examples and discussion) for completing Attachment II.

Attachment IIA

The Community Rate Questionnaire. It is for use by large carriers and small carriers whose 2001 income from the Federal group will be \$500,000 or more. Large carriers must submit it to OPM. Small plans must keep it on file. If you re-type this questionnaire, please be sure that the questions and answers are on only one side of each sheet.

Attachment IIB

This requests the names, telephone and fax numbers and the E-mail addresses of two persons we can contact about your rate proposal. All carriers must submit this form to OPM.

Attachment IIC

This requests utilization data (based on the carrier's total enrollment) for prescription drug, hospital, and office visit benefits.

OPM Community Rating Guidelines – 2002

General Policy For the 2002 Rate Year

Definition: We divide carriers into two groups, "large" and "small." For 2002, we define small carriers as those having less than 1500 FEHBP contracts at the time of the rate proposal. We define large carriers as those having 1500 or more contracts at the time of the rate proposal.

Documentation: The amount and nature of the back-up documentation we require for small carrier rate proposals differs from the large carrier requirements.

For the 2002 rate proposal, a small carrier has three options:

- 1) It may submit the same detailed documentation we require for large carriers.
- 2) If its 2001 income from the Federal group will be \$500,000 or more, and the carrier does not elect to submit the same documentation as a large carrier, the carrier must submit only Attachments I, IA, IIB, and IIC. Such a carrier must also complete Attachments II and IIA and keep them on file and available for OPM review.
- 3) If its 2001 income from the Federal group will be less than \$500,000 and the carrier does not elect to submit the same documentation as a large carrier, the carrier must submit only Attachments I, IIB, and IIC. Such a carrier need not complete or retain Attachments II and IIA.

In what follows, "small carrier" refers to a carrier with under 1500 FEHBP contracts choosing not to submit the detailed documentation we require for large carriers (i.e., a small carrier is one that chooses option 2 or 3 above).

All carriers must derive their Federal group rates according to OPM community-rating principles. Small carriers whose 2001 Federal group income will be \$500,000 or more must complete Attachment II (Proposed Biweekly Net-To-Carrier Rates For the 2002 Rate Year) and Attachment IIA (Community Rate Questionnaire) but should not send these documents to OPM. Such carriers must keep these documents on file, in accordance with the records retention clause of the contract. The OPM auditors will examine the documents during carrier audits, and the OPM Office of Actuaries may also periodically review the documents.

Small carriers whose 2001 Federal group income will be less than \$500,000 are not required to complete or retain Attachments II and IIA.

Since small carriers will not submit detailed documentation, the Office of Actuaries will evaluate the proposed rates by using its reasonableness test. Rates failing this test will be further reviewed. For small carriers whose 2001 Federal group income will be \$500,000 or more, the Office of Actuaries may request detailed documentation.

OPM Community Rating Guidelines – 2002

Special Audits

OPM's Office of the Inspector General will perform special audits of carriers' 2002 rate reconciliations on a selected basis beginning in May 2002. Although these audits will focus on the 2002 rate reconciliation, the audit staff may need to analyze rate information for the Federal group and other groups for previous years. Keep all documentation used to develop the 2002 rate reconciliation readily available for review by the audit staff.

Policy on Error Reporting

If a carrier discovers that a previous rate proposal and/or reconciliation submitted to OPM is incorrect (e.g., through the discovery of an error or omission), the carrier **must**:

- 1) Notify OPM, and
- 2) Prepare and submit to OPM an amended proposal and/or reconciliation (including a newly executed Certificate Of Accurate Pricing).

Note: The above policy does not apply to proposals and/or reconciliations that have already been or are currently being audited by OPM's audit staff or audits that have been resolved by OPM's Office of Insurance Programs (OIP). That is, after an audit resolution by OIP, the results are final.

New Rating Areas

If you propose a rate for a new area (or a new division of the current area), please submit a letter explaining:

- why you have decided to add this area;
- how it relates to your previous service area (for example, is the new area a portion of an existing area that has been split into two or more sections?); and
- how your current enrollment will be affected by the addition of this new area.

Similarly Sized Subscriber Groups (SSSGs)

We began using the concept of "Similarly Sized Subscriber Groups" (SSSGs) in the 1991 rate year. The purpose of the SSSG concept is to ensure that the Federal group receives an equitable and reasonable rate.

OPM Community Rating Guidelines – 2002

Regulatory Definition

48CFR 1602.170-13 defines SSSGs as follows:

- (a) Similarly sized subscriber groups (SSSGs) are a comprehensive medical plan carrier's two employer groups that:
 - (1) Have a subscriber enrollment closest to the FEHBP subscriber enrollment as of the date specified by OPM in the rate instructions; and
 - (2) Use any rating method other than retrospective experience rating; and
 - (3) Meet the criteria specified in the rate instructions issued by OPM.

Note: "subscriber enrollment" refers to contract enrollment. This could be the total self and family contract enrollment, or the total self, couples, and family contract enrollment, or some other sum, depending of the rate structure of the group.

Note: Alliances and Coalitions are considered employee groups for this purpose and are eligible to be SSSGs.

- (b) Any group with which an FEHB carrier enters into an agreement to provide health care services is a potential SSSG (including separate lines of business, government entities, groups that have multi-year contracts, and groups having point of service products).
- (c) Exceptions to the general rule stated in paragraph (b) of this section are (and the following groups must be excluded from SSSG consideration):
 - (1) Groups the carrier rates by the method of retrospective experience rating;
 - (2) Groups consisting of the carrier's own employees;
 - (3) Medicaid groups, Medicare groups, and groups that have only a stand alone benefit (such as dental only); and
 - (4) A purchasing alliance whose rate-setting is mandated by the State or local government.
- (d) OPM shall determine the FEHBP rate by selecting the lower of the two rates derived by using the two rating methods consistent with those used to derive the SSSG rates.

