

**Crosswalk for Changes to the 2016 MLR Annual Reporting Form and Instructions
(CMS 10418) Following the 60 Day Comment Period**

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A. Introduction

CMS received seven comments and questions regarding the notice of the revised Medical Loss Ratio (MLR) PRA package published in the Federal Register on May 2, 2017 (82 FR 20481). The 60-day comment period closed on July 3, 2017. The PRA package contains two collections of information: the MLR Annual Reporting Form (including the Risk Corridors component) that issuers must file with CMS each year and the accompanying Form Instructions, and the Rebate Notices that issuers must send to subscribers and policyholders each year no later than September 30. The PRA package modifies the 2015 MLR Annual Reporting Form, which was previously approved by OMB under OMB Control Number 0938-1164. The Rebate Notices, which were also previously approved under the same OMB Control Number, are not being revised at this time.

B. Changes to MLR and Risk Corridors Reporting Forms and Instructions

The comments on the MLR Form and Instructions requested clarification of the instructions and correction of errors and inconsistencies. No comments were submitted on the Risk Corridors Plan-Level Data Form and Instructions. The following table contains the list of changes made to the 2016 MLR Annual Reporting Form Instructions as a result of internal review and in response to comments received during and following the 60-day public comment period.

2016 MLR Annual Reporting Form, Risk Corridors Plan-Level Data Form, and Form Instruction Changes Following the 60-Day Comment Period

No.	Document	Section Edited	Revision (Red indicates modified language)	Rationale
1	MLR Reporting Form	Part 3 – MLR and Rebate Calculation	Edited the description for Line 6.8: "6.8 Limited payable rebate amount (the lesser of Lines 6.4 and sum of 6.7 see instructions)"	To prevent user confusion and errors.
2	MLR Form Instructions	Summary of Changes from Prior Year	Rearranged the order of items and made corrections and clarifications to the following items: Risk Corridors: Deleted lines on Part 3 related to transitional adjustment percentage.- Renumbered the remaining Part 3, Section 3 lines accordingly. ICD-10 expenses: Deleted Part 1 Lines 4.6 and 5.8 and Part 6 Lines 3e and 4h. Renumbered the remaining Part 6 Section 3 line accordingly. Effective for the 2016 and later reporting	To improve clarity and readability.

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			<p>years, ICD-10 expenses may no longer be included in quality improvement activity expenses.</p> <p>Rebate liability limit Limited payable rebate amount: [...]</p>	
3	MLR Form Instructions	General Instructions	<p>Revised the instructions for “Definition of Small Group and Large Group” by adding the following bullet:</p> <p>To provide flexibility and facilitate transition, in states that changed the small employer upper limit between 2015 and 2016, issuers may either restate the prior year experience on the 2016 MLR Form so that the data are reported on a consistent basis (i.e. apply the 2016 definition to 2014 and 2015 data), or they may report 2014 and 2015 experience on the 2016 MLR Form consistently with how that experience was reported on the 2014 and 2015 MLR Forms.</p>	In response to questions requesting guidance and clarification on the reporting of prior year experience in the affected states.
4	MLR Form Instructions	Column Definitions	<p>Revised instructions for treatment of Basic Health Plans:</p> <p>Columns 1–5 Individual Market Include: Health insurance where the policy is issued to an individual covering the individual and his or her dependents in the individual market (including the Basic Health Program).</p> <p>Column 40 Government Program Plans (Not Subject to Section 2718 of the PHSA) Include: Government sponsored programs that are not subject to section 2718 of the PHSA, such as Medicaid (Title XIX), State Children’s Health Insurance Program (SCHIP) (Title XXI), the Basic Health Program established under section 1331 of the PHSA, and other Federal or State government-sponsored coverage (other than the Federal Employees Health Benefits Program or State government sponsored coverage for State employees or retirees).</p>	To correct an error and simplify reporting requirement.
5	MLR Form Instructions	Part 2 – Premium and Claims	<p>Revised instructions for Lines 1.9 and 1.10:</p> <p>Line 1.9: [RC] 3/31 Column – Include:</p> <ul style="list-style-type: none"> -Expected payments from HHS for the 2016 benefit year, as shown on the notification received from HHS by June 30, 2017 (unless instructed otherwise by HHS). -Subtract from the above the difference between the reinsurance payment amount reported by the issuer for the 2015 benefit year on the 2015 MLR Form (excluding any adjustments for the 2014 benefit year) and the reinsurance amount actually paid to the issuer for the 2015 benefit year. Do not include adjustments for pending appeals unless the appeal has been resolved (in which case the payment would have been made). -Add to the above any reinsurance amount that was paid to the issuer for the 2014 benefit year and was not reflected on the 2015 MLR Form. <p>Line 1.10: [RC] 3/31 Column – Include:</p> <ul style="list-style-type: none"> -Expected net payments from HHS (enter as a positive amount) or charges payable to HHS (enter as a negative 	In response to comments requesting clarification on reporting the 2014 amounts to correctly flow through Part 3 and risk corridors calculation.

