Data Element	Mandatory Y/N	Definition
State Abbreviation	Yes	The two digit State abbreviation as recognized by the US Postal Service
Reviewed by State Y/N	Yes	A yes/no flag used to identify whether the rate change was reviewed by the State. This value will be "no" for States that collect information but do not currently review rates and for States that "deem" rates approved.
State Review Includes Actuary Y/N	Yes - if Reviewed by State is yes, otherwise, No	A yes/no flag that demonstrates if the State review process includes a review by an actuary.
Insurance Company Name	Yes	The name of the insurance company
Insurance Product Name	Yes	The name of the insurance product as sold by the insurance company
Issuer ID	Yes	The unique identifier as assigned by the HHS HIOS system.
Policy Form ID	Yes	The policy form ID of the insurance product as sold by the insurance company (NAIC policy or other ID)
Rate Filing ID	Yes	The rate filing ID of the insurance product as sold by the insurance company (NAIC policy or other ID)
New Policy Y/N	Yes	A yes/no flag that demonstrates if the policy is a New issue that has never been issued before.
Market Segment	Yes	Allowable values for market segment are: Large group, Small group, Individual, Conversion
Comprehensive Medical Coverage Type	Yes	Allowable values for comprehensive medical coverage type are: HMO, PPO, POS, FFS, EPO, Other - (please note details)
Block Status	Yes	Demonstrates if the rate for the policy is "open", "closed"
Rate Effective Date	Yes	Date that the rate is effective for the policyholders.
% Change Requested	Yes	The percentage of change approved can be a positive or negative number.
% Change Approved	No	The percentage of change requested can be a positive or negative number.
Change Period	Yes	Demonstrates the time for which the premium change is effective. Allowable values are: Annual, Semi-annual, Quarterly, Other - (Please note details)
Number Affected Insured's	Yes - unless Number Affected Policy Holders is the only data collected by the State	Total number of enrolled individuals affected by the rate change. This may be null for States that only collect policy holder counts.
Number Affected Policy Holders	Yes - unless Number Affected Insured's is the only data collected by the State	Total number of policy holders affected by the rate change. This may be null for States that only collect the number of enrolled individuals.
Member Months	Yes	The member months used for the purpose of the rate development.
Annual \$ for New Rate	Yes	The dollar amount of the New Annual Rate.
Annual \$ for Prior Rate	Yes	The dollar amount of the Prior Annual Rate.
SERFF Tracking Number	No	The tracking number assigned by the NAIC SERFF system assigned to the rate filing?
SERFF Rate Filing Type	No	The rate filing type as used in the NAIC SERFF system.
NAIC Company ID Number	No	The company identifier assigned by the NAIC system to identify the insurer.
Description of trend factors	No	Text description of trend factors and rating factors used in developing the rate
Benefit Adjusted Y/N	Yes	A yes/no flag used to identify if the benefits were adjusted or changed for the period.
Deductible Increase Y/N	Yes	A yes/no flag used to identify if the deductible amount was increased.

Data Element	Mandatory Y/N	Definition
Benefit Increase Y/N	Yes	A yes/no flag used to identify if the services bevefits were increased.
Benefit Decrease Y/N	Yes	A yes/no flag used to identify if the services bevefits were decreased.
Cost Sharing Y/N	Yes	A yes/no flag used to identify if there are cost sharing requirements for the rate.
Coinsurance Y/N	Yes	A yes/no flag used to identify if there are coinsurance requirements for the rate.
Primary Care Copayment Amount	Yes	The copayment required at the primary care doctors office that coincides with the rate
Specialist Care Copayment Amount	Yes	The copayment required at specialty care doctors office that coincides with the rate
Inpatient Hospital Copayment Amount	Yes	The copayment required for inpatient hospitalization that coincides with the rate
Outpatient Hospital Copayment Amount	Yes	The copayment required for outpatient hospitalization that coincides with the rate
Generic Pharmacy Copayment Amount	Yes	The copayment required for generic drugs at the pharmacy that coincides with the rate
Brand Pharmacy Copayment Amount	Yes	The copayment required for brand name drugs at the pharmacy that coincides with the rate
Total Earned Premium Amount - Prior year	Yes	The total dollar amount collected for the purpose of premium payments.
Total Incurred Claims Amount - Prior year	Yes	The total dollar amount paid for services incurred.
Disposition of Rate Review	No	The disposition of the rate review, e.g. "approved," denied", "deferred",
Prospective Rate % Attributed to Claims and Capitation	Yes	The prospective percent of the rate increase attibuted to historical Claims and Capitation
Prospective Rate % Attributed to Admin	Yes	The prospective percent of the rate increase attibuted to historical Admin increase
Prospective Rate % Attributed to Broker Commissions	Yes	The prospective percent of the rate increase attibuted to historical Claims and Capitation increase
Prospective Rate % Attributed to Premium Taxes	Yes	The prospective percent of the rate increase attibuted to historical Premium tax increase
Prospective Rate % Attributed to Assessment Fees	Yes	The prospective percent of the rate increase attibuted to historical assessment fee increase
Prospective Rate % Attributed to Federal Taxes	Yes	The prospective percent of the rate increase attibuted to historical Federal tax increase
Prospective Rate % Attributed to Reserves	Yes	The prospective percent of the rate increase attibuted to historical reserves increase
Medical Price % Change	Yes	The medical price percentage of change used to develop the rate
Medical Utilization % Change	Yes	The medical utilization percentage of change used to develop the rate
Medical Trend % Insufficient Prior Rate	Yes	The percentage of historical insufficient prior rate used as a factor to develop the current rate
Overall Medical Trend % Increase	Yes	Derived data - The prospective total of the Medical Price % Change, Medical Utilization % Change, and the Medical Trend % Insufficient Prior Rate

## **PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of info OMB control number. The valid OMB control number for this information collection is 0938-1092. The time information collection is estimated to average (24 hours) per response, including the time to review instruction gather the data needed, and complete and review the information collection. If you have comments concerning estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PR/Stop C4-26-05, Baltimore, Maryland 21244-1850.

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