OPM Community Rating Guidelines – 2002

Enrollment and Contract Renewal Dates

For the 2002 rate year, the specific guidelines for SSSGs are as follows:

- (1) All group enrollments including new groups (the Federal group and the SSSG enrollments) should be the latest 2002 enrollment available to the carrier (but no later than March 31, 2002).
- (2) The contract renewal date for 2002 SSSGs should be between July 2, 2001 and July 1, 2002. **Note: You should interpret "renewal date" to mean the date on which a rate change (if any) is effective for the SSSG.**

Note: We stated these guidelines in the 2001 rate instructions.

Note: If an SSSG's rate is extended beyond twelve months (i.e. the carrier allows an SSSG to change its renewal date), a premium adjustment must be made for the SSSG in the following year, or the rate extension will be considered as a discount.

Rules For the Number of SSSGs and How to Choose Them

What is a Rating Region?

A rating region is the total area over which the carrier controls its rates. This is usually the state.

Example 1

HMO ABC operates in Pennsylvania and has two separate rating entities HMO ABC Pittsburgh and HMO ABC Philadelphia. Pittsburgh and Philadelphia determine rates for groups within their area only. Therefore, Pittsburgh is HMO ABC Pittsburgh's rating **region** and Philadelphia is HMO ABC Philadelphia's **rating region**.

Example 2

HMO DEF operates in Florida. It has five separate rating codes throughout the State of Florida. HMO DEF controls the rates for each rate code. Therefore, the State of Florida is the **rating region**.

A carrier must choose two SSSGs for every unique Federal rate code. You should choose both SSSGs from groups that have at least 5% of their enrollees in the federal group's rate code area. It is possible that a carrier could have federal enrollees in several different geographical regions or states under the same rate code. We will choose the SSSG's as shown previously.

OPM Community Rating Guidelines – 2002

- **We simplified our rules for choosing SSSGs.**

We will use a potential SSSGs local enrollment within a rating region to decide if a group is an SSSG. If we determine that a group is an SSSG the rating methodology within the rating region will be used to determine any discounts.

- **This is a change from the 2001 Instructions**

The following examples illustrate the above policies.

Case 1 One state, one federal rate code area, one rating region and all groups are in one state:

The carrier operates in the State of Texas. The FEHBP has one rate code area in Texas. Two SSSGs are required. The carrier controls the rates for all of Texas. Therefore, Texas is the rating region. All the groups the carrier contracts with are in Texas. The total enrollment in Texas for each group should be compared with the FEHBP enrollment to decide if the group is an SSSG.

Case 2 One state, two federal rate code areas, one rating region and all groups are in one state:

The carrier operates in the state of Texas. The FEHBP has two rate code areas in Texas: Dallas and Houston. Two SSSGs are required for each federal rate code area. The carrier controls the rates for all of Texas. Therefore, Texas is the rating region. All the groups the carrier contracts with are in Texas. If 5% of the total enrollment of a group is in Dallas, then carrier should use the total enrollment of that group in Texas to compare with the FEHBP enrollment in Dallas to determine if a group is an SSSG. Carrier follows the same procedure to select SSSGs in Houston.

Case 3 One state, two federal rate code areas, two rating regions and all groups are in one state:

The carrier operates in the State of Texas. The FEHBP has two rate code areas in Texas: Dallas and Houston. Two SSSGs are required for each federal rate code area. The Dallas region controls rates in Dallas. The Houston region controls the rates in Houston. Therefore, there are two rating regions in Texas. The carrier contracts with the XYZ group

OPM Community Rating Guidelines – 2002

in Texas. If 5% of the total XYZ Group enrollment is in Dallas, then the carrier should compare the total XYZ Group enrollment in **Dallas** with the FEHBP enrollment in **Dallas** to determine if the group is an SSSG. The XYZ Group's rates in Dallas will be used to determine any discounts. Carrier follows the same procedure to select SSSGs in Houston. The XYZ group may be an SSSG in Houston based on its enrollment there.

Case 4 One state, one federal rate code area, one rating region and some groups are in more than one state:

The carrier operates in the State of Texas. The FEHBP has one rate code area in Texas. Two SSSGs are required. The carrier controls the rates in Texas. Therefore, Texas is the rating region. The carrier contracts with XYZ Corporation, which has enrollees in Texas and nine other states. If 5% of the total XYZ Corporation enrollment is in Texas, then carrier should use the total XYZ Corporation enrollment in **Texas** to compare with the FEHBP enrollment in Texas to determine if a group is an SSSG. The XYZ Corporation's rates in Texas will be used to determine any discounts.

Case 5 One state, two federal rate code areas, one rating region and some groups are in more than one state:

The carrier operates in the State of Texas. The FEHBP has two rate code areas in Texas: Dallas and Houston. Two SSSGs are required for each federal rate code area. The carrier controls the rates in Texas. Therefore, Texas is the rating region. The carrier contracts with XYZ Corporation, which has enrollees in Texas and nine other states. If 5% of the total XYZ Corporation enrollment is in **Dallas**, then carrier should use total XYZ Corporation enrollment in **Texas** to compare with the FEHBP enrollment in **Dallas** to determine if a group is an SSSG. The XYZ Corporation's rates in **Texas** will be used to determine any Dallas discount. Carrier follows the same procedure to select SSSGs in Houston.

Case 6 One state, two federal rate code areas, two rating region and some groups are in more than one state:

The carrier operates in the State of Texas. The FEHBP has two rate code areas in Texas: Dallas and Houston. Two SSSGs are required for each federal rate code area. The Dallas region controls rates in Dallas. The Houston region controls the rates in Houston. Therefore, there are two rating regions in Texas. The carrier contracts with XYZ Corporation, which has enrollees in Texas and nine other states. If 5% of the total XYZ Corporation enrollment is in **Dallas**, then the carrier should compare the total XYZ Corporation enrollment in **Dallas** with the FEHBP enrollment in **Dallas** to determine if a group is an SSSG. The XYZ Corporation's rates in **Dallas** will be used to determine any discounts. Carrier follows the same procedure to select SSSGs in Houston.