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			<p>amount) for the 2016 benefit year, as shown on the notification received from HHS by June 30, 2017 (unless instructed otherwise by HHS), including any risk adjustment default charges or default charge allocation amounts.</p> <p>-Subtract from the above the difference between the risk adjustment amount reported by the issuer for the 2015 benefit year on the 2015 MLR Form (excluding any adjustments for the 2014 benefit year) and the amount actually paid to (use a positive amount) or by (use a negative amount) the issuer for the 2015 benefit year. Do not include adjustments for pending appeals unless the appeal has been resolved (in which case a payment would have been made).</p> <p>-Add to the above any risk adjustment amount that was paid to or by the issuer for the 2014 benefit year and was not reflected on the 2015 MLR Form.</p>	
6	MLR Form Instructions	Part 2 – Premium and Claims	Edited instructions for Line 1.11: “If Tab 3, Line 4 6 of the Risk Corridors Plan-Level Data Form is a charge, report that charge amount on this line. If Tab 3, Line 6 is a payment, report \$0 on this line.”	To correct a typographical error listing a non-existent line.
7	MLR Form Instructions	Part 3 – MLR and Rebate Calculation	Edited instructions for Line 1.3: CY Column – Part 1, Lines 4.1 + 4.2 + 4.3 + 4.4 + 4.5 +4.6 , Columns 3/31 + Deferred PY1 – Deferred CY RC Column – Part 1, Lines 4.1 + 4.2 + 4.3 + 4.4 + 4.5 +4.6 , Column [RC] 3/31”	To correct a typographical error listing a non-existent line.
8	MLR Form Instructions	Part 3 – MLR and Rebate Calculation	Edited instructions for Line 1.4: PY2 Column – Amount of cost-sharing reductions for 2014, as reconciled in 2016, or if subsequently resubmitted, in 2017. PY1 Column – Amount of cost-sharing reductions for 2015, as reconciled in 2016, or if subsequently resubmitted, in 2017.	In response to comments, to clarify the approach with regard to 2017 CSR reconciliation results.
9	MLR Form Instructions	Part 3 – MLR and Rebate Calculation	<p>Revised instructions for Line 1.5: PY2 Column – 2014 MLR Form, Part 2, Line 1.9, Columns 3/31 + Deferred PY1 – Deferred CY. Restate amounts to reflect any changes or updates to reinsurance payments for the 2014 benefit year communicated by HHS that occurred after June 30, 2015, including any changes communicated that occurred after the filing of the 2014 MLR Form. If the issuer received a higher reinsurance payment than was communicated by HHS, include such higher amount.</p> <p>PY1 Column – 2015 MLR Form, Part 2, Line 1.9, Columns 3/31 + Deferred PY1 – Deferred CY. Restate amounts to reflect any changes or updates to reinsurance payments for the 2015 benefit year communicated by HHS that occurred after June 30, 2016, including any changes communicated that occurred after the filing of the 2015 MLR Form. If the issuer received a higher reinsurance payment than was communicated by HHS, include such higher amount.</p> <p>CY Column – Part 2, Line 1.9, Columns 3/31 + Deferred PY1 –</p>	In response to questions requesting clarification on reporting payments in excess of HHS communications and reporting the 2014 amounts to correctly flow through Part 3 and risk corridors calculation.

