

Oregon Insurance Division – 5

P.O. Box 14480
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Salem, OR 97309
Phone (503) 947-7983

Standard Provisions for Individual and Small Group Health Benefit Plan Rate Filings

This checklist must be submitted with your filing in compliance with OAR 836-010-0011(2). The standards are summaries and review of the entire statute or rule may be necessary. Complete each item to confirm that diligent consideration has been given to each and is certified by the signature on the certification of compliance form. “Not applicable” can be used only if the item does not apply to the rates being filed. Not including required information will cause this filing to be considered incomplete and returned without review.

Insurer’s name: _____

Date: _____

TOI (type of insurance):

- H15I – Individual Health - Hospital/Surgical/Medical Expense
- H16G – Group Health Major Medical

H16I – Individual Health – Major Medical

Sub-TOI:

- H15I.001- Hospital/Surgical/Medical Expense
- H16G.001A – Any size group – PPO
- H16G.001B – Any size group – POS
- H16G.001C – Any size group – Other
- H16G.003A – Small Group only - PPO
- H16G.003B – Small Group only – PPO Basic
- H16G.003D – Small Group only – POS
- H16G.003E – Small Group only – POS Basic
- H16G.003G – Small Group only – Other
- H16I.005A – Individual – PPO
- H16I.005B – Individual – POS
- H16I.005C – Individual – Other

Type of benefit:

- Deductible High deductible POS PPO Managed Care

Plan “marketing names” as reported to HHS for Federal Portal:

GENERAL REQUIREMENTS FOR ALL SMALL GROUP AND INDIVIDUAL HBP RATE FILINGS

Category	Reference	Description of review standards requirements	Answers
Submission package requirements	OAR 836-010-0011	Required forms are located on SERFF or on our Web site: http://insurance.oregon.gov/docs/serff/filing_requirements.html .	
		Paper filings: These items must be submitted with your filing for it to be accepted as complete: <ul style="list-style-type: none"> a. NAIC transmittal form b. two self addressed stamped envelopes, one in which Insurance Division can return the approved filing c. complete copy of the filing on a CD with each document as a separate PDF 	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	OAR 836-053-0471 (2)(n)(A)(B)	Third party filer's letter of authorization	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	OAR 836-053-0471 (2)(m)(A)(B)	Certification of compliance form signed and dated by an authorized person	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	OAR 836-010-0011(2)	Product standards (this document)	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
	ORS 731.296	Draft letter to consumer advising them of the rate change will be provided before the rate review is complete.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
Review requested	ORS 742.003(1), OAR 836-010-0011(3), ORS 743.767, OAR 836-010-0021(1)	The following are submitted in this filing for review: <ul style="list-style-type: none"> 1. New rate filing 2. Rate change 3. Annual geographic average rate (GAR) filing 	Yes <input type="checkbox"/> No <input type="checkbox"/>
Form numbers	ORS 731.296	A list of policy form numbers affected by this rate filing is included.	Confirm <input type="checkbox"/>

GENERAL REQUIREMENTS FOR ALL SMALL GROUP AND INDIVIDUAL HBP RATE FILINGS				
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RATE TABLES AND FACTORS	OAR 836-053-0471 (2)(d)(A)(B)(C)(D)(E)(F)	<p>A document labeled RATE TABLES AND FACTORS that includes:</p> <ul style="list-style-type: none"> • base and geographic average rate tables • all the factors used by the insurer in developing the rates, including factors for age, tier, geographic area, and all others; with an explanation of how the information is used in the development of rates • rate tables and factors that include a table of rating factors reflecting ages of employees, dependents, and geographic area • if base rates are not provided by rating tier, include rate tier tables • indication of whether the rate increases are the same for all policies • clear explanation of how the rate increases apply to different policies including the entire distribution of rate changes and the average of the highest and lowest rates resulting from the application of other rating factors • geographic average rate table containing family type, geographic area, and average of highest and lowest rates resulting from the application of other rating factors • rate tables containing at a minimum the base rates for each available plan with information that would permit the determination of rates for each benefit plan, each age bracket, each geographic area, each rate tier, and any other variable used to determine rates • if rates vary more frequently than annually, separate rates must either be provided for each effective date of change or information provided to permit their determination and the justification for such variation in rates • if filing small employer rates, include the following factors, if applied: <ul style="list-style-type: none"> - contribution - level of participation - tobacco usage - participation in wellness program - duration of coverage in force - any adjustment to reflect expected claims experience 	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
PRELIMINARY JUSTIFICATION	45 CFR Part 154	Submit Parts I and II of the Preliminary Justification on all filings reported to the federal rate review program in HIOS. Please submit the spreadsheet for Part I in both PDF and Excel formats.	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>