OPM Community Rating Guidelines – 2002

Case 7 Two states, one federal rate code area, one rating region and groups are in two states:

The carrier operates in two states Texas and Arizona. The rate code is the same for all enrollees. The rating region is Texas and Arizona combined. All the groups the carrier contracts with are in Texas and Arizona. The total enrollment for each group that the carrier contracts with in Texas and Arizona should be compared with the FEHBP enrollment to decide if the group is an SSSG. The group's rates in the two states will be used to determine any discounts.

Case 8 Two states, one federal rate code area, one rating region and some groups are in more than two states:

The carrier operates in two states Texas and Arizona. The rate code is the same for all enrollees. The rating region is Texas and Arizona. The carrier contracts with the XYZ Corporation, which serves ten states. Two of the ten states are Texas and Arizona. If 5% of the total XYZ Corporation enrollment is in Texas and Arizona combined, the carrier should compare the total XYZ Corporation enrollment in Texas and Arizona with the FEHBP enrollment in the Texas and Arizona to determine if a group is an SSSG. The XYZ Corporation's rates in Texas and Arizona will be used to determine any discounts.

Instructions for Groups Contracting with HIPICS

You should treat a HIPIC as one group and follow the above rules for choosing SSSGs. If a HIPIC turns out to be an SSSG and consists of more than one rate use the weighted average of the rates to determine any discounts.

Consistency of Rating Methods

We normally expect the carrier to use the same rating method for the Federal group as it uses for the SSSGs. We accept different rating methods in some situations. **If, however, the carrier rates an SSSG not consistent with the carrier-established policies, the Federal group is entitled to a discount based on the SSSG rating method applied to the Federal group.**

OPM Community Rating Guidelines – 2002

Examination of Non-SSSG Groups

At times, OPM may examine the rates of non-SSSG groups. The examination is to verify the equivalence of the Federal group and SSSG rates. For example, if an SSSG had a special benefit (e.g., dental benefit) not included in the Federal group benefit package, OPM would compare what the carrier charged the SSSG with what it charged other groups for the benefit. The purpose would be to verify that the SSSG received no hidden discount.

An OPM review of a non-SSSG commercial group does not make it a potential SSSG.

Policy Change on recovery of Discounts

In the past, if a plan had a policy to recoup a discount made to an SSSG, the FEHBP's current rates may not have included that discount. We are changing that policy. The FEHBP must receive the discount in the rate reconciliation the same year the SSSG received a discount. If the discounted funds are recovered from an SSSG, the plan can recoup these funds from the FEHBP. The plan must show that the discount was actually recovered from the SSSG.

Miscellaneous Remarks

We do not request SSSG information now. Rather, we will ask for it in 2002 when we send you the rate reconciliation instructions.

The Federal group's rates must be equivalent to the lower of the two SSSG rates, including any discounts and reflecting any market advantage given to an SSSG.

Since your carrier is community rated, the rates for most groups are probably based on an underlying "community rate". Carriers using ACR normally base a group's rates on the underlying experience for that group.
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Regardless of which community rating method the carrier uses (TCR, CRC or ACR), OPM now focuses on the rating method used for the two SSSGs to determine if a carrier has appropriately derived the Federal group rates.

OPM Community Rating Guidelines – 2002

State Taxes

5 U.S.C. 8909(f)(1) prohibits the imposition of taxes, fees, or other monetary payment, directly or indirectly, on FEHBP premiums by any State, the District of Columbia, or the Commonwealth of Puerto Rico or by any political subdivision or other governmental authority of those entities. If your Attachment II, Line 1 rates include an amount to recover such monies from the FEHBP, you should make an adjustment for this amount in the form of a negative special benefit loading in the Special Benefit Loadings section of Attachment II.

Special Loading For Enrollment Discrepancies

Your contract provides for a special premium loading of 1% to account for unresolved enrollment discrepancies.

Note: The carrier must explicitly take this loading, but may eliminate its effect by also giving the Federal group a 1% discount. The carrier should keep in mind that its contract with the FEHBP states in Section 3.6(b) “the Carrier accepts the adjustment to the subscription charges in full resolution of all obligations of the Government in connection with the subscription payments as described in this section 3.6 and waives any rights it may have to claims for subscription payments under Section 3.1(a).”

You should place this loading on Line 4e of Attachment II.

Community Rating Policy

We accept three standard methods of community rating:

- 1) Traditional Community Rating (TCR)
- 2) Community Rating By Class (CRC)
- 3) Adjusted Community Rating (ACR)

We expect carriers using TCR or CRC for 2002 to develop rates from a community-based revenue requirement (normally in the form of a capitation rate) which is documented and verifiable. Once you establish the capitation rate, you may convert it to self and family rates using standard procedures.

A carrier using ACR may use a method based on utilization data or it may use a prospective method based on actual Federal claims data.

We ask you in the Community Rate Questionnaire to provide the criteria you use to determine your rating method for the Federal group.

OPM Community Rating Guidelines – 2002

CRC Rating

A carrier using CRC for the Federal group must provide a standard presentation of its rating method. The document "Instructions For Attachment II" includes details of this standard format and an example illustrating it. If a carrier using CRC cannot comply with OPM's standard format, it must submit its rate manual and/or other official documents that demonstrate the actuarial soundness of the carrier's CRC method.

We accept age and sex as legitimate factors for CRC. You must support any other proposed factor with carrier documentation showing that the factor predicts utilization. Our policy for industry factors is explained in the document entitled "Instructions for Attachment II".

A large carrier using CRC must furnish a table showing the age-sex distribution on which it based the Federal group's CRC adjustment factor. You must clearly show how you used this table to derive the adjustment factor.

Carriers using TCR or CRC and demographic factors (such as family size) based on group-specific data must also use group-specific data for the SSSGs. You must base all demographic factors on actual in-force group data.