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			<p>Deferred CY</p> <p>RC Column – Part 2, Line 1.9, Column [RC] 3/31. The issuer can adjust for differences in reinsurance payments for prior benefit years that were actually received after June 30, 2016 that differ from the amount reported on the 2015 MLR Form. Therefore, issuers will report a total reinsurance payment amount that reflects: the reinsurance payment amount for the 2016 benefit year (as reported to the issuer by CMS on the June 30, 2017 report), minus the difference between the reinsurance payment amount reported by the issuer for the 2015 benefit year on the 2015 MLR Form (excluding any adjustments for the 2014 benefit year) and the reinsurance amount that was actually paid to the issuer for the 2015 benefit year, plus any reinsurance amount that was paid to the issuer for the 2014 benefit year and was not reflected on the 2015 MLR Form. There are no adjustments for pending appeals unless the appeal has been resolved (in which case payment would have been made).</p>	
10	MLR Form Instructions	Part 3 – MLR and Rebate Calculation	<p>Revised instructions for Line 1.6, and added an example:</p> <p>PY2 Column – 2014 MLR Form, Part 2, Line 1.10, Columns 3/31 + Deferred PY1 – Deferred CY. Restate amounts to reflect any changes or updates to transfer amounts for the 2014 benefit year communicated by HHS that occurred after June 30, 2015, including any changes communicated that occurred after the filing of the 2014 MLR Form. If the issuer received a higher transfer amount than was communicated by HHS, include such higher amount.</p> <p>PY1 Column – 2015 MLR Form, Part 2, Line 1.10, Columns 3/31 + Deferred PY1 – Deferred CY. Restate amounts to reflect any changes or updates to transfer amounts for the 2015 benefit year communicated by HHS that occurred after June 30, 2016, including any changes communicated that occurred after the filing of the 2015 MLR Form. If the issuer received a higher transfer amount than was communicated by HHS, include such higher amount.</p> <p>CY Column – Part 2, Line 1.9, Columns 3/31 + Deferred PY1 – Deferred CY</p> <p>RC Column – Part 2, Line 1.10, Column [RC] 3/31. The issuer can adjust for differences in risk adjustment transfers for prior benefit years that were actually paid or received after June 30, 2016, that differ from the amount reported on the 2015 MLR Form. Therefore, issuers will report a total risk adjustment amount that reflects: the risk adjustment transfer amount for the 2016 benefit year (as reported to the issuer by</p>	<p>In response to questions requesting clarification on reporting payments in excess of HHS communications and reporting the 2014 amounts to correctly flow through Part 3 and risk corridors calculation.</p>