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TREND INFORMATION AND PROJECTION	OAR 836-053-0471 (2)(g)(A)(B)	<p>A document labeled TREND INFORMATION AND PROJECTION that includes:</p> <ul style="list-style-type: none"> • a description of how the assumed future growth of medical claims (the medical trends rate) was developed based on generally accepted actuarial principles • historical monthly average allowed claim costs for at least the immediately preceding three years when applicable • this information based on allocated costs if the insurer's structure doesn't include claims cost • both un-normalized and normalized monthly average claim costs for same period. Claims should be normalized for applicable premium rating factors • explanation of normalization method used and discussion of impact on trend • data on contractual increases in hospital and professional agreements • a comparison of trend and policy reimbursements with Medicare and Medicaid trends and reimbursements • how much of a premium dollar is due to cost-shifting from Medicare, Medicaid, and others • durational data on underwritten plans and how this affects trend • presentation of all significant variables of trend by these categories, if used. If possible, both recent experience and future expectations should be shown: <ul style="list-style-type: none"> ○ utilization changes ○ cost per unit changes ○ anti-selection ○ underwriting wear-off ○ deductible leveraging ○ demographic changes ○ margin for trend ○ technology/intensity ○ other factors, please specify <p><i>Carriers may not include a trend margin or fluctuation factor to be used in development of trend.</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;">N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="text-align: right;">Acknowledge</td> </tr> <tr> <td colspan="2" style="text-align: right;"><input type="checkbox"/></td> </tr> </table>	Yes	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acknowledge		<input type="checkbox"/>	
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GENERAL REQUIREMENTS FOR ALL SMALL GROUP AND INDIVIDUAL HBP RATE FILINGS

Category	Reference	Description of review standards requirements	Answers	
INSURER'S FINANCIAL POSITION	OAR 836-053-0471 (2)(l)(A)(B)	<p>A document labeled INSURER'S FINANCIAL POSITION that includes:</p> <ul style="list-style-type: none"> • information about the company's financial position including but not limited to profitability, surplus, reserves, and investment earnings • a discussion of whether the proposed change in the premium rate is necessary to maintain the company's solvency or to maintain rate stability and prevent excessive rate increases for the line of business in the future • Although public documents filed with the department as part of the annual statement or other requisite filings may be referenced in this item, information about the company's profitability, surplus, reserves, and investment earnings must still be included in the Insurer's Financial Position document. If such references are made, include copies of the supporting documents with this filing. 	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
COVERED BENEFIT OR PLAN DESIGN CHANGES	OAR 836-053-0471 (2)(j)(A)(B)	<p>A document labeled COVERED BENEFIT OR PLAN DESIGN CHANGES that:</p> <ul style="list-style-type: none"> • explains benefit and administrative changes with rating impact, including: <ul style="list-style-type: none"> - covered benefit level changes - member cost-sharing changes - elimination of plans - implementation of new plan designs - provider network changes - new utilization or prior authorization programs - changes to eligibility requirements - changes to exclusions - any other change in the plan offerings that impacts costs or coverage provided - a complete description of plan changes made due to federal healthcare reform including the total premium percentage increase attributed to these changes and a specific breakdown that shows the benefit change and percentage of rate increase for each benefit - percentage rating impact for each item as well as the total impact 	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>