ACR Rating

The following rules apply for carriers using ACR for the Federal group:

- 1) The carrier must have a documented ACR method established and implemented by 2002.
- 2) The carrier may use a prospective method based on actual Federal claims data, or a method based on utilization data. **In either case, the carrier must keep on file all data necessary to justify the ACR rate (i.e., claims, utilization etc.)**

If you use ACR, you must completely and clearly explain your method. We may ask for additional documentation from carriers using ACR, including the carrier's rating manual.

The document "Instructions for Attachment II," includes specific rules for carriers using a claims based ACR method.

Attachment I

CARRIER NAME: _____ **STATE:** _____ **CODE:** _____

2002 RATE PROPOSAL - SMALL CARRIERS
(Use **BIWEEKLY** Rates)

Q1. What type(s) of community rating do you propose to use for the Federal group in 2002?

- TCR (Traditional Community Rating)
- CRC (Community Rating By Class)
- ACR (Adjusted Community Rating)

Q2. What are your carrier's 2002 proposed Federal group rates?

For small carriers whose 2001 Federal group income will be Greater than or equal to \$500,000, these rates are on Line 5, Attachment II.

Line A Self _____ Family _____

Q3. What adjustments have you made to the proposed 2002 rates as the result of the reconciliation of the 2001 rates? Note that if the actual 2001 rates turned out to be higher than the rates estimated in the 2001 proposal, you should increase the 2002 rates to recover the loss. Likewise, if the actual rates were overestimated, you should decrease the 2002 rates to return the gain to OPM.

Line B Self _____ Family _____

Q4. What are the proposed 2002 Federal group rates (after adjustments)?

(Line A ± Line B)

Line C Self _____ Family _____

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 Self _____ Family _____

2002 FEHBP Rates:

Line E Self _____ Family _____

Instructions for Attachment I

Q1.

Indicate which method of community rating the carrier uses. Small carriers may use any of the following methods: Traditional Community Rating (TCR), Community Rating By Class (CRC), or Adjusted Community Rating (ACR).

We do not require small carriers to submit detailed documentation of the rate development. But please keep in mind that if your 2001 income from the Federal group will be greater than or equal to \$500,000, you must complete Attachments II and IIA before submitting Attachment I and keep them on file at the carrier. The OPM audit staff will examine the documents during periodic audits of the carrier. The Office of Actuaries may also periodically review the documents.

Q2.

Insert the rates that appear on Line 5 of Attachment II. These rates are the rates before any adjustments have been made as the result of the 2001 reconciliation.

Q3.

If OPM owes the carrier money because of the 2001 reconciliation, OPM will pay that money through an increase in the carrier's 2002 rates. Compute the appropriate increase, based on the results of the reconciliation.

In the case where a small carrier owes OPM because of the reconciliation, the carrier's 2002 rates will be decreased by an appropriate amount.

The rate adjustments obtained by the carrier should be placed on Line B.

Q4.

If the amounts on Line B are rate increases, then $\text{Line C} = \text{Line A} + \text{Line B}$. If the amounts on Line B are rate decreases, then $\text{Line C} = \text{Line A} - \text{Line B}$.

OPM completes the section below Line C based on negotiations between the carrier and Office of 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.

Attachment IA

**Certificate of Accurate Cost Or Pricing Data
For Community Rated Carriers**

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 2001 FEHBP rates were developed in accordance with the requirements of 48 CFR Chapter 16 and the FEHBP contract and are accurate, complete, and current as of the date this certificate is executed; and
- 2) The methodology used to determine the FEHBP 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 II

**PROPOSED BIWEEKLY NET-TO-CARRIER RATES
FOR THE 2002 RATE YEAR**

Carrier NAME: _____ **STATE:** _____ **CODE:** _____

	<u>SELF</u>	<u>FAMILY</u>
1. Proposed Unadjusted Federal Group Rates for January 1, 2002	_____	_____
[] Estimate [] Actual		
2. Special Benefit Loadings		
(a)	_____	_____
(b)	_____	_____
(c)	_____	_____
3. Federal Group Rates Plus Special Loadings [(1) + (2a) + (2b) + (2c) +...]	_____	_____
4. Standard Loadings		
(a) Extension of Coverage Loading Loading [.004 x (3)]	_____	_____
(b) Medicare Loading	_____	_____
(c) Children's Loading	_____	_____
4d. Subtotal [(3) + (4a) + (4b) + (4c)]	_____	_____
4e. Enrollment Discrepancies Loading [.01 x (4d)]	_____	_____
5. Proposed Federal Group Rates For 2002 [(4d) + (4e)]	_____	_____

Instructions for Attachment II

1. Proposed Unadjusted FEHBP Rates in Effect for January 1, 2002

This should be the carrier's best possible estimate of the 2002 FEHBP biweekly self and family rates. These rates must be based on the carrier's community rate(s) or on an OPM approved ACR methodology. You must indicate in detail how you arrived at the Line 1 rates. We provide work spaces for this in Attachment IIA, the Community Rated Questionnaire.

Carriers may use "Traditional Community Rating" (TCR), "Community Rating By Class" (CRC), or "Adjusted Community Rating" (ACR), which allows the carrier to base its rate for a group on the projected revenue of that group.

Traditional Community Rating

If you use TCR for the Federal group, the starting point is normally a capitation (per member/per month) rate. This capitation is then converted to a self rate and a family rate. The conversion process may involve group specific demographic adjustment factors. The carrier must provide the details of this conversion process.

We allow variations in the process that are consistent with OPM principles of community rating. For example, a carrier might choose to use a standard set of two-tiered rates for all its groups.

Community Rating By Class

If you use CRC for the Federal Group, we require a standard presentation of the rating method. The presentation assumes that the carrier begins with an overall per member/per month rate (capitation). As in the case of TCR, we accept minor variations that are consistent with OPM principles of community rating.

Industry Factors

Our policy on industry factors is as follows:

- 1) The industry factor used for the Federal group in the rate proposal must be no larger than 1.0. The proposed factor may change in the reconciliation, but in no case can it be larger than 1.0.
- 2) We will examine the industry factors used for the SSSGs. We require that the Federal group industry factor be no larger than 1.0 and no larger than the lowest industry factor used for an SSSG.