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			<p>CMS on the June 30, 2017 report), minus the difference between the risk adjustment amount reported by the issuer for the 2015 benefit year on the 2015 MLR Form (excluding any adjustments for the 2014 benefit year) and the amount that was actually paid to or by the issuer for the 2015 benefit year, plus any risk adjustment amount that was paid to or by the issuer for the 2014 benefit year and was not reflected on the 2015 MLR Form. There are no adjustments for pending appeals unless the appeal has been resolved (in which case payment would have been made).</p> <p>For example, suppose that the risk adjustment payment amounts reported by CMS on June 30 of the respective years were \$200 for the 2014 benefit year, \$300 for the 2015 benefit year, and \$400 for the 2016 benefit year; and the issuer's actual receipts were \$180 for the 2014 benefit year in Dec 2015, the remaining \$20 for the 2014 benefit year in Dec 2016, and \$270 for the 2015 benefit year in Dec 2016. The amount reported on the 2014 MLR Form was \$200; and the amount reported on the 2015 MLR Form was \$280 (consisting of the \$300 expected payment for the 2015 benefit year, and a -\$20 adjustment for the 2014 benefit year). On the 2016 MLR Form, the issuer would report \$400 - (\$300 - \$270) + \$20 = \$390. Please note that any portion of payment withheld for appeals would be treated as paid, unless and until the issuer is informed otherwise.</p>	
11	MLR Form Instructions	Part 3 – MLR and Rebate Calculation	<p>Edited instructions for Line 1.8: PY2 Column – Lines 1.2 + 1.3 – 1.4 – 1.5 – 1.6 – 1.7</p>	In response to a comment, to correct a typographical error.
12	MLR Form Instructions	Part 3 – MLR and Rebate Calculation	<p>Edited instructions for Line 6.6: If Lines 6.6 and 6.8 were completed on the MLR Form for the preceding year (for the 2016 MLR reporting year, use the alternative instructions below): PY2 Column – MLR Form for the preceding year, Part 3, Lines 6.6 + 6.8, Column PY1 PY1 Column – MLR Form for the preceding year, Part 3, Line 6.8, Column CY</p> <p><i>Issuers with experience in both the individual and small group markets who merge markets in accordance with state law (such as in Massachusetts, Vermont, and the District of Columbia), should combine Line 6.8 amounts for both markets and include the combined amount on Line 6.6 in the PY2 and PY1 Columns for both markets on the current year's MLR Form. Line 6.6 on the preceding year's MLR Form should already reflect a combined amount.</i></p> <p><i>An issuer who paid a higher state than federal MLR rebate under a state MLR calculation that utilizes a single year of data rather than a multi-year average MLR (such as New Jersey) may substitute such higher state MLR rebate on Line 6.6.</i></p>	In response to comments, instructions were revised to provide flexibility, simplify the calculation, correct the errors in the formula, improve clarity and provide better numeric examples.