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COST CONTAINMENT AND QUALITY IMPROVEMENT EFFORTS	OAR 836-053-0471 (2)(k)(A)(B)	<p>A document labeled COST CONTAINMENT AND QUALITY IMPROVEMENT EFFORTS that:</p> <ul style="list-style-type: none"> explains any changes made in health care cost containment efforts and quality improvement efforts since the last rate filing for the same category of health benefit plan, with estimated savings for the projection period describes existing health care cost containment initiatives and quality improvement efforts, with estimated savings for the projection period and savings realized over the prior experience period includes information about whether the cost containment initiatives reduce costs by eliminating waste, improving efficiency, by improving health outcomes through incentives, or by elimination or reduction of covered services or reduction in the fees paid to providers for services 	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
RATE FILING SUMMARY	OAR 836-053-0471 (2)(b)(A)(B)	<p>A document labeled RATE FILING SUMMARY that:</p> <ul style="list-style-type: none"> explains the filing in a manner that allows consumers or an average lay person to understand the rate change is submitted in required format contains information matching information provided elsewhere in the filing is internally consistent; dollar amounts in “Premium vs. Claims” should match “from” percentage values in “Projected Results of the Proposed Rate” and percentages in the latter section should add exactly to 100 percent as appropriate includes values in “Five Year Rate History” that match values in the most recent “Health Insurance in Oregon” report for the rate change must include not only the base rate change, but all other causes of average rate changes including benefit changes, rating factor changes, etc., all on a net basis overall <p><i>Please use Exhibit 1 for new plans and Exhibit 2 for revised plans.</i></p>	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>
PREMIUM RETENTION	OAR 836-053-0471 (2)(h)(A)(B)	<p>A document labeled PREMIUM RETENTION that:</p> <ul style="list-style-type: none"> includes a description of retention – “<i>retention</i>” means the amount to be retained by the insurer to cover all of the insurer’s non-claim costs including expected profit or contribution to surplus for a nonprofit entity reports retention on a percentage of premium basis broken down by operating expenses, commissions, state assessments and tax, and profit reports retention on a per member per month (PMPM) basis 	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>

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STATEMENT OF ADMINISTRATIVE EXPENSES	OAR 836-053-0471 (3)(a)(b)	<p>For each schedule or table of premium rates filed, the filing includes a statement of administrative expenses for the line of business and a chart displaying the most recent five years' trend of administrative costs, plus a projection for the upcoming period (Exhibit 3).</p> <p>The chart illustrates a break down of the insurer's administrative expenses relating to:</p> <ul style="list-style-type: none"> • salaries, wages, employment taxes, and other benefits • commissions • cost depreciations including but not limited to depreciation for equipment, software, or furniture • rent or occupancy expenses • marketing and advertising • general office expenses, including but not limited to sundries, supplies, telephone, printing, and postage • third party administration expenses or fees or other group service expenses or fees • legal fees and expenses and other professional or consulting fees • other taxes, licenses, and fees • travel expenses <p>The statement of administrative expenses required under this subsection includes:</p> <ul style="list-style-type: none"> • a statement of administrative expenses on a per member per month basis set forth separately for claim-related and non-claim expenses • an explanation of the basis for any proposed premium rate increase or decrease related to changes in the administrative expenses • an explanation of how administrative expenses for the filed line of business are allocated 	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>

INDIVIDUAL HEALTH BENEFIT PLAN RATE FILINGS

Category	Reference	Description of review standards requirements	Answers
WORKSHEET FOR INDIVIDUAL HEALTH BENEFIT PLAN RATES	OAR 836-053-0471 (2)(i)(A)(B)	<p>A document labeled WORKSHEET FOR INDIVIDUAL HEALTH BENEFIT PLAN RATES (Form 440-3147) that includes:</p> <ul style="list-style-type: none"> the standardized schedule for individual health benefit plan rates which includes earned premiums, incurred claims, and membership totals for the past five years on an annual basis as well as accumulated to the current date the standardized schedule for individual health benefit plan rates which includes earned premiums, incurred claims, and membership totals and projections for the next three years an active life reserve if an active life reserve has been established 	<p>Yes N/A</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>