Example Of CRC Method

If a carrier uses CRC, we require a method, which is essentially as follows:

Instructions for Attachment II

1. Derive a CRC adjustment factor (AF), which is used to adjust the capitation rate. Normally, you should base this adjustment factor on the age-sex distribution of the Federal group, although we do allow certain variations of this concept.
2. Determine the adjusted capitation rate for the Federal group (AF x capitation).
3. Convert the adjusted capitation rate to self and family rates using the same method that would be used under TCR.

Example:

Class	Percentage Distribution of Members	Relative Utilization Factor
1	.10	.40
2	.20	.80
3	.45	1.20
4	.25	1.60

$$AF = (.10 \times .40) + (.20 \times .80) + (.45 \times 1.20) + (.25 \times 1.60) = 1.14$$

Capitation = \$60.00 pm/pm

Adjusted Capitation = \$60.00 x 1.14 = \$68.40

1st Level Step-Up Factor = 1.2

2nd Level Step-Up Factor = 2.9

Self Rate = \$68.40 x 1.2 = \$ 82.08

Family Rate = \$82.08 x 2.9 = \$238.03

Instructions for Attachment II

Note The Following:

- 1) You must include your CRC worksheets (i.e. sheets showing the relative utilization factors and the age/sex distribution for the Federal group) in your submission.
- 2) The relative utilization factors used for the federal group must be the same as those used for all your other CRC-rated groups.
- 3) Federal annuitants over age 65 should normally not be included in the calculation of the CRC factor.
- 4) A carrier using CRC for the Federal group should compute a Medicare loading in the normal way (i.e. along the lines of OPM's suggested method on Page 24).

Adjusted Community Rating

A carrier using ACR for the Federal Group, may use a method based on utilization data or a prospective method based on actual Federal claims data. **In either case, the carrier must keep on file all data necessary to justify the ACR rate (i.e. claims, utilization etc.)** You should save backup tapes of your claims database for audit purposes.

The rules that apply for a claims-based ACR method are:

- 1) The experience period (and the claims used within that period) may not change in the reconciliation. It must be the same period (and the same claims) you used in the proposal.
- 2) If you used completion factors to convert paid claims to incurred claims, such factors must be the same for all groups for which you used a claims-based ACR method.
- 3) Any method used to convert paid claims to incurred claims should be consistent for all groups you rated by a claims-based ACR method.
- 4) If claims include special benefit claims, you should take no special benefit loadings (either in the proposal or reconciliation). Note that the claims should reflect extension of coverage, which means that you should not take the extension of coverage loading.
- 5) If claims include those of annuitants age 65 and over, you must reduce claims by an amount equal to Medicare income from HCFA or we must receive a credit for monies received from HCFA. See questions Q22 and Q23.

Instructions for Attachment II

- 6) Loadings for administrative expenses must be either:
 - a) a flat community rated pm/pm amount or
 - b) a standard percentage of claims.
 - c) A method consistently applied to the FEHBP and the SSSGs.
- 7) Any trend factor used for the Federal group must be the same as the trend factor the carrier used for other groups (that is, you may not base a trend factor for the Federal group on the Federal group's experience).

A carrier using ACR for the Federal group may also use a method based on utilization data.

WHETHER A CARRIER USES A SOPHISTICATED METHOD OF ACR USING FEDERAL CLAIMS DATA, OR A LESS COMPLEX METHOD THAT USES UTILIZATION DATA, WE EXPECT A CLEAR AND COMPLETE EXPLANATION OF YOUR METHOD. YOU SHOULD PRESENT THIS EXPLANATION AS YOUR RESPONSE TO VARIOUS QUESTIONS IN ATTACHMENT IIA.

A carrier using TCR or CRC should normally base the Line 1 rates on its estimated capitation rate (or equivalent) for 2002. At a later date, after you determine the actual January 1, 2002, capitation rate, you will do a rate reconciliation.

Note that if a carrier uses an ACR method based on Federal claims data, its reconciliation will differ very little from the proposal. **The only elements of the reconciliation that might differ from the proposal are:**

- (i) **Trend Factor.** Your trend factor must be revised from that proposed if necessary to comply with the requirement that the trend be community based.
- (ii) **Administration Cost Factor.** Your factor must be revised if necessary to meet the requirement that the FEHBP be charged the lowest loading (either capitation or percentage) charged to an SSSG.

Note that the trend factor must be consistent with the lowest such factor used for an SSSG.

2. Special Benefit Loadings

Instructions for Attachment II

These loadings are for differences between Federal group's benefit package and the carrier's community benefits package. You must provide all backup calculations for the costs that appear on lines 2(a) through 2(c). You should clearly indicate all utilization and cost assumptions. If the benefit is a rider that 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 rate to arrive at the Federal rates shown on lines 2(a) through 2(c).

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

3. FEHBP Rates Plus Special Loadings

The sum of all previous lines goes here.

We describe below methods of loading for standard additional benefits. You must clearly show all backup calculations.

4. Standard Loadings

4(a) Extension of Coverage Loading

Each carrier in the FEHBP must provide the following coverage without charge to the enrollee or employing agency:

1. Employees terminated from employment have 31 days additional coverage.
2. Employees or dependents confined in a hospital on the 31st day after termination have coverage continued until discharge, up to a maximum of 91 days after termination.

These coverage requirements apply whether or not the enrollee later converts his or her group coverage to an individual contract with the carrier.

We recommend a loading of 0.4 percent of the proposed rate for this benefit. Unless you have specific experience to justify another figure, or the community rate includes the coverage, you should use 0.4 percent of line 3.

4(b) Medicare Loading

Instructions for Attachment II

Federal annuitants who retired after December 31, 1983, are entitled to coverage under Part A and Part B of Medicare when they reach age 65. In addition, the majority of retirees over age 65 who retired before 1984 are covered under Medicare as a result of employment in the private sector.