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			<p>Alternative instructions: If Line 6.8 was not completed on the MLR Form for the preceding year (also applies for the 2016 MLR reporting year phase-in), prorate non-zero prior year rebate amounts as shown below. For users' convenience, CMS will provide on its website an Excel spreadsheet automating this calculation. In lieu of pro-rating using the formulas below, an issuer may choose to calculate the paid rebate liability for each of the previous years' MLR Forms using the formulas for Lines 6.5-6.8. All references to Line 4.5 below mean Line 4.5 in Column Total.</p> <p><u>Step 1: Using the 2015 MLR Form, Part 3:</u></p> <p>If two out of three years in the aggregation show the preliminary MLR on Line 5.1 that either is blank or exceeds the MLR standard on Line 6.1 in the same column, attribute zero to the paid rebate liability for those two years, and attribute the entire 2015 rebate to the remaining third year.</p> <p>2014 paid rebate liability: Line 6.4, Column Total x [Lines 2.3 x (6.1 – 5.1 – 4.5), Column PY1] / [Lines 2.3 x (6.1 – 5.1 – 4.5), Column PY2 + Lines 2.3 x (6.1 – 5.1 – 4.5), Column PY1 + Lines 2.3 x (6.1 – 5.1 – 4.5), Column CY]</p> <p>-2015 paid rebate liability: Line 6.4, Column Total x [Lines 2.3 x (6.1 – 5.1 – 4.5), Column CY] / [Lines 2.3 x (6.1 – 5.1 – 4.5), Column PY2 + Lines 2.3 x (6.1 – 5.1 – 4.5), Column PY1 + Lines 2.3 x (6.1 – 5.1 – 4.5), Column CY]</p> <p>-Note: If Line 2.3 is negative or blank for any column above, use \$0 as the value for Line 2.3 in that column. If the result of Lines (6.1 – 5.1 – 4.5) is negative for any column, use 0% as the value for Lines (6.1 – 5.1 – 4.5) in that column. If Line 5.1 was blank for any column because the business in that column was non-credible, calculate the value for Line 5.1 by dividing Line 1.8 or 1.9 by Line 2.3.</p> <p>-Mini-Med Plans must use the following formulas:</p> <p>-2014 paid rebate liability: Line 6.4, Column Total x [Lines 2.3 x (6.1 – 5.1 / 125% – 4.5), Column PY1] / [Lines 2.3 x (6.1 – 5.1 / 150% – 4.5), Column PY2 + Lines 2.3 x (6.1 – 5.1 / 125% – 4.5), Column PY1 + Lines 2.3 x (6.1 – 5.1 – 4.5), Column CY]</p> <p>-2015 paid rebate liability: Line 6.4, Column Total x [Lines 2.3 x (6.1 – 5.1 – 4.5), Column CY] / [Lines 2.3 x (6.1 – 5.1 / 150% – 4.5), Column PY2 + Lines 2.3 x (6.1 – 5.1 / 125% – 4.5), Column PY1 + Lines 2.3 x (6.1 – 5.1 – 4.5), Column CY]</p> <p>-Student Health Plans must use the following formulas:</p> <p>-2014 paid rebate liability: Line 6.4, Column Total x [Lines 2.3 x (6.1 – 5.1 – 4.5), Column PY1] / [Lines 2.3 x (6.1 – 5.1 / 115% – 4.5), Column PY2 + Lines 2.3 x (6.1 – 5.1 – 4.5), Column PY1 + Lines 2.3 x (6.1 – 5.1 – 4.5), Column CY]</p> <p>-2015 paid rebate liability: Line 6.4, Column Total x [Lines</p>	

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			<p>2.3 x (6.1 – 5.1 – 4.5), Column CY] / [Lines 2.3 x (6.1 – 5.1 / 115% – 4.5), Column PY2 + Lines 2.3 x (6.1 – 5.1 – 4.5), Column PY1 + Lines 2.3 x (6.1 – 5.1 – 4.5), Column CY]</p> <p>For example, if on the 2015 MLR Form, Part 3, Individual market:</p> <ul style="list-style-type: none"> a) Line 6.1 shows an 80% MLR standard in all columns; b) Line 5.1 shows blank in Column PY2, 70% in Column PY1, and 90% in Column CY; c) Line 6.4 shows \$390 in Column Total; <p>then the entire \$390 rebate payment would be attributed to 2014 and included on the 2016 MLR Form, Part 3, Line 6.6, Column PY2; and \$0 would be attributed to 2015 and included on the 2016 MLR Form, Part 3, Line 6.6, Column PY1.</p> <p>-If one out of three years in the aggregation shows the preliminary MLR on Line 5.1 that either is blank or exceeds the MLR standard on Line 6.1 in the same column, attribute zero to the paid rebate liability for that one year, and pro rate the 2015 rebate among the two below standard years (Years X and Y) as follows:</p> <ul style="list-style-type: none"> -Year X: Line 6.4, Column Total x Line 2.3, Column X x (Line 6.1, Column Total – Line 5.1, Column X) / [Line 2.3, Column X x (Line 6.1, Column Total – Line 5.1, Column X) + Line 2.3, Column Y x (Line 6.1, Column Total – Line 5.1, Column Y)] -Year Y: Line 6.4, Column Total x Line 2.3, Column Y x (Line 6.1, Column Total – Line 5.1, Column Y) / [Line 2.3, Column X x (Line 6.1, Column Total – Line 5.1, Column X) + Line 2.3, Column Y x (Line 6.1, Column Total – Line 5.1, Column Y)] <p>For example, if on the 2015 MLR Form, Part 3, Individual market:</p> <ul style="list-style-type: none"> d) Line 6.1 shows an 80% MLR standard in all columns; e) Line 2.3 shows \$50,000 in Column PY2, \$40,000 in Column PY1, and \$30,000 in Column CY; f) Line 5.1 shows 90% in Column PY2, 70% in Column PY1, and 60% in Column CY; g) Line 6.4 shows \$780 in Column Total; <p>then \$0 rebate payment would be attributed to 2013 in Column PY2 (due to 90% preliminary MLR); and the \$780 rebate payment would be pro-rated as follows:</p> <ul style="list-style-type: none"> -2014 paid rebate liability = \$780 x \$40,000 x (80% – 70%) / [\$40,000 x (80% – 70%) + \$30,000 x (80% – 60%)] = \$312; -2015 paid rebate liability = \$780 x \$30,000 x (80% – 60%) / [\$40,000 x (80% – 70%) + \$30,000 x (80% – 60%)] = \$468. <p>In this example, \$312 would be included on the 2016 MLR Form, Part 3, Line 6.6, Column PY2; and \$468 would be included on the 2016 MLR Form, Part 3, Line 6.6, Column PY1.</p> <p>-If all three years in the aggregation show the preliminary MLR on Line 5.1 below the corresponding MLR standard on Line 6.1, pro rate the 2015 rebate as follows:</p> <ul style="list-style-type: none"> -Column PY1: (Line 6.1, Column Total – Line 5.1, 	

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			<p>Column PY1) x Line 6.3, Column Total x (Line 2.3, Column PY1 / Line 2.3, Column Total) Column CY: (Line 6.1, Column Total - Line 5.1, Column CY) x Line 6.3, Column Total x (Line 2.3, Column CY / Line 2.3, Column Total)</p> <p>For example, if on the 2015 MLR Form, Part 3, Individual market:</p> <p>a) Line 6.1 shows an 80% MLR standard in all columns; b) Line 2.3 shows \$530,000 in Column PY2, \$490,000 in Column PY1, and \$310,000 in Column CY, and \$120,000 in Column Total; b) Line 4.5 shows 0% in Column Total; c) Line 5.1 shows 7560% in Column PY2, 70% in Column PY1, and 6083% in Column CY; d) Line 6.4 shows \$35,12000 in Column Total;</p> <p>then the \$35,12000 rebate payment would be pro-rated to 2014 and 2015 as follows:</p> <p>-2014 paid rebate liability = \$5,500 x \$90,000 x (80% - 70% - 0%) ÷ / [\$30,000 x (\$40,000 / \$120,000)(80% - 60% - 0%) + \$90,000 x (80% - 70% - 0%) + \$100,000 x 0% (0% is used because 80% - 83% is less than zero)] = \$13,0300;</p> <p>-2015 paid rebate liability = \$5,500 x \$100,000 x 0% (0% is used because 80% - 83% is less than zero) / [(80% - 60% - 0%) x \$30,000 x (\$30,000 / \$120,000) + \$90,000 x (80% - 70% - 0%) + \$100,000 x 0% (0% is used because 80% - 83% is less than zero)] = \$1,500.</p> <p>In this example, \$13,0300 would be included on the 2016 MLR Form, Part 3, Line 6.6, Column PY2; and \$1,500 would be included on the 2016 MLR Form, Part 3, Line 6.6, Column PY1.</p> <p><u>Step 2:</u> Using the 2014 MLR Form, Part 3: apply the formulas in Step 1 to determine the paid rebate liability for 2014 (CY column of the 2014 MLR Form), and</p> <p>-2014 paid rebate liability: Line 6.4, Column Total x [Lines 2.3 x (6.1 - 5.1 - 4.5), Column CY] / [Lines 2.3 x (6.1 - 5.1 - 4.5), Column PY2 + Lines 2.3 x (6.1 - 5.1 - 4.5), Column PY1 + Lines 2.3 x (6.1 - 5.1 - 4.5), Column CY]</p> <p>-Note: If Line 2.3 is negative or blank for any column above, use \$0 as the value for Line 2.3 in that column. If the result of Lines (6.1 - 5.1 - 4.5) is negative for any column, use 0% as the value for Lines (6.1 - 5.1 - 4.5) in that column. If Line 5.1 was blank for any column because the business in that column was non-credible, calculate the value for Line 5.1 by dividing Line 1.8 or 1.9 by Line 2.3.</p> <p>-Mini-Med Plans must use the following formula:</p> <p>-2014 paid rebate liability: Line 6.4, Column Total x [Lines 2.3 x (6.1 - 5.1 / 125% - 4.5), Column CY] / [Lines 2.3 x (6.1 - 5.1 / 175% - 4.5), Column PY2 + Lines 2.3 x (6.1 - 5.1 / 150% - 4.5), Column PY1 + Lines 2.3 x (6.1 - 5.1 / 125% - 4.5), Column CY]</p>	