Medicare is the primary payer in the case of those non-working carrier members who are covered under Medicare. **The carrier has a contractual obligation to obtain reimbursement from the Health Care Financing Administration (HCFA) for such Medicare eligible enrollees.**

In most cases, annuitants and their covered spouses age 65 and over who are covered by Part A and/or Part B of Medicare generate more income for the carrier than would normally be necessary to cover such individuals. The carrier receives the Federal group premium, plus reimbursement from HCFA. On the other hand, Federal annuitants and covered spouses age 65 and over who are not covered under Medicare generate less income than would be necessary to cover a person in the "over 65" age category.

Therefore, the carrier is either underpaid or overpaid for Federal annuitants and their covered spouses age 65 and over. The purpose of the Medicare loading is to reflect this underpayment or overpayment.

You must document the Medicare status of Federal annuitants and their covered spouses age 65 and over, and compute a Medicare loading.

You should derive this loading by first determining the total yearly amount the carrier is overpaid or underpaid for the Federal annuitants and covered spouses. Then, convert this amount to equivalent self and family rate loadings.

You should clearly explain your method, and provide backup calculations. Q49, ATTACHMENT IIA ASKS FOR A GENERAL EXPLANATION OF YOUR MEDICARE LOADING METHOD. BE SURE NOT TO SKIP THIS QUESTION.

Instructions for Attachment II

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

<u>Medicare Coverage</u>	Distribution of Federal Annuitants and Covered Spouses*	Cost of HCFA Benefits	Average FEHBP Payment	Gain/(Loss) Payment**	to Carrier
A + B	100	\$120	\$100	\$50	\$30
A	65	120	60	50	(10)
B	10	120	40	50	(30)
None	50	120	0	50	(70)
(1)	Revenue Loss: $(65 \times \$10) + (10 \times \$30) + (50 \times \$70) = \$4,450$				
(2)	Revenue Gain: $100 \times \$30 = \$3,000$				
(3)	Net Loss = $\$4,450 - \$3,000 = \$1,450$				
* From Question 43, Attachment IIA					
** If you use this method, the FEHBP payment 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.					

If you use ACR to compute your rates, you must make sure that you have considered the effect of COB (coordination of benefits) income the carrier received from HCFA. You should pay particular attention to Q22 and Q23 of the questionnaire.

Note:

- 1) **A carrier using a claims-based ACR method will normally not have a Medicare loading.**
- 2) **A carrier claiming a Medicare loading must have appropriate documentation to justify the distribution of its Medicare population submitted in Q43.**

Instructions for Attachment II

Important: Each year, OPM sends each carrier a list of Federal group enrollees identified as Medicare enrollees through the annual OPM/Social Security Administration Matching Study. You should not use this report without further analysis to determine the carrier's distribution of Federal Medicare enrollees (Q43), because the "unknown" category contains many different types of Medicare enrollees, including people under age 65.

Note: As explained above, the carrier is either underpaid or overpaid for Federal annuitants and their covered spouses age 65 and older (hereafter referred to as “Federal annuitants”), and this underpayment or overpayment depends on the Federal annuitant’s Medicare status.

The purpose of the Medicare loading is to reflect this underpayment or overpayment. The HMO must compute the cost of benefits for the Federal annuitants, and compare this with the income it receives on behalf of these annuitants from OPM and from HCFA. We suggest a method above to do this, but we want to emphasize here that the HMO may derive the loading in any reasonable way that it can document.

We also want to point out the following:

- 1) **If the HMO has a risk contract with HCFA, then (because it must file an ACR proposal with HCFA) the HMO should be able to provide OPM with an accurate pm/pm estimate of the benefit cost for Federal annuitants over age 65. This cost should be roughly equal to the capitation rate the HMO receives from HCFA under the risk contract plus the premium (in terms of a capitation rate) the HMO charges the enrollee under the risk contract. The HMO should be able to determine the cost of any differences between the risk contract benefits and the FEHBP benefits.**
- 2) **If the HMO sells a Medicare supplement policy, once again, (since it has to price the policy) it should be able to provide OPM with an accurate pm/pm estimate of the benefit cost for Federal annuitants over age 65. This cost should be roughly equal to the estimated capitation rate that the HMO receives indirectly from HCFA through coordination of benefits plus the premium (in terms of a capitation rate) the HMO charges for the Medicare supplement policy. The HMO should be able to determine the cost of any differences between the Medicare supplement policy benefits and the FEHBP benefits.**
- 3) **We ask about risk contracts and Medicare supplement policies in questions Q40 and Q41.**

4(c) Children's Loading

All carriers in the Federal Employees Health Benefits Program must cover unmarried dependent children until their 22nd birthdays (through age 21). If the carrier has a different age limit for

Instructions for Attachment II

children's coverage, a loading to the Federal family rate may be appropriate. You should use such a loading if the carrier's normal practice is to load rates for other groups in the community whose age limit for children's coverage differs from the carrier's. If, however, you use a capitation and group-specific family size in calculating group rates and include coverage dependent children (i.e., children over the age limit for all dependents) in calculating average family size for the Federal group, you may not take this loading.

If you have an established method that you use to determine a children's loading for your other groups, you must use this method for the Federal group. You must document the method unless you base the loading on an approved rider, in which case we require evidence of insurance department approval. If you don't have an established method, you should use the OPM suggested method, unless you can fully document the reasonableness of an alternative method.

The following explains the reasoning behind the "OPM Suggested Method."

Assume the carrier covers children through age 18. Then, to meet FEHBP standards, the carrier must extend for 3 years for unmarried children. If we denote the family rate by F and the single rate by S, then we can consider $C = F - (2 \times S)$ to be the children's rate. Based on OPM studies, we assume that 55 percent of children age 19 through 21 are unmarried. Since C covers the children for 19 years and we must extend coverage for 3 years for 55 percent of the children, the loading is $(3/19) \times C \times .55$.

Some carrier's basic community rates cover full-time students beyond the age limit for other dependent children. In this case, the loading is $(3/19) \times C \times .20$, since OPM studies show that 20 percent of children age 19 through 21 are unmarried and not full-time students. Therefore, OPM's suggested method to compute the children's loading is as follows:

- (A) Line 3 (Attachment II) Family Rate = _____
- (B) Line 3 (Attachment II) Single Rate = _____
- (C) (A) - (2 x (B)) = Children's Rate = _____
- (D) Children are insured up to what age = _____
- (E) Extend Children's Coverage for 22 - (D) Years = _____
- (F) Loading if Carrier's Community Rate Covers Full-Time Students: $\frac{(E)}{(D)} \times (C) \times .20$ = _____
- (G) Loading if Carrier's Community Rate Does Not Cover Full-Time Students: $\frac{(E)}{(D)} \times (C) \times .55$ = _____

Instructions for Attachment II

Note: A carrier using a claims-based ACR method, will normally not have a children's loading.

4d. Subtotal

Add lines 3, 4(a), 4(b), and 4(c)

4e. Enrollment Discrepancies Loading

This is a special 1% load to the rates which compensates the carrier for possible enrollment discrepancies. This loading must be taken

5. Total = Proposed Federal Group Rates for 2002

The sum of lines 4(d) and 4(e).

Attachment IIA

COMMUNITY RATE QUESTIONNAIRE

Q1. Does the carrier use "graded" rates (i.e. adjust the community rates periodically throughout the year)?

YES

NO

If No, what method do you use to insure that no group bears a disproportionate share of the carrier's yearly revenue requirement?

Q2. With regard to dependent coverage:

a. Your basic community rate includes coverage for all unmarried dependents up to what age? (An answer of age 19 would mean that coverage ceases on the 19th birthday) _____

b. Is there a separate limiting age for coverage of full-time students?

YES What is it? _____

NO

c. If a group requires dependent coverage to an age different from your normal limiting age, do you adjust that group's rate to allow for this difference?

YES

NO

Attachment IIA

Q3. What type(s) of community rating do you propose to use for the Federal Group in 2002?

Traditional Community Rating (TCR)

a. Standard (Book) Rating

b. Variable (Group Specific) Rating

Community Rating By Class (CRC) **Go To Q7**

Adjusted Community Rating (ACR) **Go To Q19**

Questions 4 through 6 pertain to carriers that use traditional community rating (TCR) for the Federal Group.

Q4. 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 _____

Attachment IIA

Q5. 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 Q4 and Q5 "Yes" if you use a standard set of tiered rates that are derived from a capitation rate.

Q6. Do you use "step-up" factors to convert the capitation rate to the self and family rates?

YES If Yes, **Go To Q33**

NO If No, explain, then **Go To Q34**

Questions 7 through 18 pertain to carriers that use
Community rating by class (CRC) for the Federal group.

Attachment IIA

- Q7. Give a simple narrative explanation of how you derived your 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.**

Attachment IIA

Q8. Do you use CRC for all your groups?

YES

NO

If No, what is your criteria for using CRC?

Q9. What CRC factors do you use?

Age

Sex

Other _____, _____, _____,

Q10. What capitation rate do you begin with?

Capitation Rate = _____

Q11. 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?**

Attachment IIA

Q12. Show how you derive the adjusted capitation rate.

DO NOT SKIP THIS QUESTION. WHAT WE WANT IS A SIMPLE NARRATIVE EXPLANATION OF HOW YOU ADJUST THE CAPITATION RATE. IF THERE ARE OTHER SHEETS WITH DETAILED CALCUATIONS, TELL US HERE IN SIMPLE LANGUAGE WHAT IS DONE ON THOSE SHEETS.

Attachment IIA

Q13. 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

If No or NA, explain. (**Note: We normally expect to see the worksheets from which you derive the CRC adjustment factor**)

Q14. Do you use "step-up" factors to convert the adjusted capitation rate to the self and family rates?

YES

NO

If No, explain

Attachment IIA

- Q15. 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

- Q16. When you derive the CRC adjustment factor, do you include the number of Federal annuitants over age 65 anywhere in the calculation? What about the number of Federal annuitants **under** age 65? 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

YES

NO

If yes, have you given us a credit for Medicare Reimbursement?

Attachment IIA

Q17 . If you use industry factors as part of your CRC method, do you anticipate that either of your SSSGs will have an industry factor less than 1.0?

YES

NO

Q18. If you answered Q17 Yes, did you apply to the Federal group rates the lowest industry factor anticipated for an SSSG?

YES

NO

If No, explain. The Federal group should receive the lowest industry factor less than 1.0 given to an SSSG.

If you do not use ACR in any part of your rate development, **Go To Q33.**

Attachment IIA

Questions 19 through 31 pertain to carriers that use
adjusted community rating (ACR) for the Federal group.

Q19. Do you use ACR for all your groups?

YES

NO

If No, what is your criteria for using ACR?

Q20. What method of ACR do you use to rate the Federal group in 2002?

A Method Based On Utilization Factors.

A Method Based On Actual Federal Claims Data.

Other

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

Q21. If your answer was "Other" for Q20, give a simple, but comprehensive explanation of how you developed your rates. Use extra sheets if necessary.

Attachment IIA

Q22. Are age 65 or above retirees included in the claims or utilization data used to determine the ACR factor or rates?

YES

NO

If No, you should include a standard Medicare loading.

Q23. If you answered yes to Q22, are HCFA reimbursements included in the Federal group's experience?

YES

NO

If No, you should take a negative Medicare loading which accounts for all monies received from HCFA or saved because Medicare was the primary payer (i.e. responsible for most of the claim payments).

If Yes, there should be no Medicare loading.

Q24. Did you reduce claims used in the rate development by COB income that the carrier received from other insurance carriers (excluding HCFA)?

YES

NO

If No, you should give us a credit for any monies received from other insurance carriers.

Attachment IIA

Questions 25 through 31 are for carriers that answered Q20 by checking "A Method Based On Actual Federal Claims Data". If you use ACR and checked "A Method Based On Utilization Factors", **Go To Q32.**

- Q25. If you used an ACR method using Federal claims data to compute rates, clearly explain this method. **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.**

Attachment IIA

Q26. Do you use completion factors to derive incurred claims?