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			<p>-Student Health Plans must use the following formula: -2014 paid rebate liability: Line 6.4, Column Total x [Lines 2.3 x (6.1 – 5.1 – 4.5), Column CY] / [Lines 2.3 x (6.1 – 5.1 / 115% – 4.5), Column PY1 + Lines 2.3 x (6.1 – 5.1 – 4.5), Column CY]</p> <p>For example, if on the 2014 MLR Form, Part 3, Individual market: a) Line 2.3 shows \$5,000 in Column PY2, \$30,000 in Column PY1, and \$90,000 in Column CY; b) Line 4.5 shows 1.0% in Column Total; c) Line 5.1 shows blank in Column PY2, 60% in Column PY1, and 70% in Column CY; d) Line 1.8 shows \$2,000 in Column PY2; e) Line 6.1 shows an 80% MLR standard in all columns; f) Line 6.4 shows \$11,340 in Column Total;</p> <p>then the \$11,340 rebate payment would be pro-rated as follows: -2014 paid rebate liability = \$11,340 x \$90,000 x (80% – 70% – 1%) / [\$5,000 x (80% – \$2,000/\$5,000 – 1%) (\$2,000/\$5,000 is used because Line 5.1 is blank) + \$30,000 x (80% – 60% – 1%) + \$90,000 x (80% – 70% – 1%)] = \$5,832.</p> <p>Include this amount the result on the 2016 MLR Form, Part 3, Line 6.6, Column PY2 together with the 2014 amount obtained in Step 1.</p> <p><i>Issuers with experience in both the individual and small group markets who merge markets in accordance with state law (such as in Massachusetts, Vermont, and the District of Columbia), should combine the resulting prior year amounts for both markets and enter the combined amounts on Line 6.6 in the PY2 and PY1 Columns for both markets.</i></p> <p>Issuers subject to State MLR rebate requirements that resulted in a higher rebate amount than the rebate amount in Line 6.4 of the 2014 and/or 2015 Federal MLR Form(s) may include such higher rebate amount on this line in the PY2 and/or PY1 Columns, respectively, in lieu of the allocated amount described above, to the extent the higher State MLR rebate was paid to substantially the same enrollees as those entitled to the Federal MLR rebate.</p>	
13	MLR Form Instructions	Part 3 – MLR and Rebate Calculation	<p>Edited instructions for Line 6.8 to add: <i>“Issuers with experience in both the individual and small group markets who merge markets in accordance with state law (such as in Massachusetts, Vermont, and the District of Columbia), should adjust the formulas above by multiplying Line 6.7 by the ratio of Lines (2.1 – 2.2) / 2.3 in the respective columns.”</i></p>	To correct an error to ensure accurate calculation in merged-market states.
14	MLR Form Instructions	Part 4 – Rebate Disbursement	<p>Edited instructions for Line 4.g: “Amount of unclaimed rebates from theall prior MLR reporting years”</p>	In response to questions, to clarify instructions