YES

NO

Q27. If you answered Yes to Q26, you should use the same set of completion factors for all your groups. Do you?

YES

NO

NA

If No, explain.

Q28. Explain how you compute the administrative charge.
DO NOT SKIP THIS QUESTION

Attachment IIA

Q29. Did the claims used in the rate development reflect special benefits?

YES

NO

Q30. Do you derive an adjusted capitation rate by using an ACR factor that was derived from actual claims data?

YES

NO

If Yes, what is the adjusted capitation rate?

Adjusted Capitation Rate = _____

Q31. Do you use step-up factors to convert an adjusted capitation rate to the self and family rates?

YES

NO

If Yes, **Go To Q33**

If No, **Go To Q34**

Attachment IIA

Question 32 is for carriers that answered Q20 by saying they use "A Method Based On Utilization Data".

- Q32. Give a detailed explanation of how you derive the rates on Line 1 of Attachment II. **DO NOT SKIP THIS QUESTION OR REFER US TO OTHER SHEETS. WHAT WE WANT HERE IS A SIMPLE NARRATIVE DESCRIPTION OF YOUR METHOD.**

Attachment IIA

- Q33. a. If you use step-up factors, what are they? Specifically, what step-up factor do you use to convert the capitation rate (or the adjusted capitation rate) to the self rate? What step-up factor do you use to convert the self rate to the family rate?

Self/Capitation = ____ Family/Capitation = ____

- b. How do you derive the above step-up factors? Explain briefly (we prefer a numerical formula for each factor as the explanation). Example:

$\text{Self/Capitation} = 1.17 = \frac{.40 + .60(3.5)}{.40 + .60(2.9)}$

- 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 is your criteria for using group-specific factors?

Attachment IIA

- Q34. a. If you use enrollment-mix or other demographic assumptions at any point in the development of the 2002 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? _____

- b. If you use group-specific family size in developing the Federal group rates, were overage dependent children (i.e., children older than the age limit for all unmarried dependents given in Q2a) included in determining the group's family size?

YES

NO

Attachment IIA

Q35. What is the source of your demographic information? Is the same source used for all groups? If not, where do you get the demographic information for other groups?

Q36. If you do not use step-up factors to convert a capitation rate to the self and family rates, explain in detail what you do.

Attachment IIA

Q37. Are the special benefits listed in line 2, Attachment II of the 2002 proposal different from those that you offered in 2001?

YES

NO

If Yes, explain.

Q38. With regard to the special benefits shown in line 2, Attachment II: Are any of them a rider offered to other groups?

YES

NO

If Yes, indicate which special benefits are riders.

Q39. Did you do business with any coalitions?

If Yes, list and describe them:

Attachment IIA

Q40. The FEHBP requires coordination of benefits (COB) with HCFA for Federal annuitants and their covered spouses who are entitled to Medicare.

a. Do you have a risk or cost contract with HCFA?

YES Risk Contract Cost Contract

NO

b. Are any Federal group enrollees in the carrier covered under the carrier's risk or cost contract?

YES

NO

NA

c. If the answer to Q40(a) is Yes, explain the arrangement you have with HCFA, describe all benefit packages you offer enrollees under the risk contract, and the premiums (if any) the individuals enrolled under the risk contract pay the HMO.

Attachment IIA

Q41. Does your HMO 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.

Attachment IIA

Q42. Explain how you coordinate benefits for Federal Medicare annuitants and Medicare dependent spouses.

Q43. Show the number of Federal annuitants and their covered spouses age 65 and older enrolled with the carrier using the following categories:

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 5 blanks above should be the total number of Federal annuitants and their covered spouses age 65 and older enrolled with the carrier.

Note: Important! Before you complete the above table, review the note (at the top of page 22) pertaining to the list of Medicare enrollees OPM sends the carrier each year.

Attachment IIA

Q44. How do you determine the numbers that you have in the distribution in Q43?

Q45. Do your 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 included no negative loading.

Attachment IIA

Q46. If you use different rating methods (i.e. TCR, CRC, ACR) for different groups, describe your criteria for the use of each method.

Q47. 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 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. WHAT WE WANT HERE IS A SIMPLE NARRATIVE EXPLANATION (BACKED UP BY CALCULATIONS) OF HOW YOU DERIVED THE LINE 1 RATES. IF THERE ARE OTHER SHEETS WITH DETAILED CALCULATIONS, TELL US HERE IN SIMPLE LANGUAGE WHAT IS DONE ON THOSE SHEETS. MAKE CERTAIN THAT THE EXPLANATION IN THIS SECTION MAKES IT CLEAR TO US WHERE THE RATES ON LINE 1 COME FROM.**

Attachment IIA

Q48. BACKUP CALCULATIONS - Attachment II, Line 2 Rates - Special Benefit Loadings

Show specifically how you derived each of the special benefit loadings. Be sure to include all utilization assumptions.

DO NOT SKIP THIS QUESTION.

Q49. BACKUP CALCULATIONS - Medicare Loading

If you have Medicare Loadings on line 4b, Attachment II, explain how you derived these loadings. Include calculations. Clearly indicate how Medicare risk or cost payments (if any) are accounted for.

Attachment IIA

Q50. BACKUP CALCULATIONS - Children's Loading

Attachment IIB

Carrier Contacts

For information about your rate submission, we should contact:

Name _____

Phone Number _____

Fax Number _____

E-Mail _____

OR

Name _____

Phone Number _____

Fax Number _____

E-Mail _____

Our counterproposal letter should be addressed to:

Name _____

Address _____

Phone Number _____

Fax Number _____

E-Mail _____

Attachment IIC

Utilization Data

Annual Utilization
Type of Service Per 1000 Members

1. Prescription Drugs _____

2. Office Visits

A. Mental _____

B. Other _____

3. Inpatient Hospital Days

A. Mental _____

B. Other _____