

## Rate Review Grant Program Detailed Rate Filing Data "Data Dictionary"

OMB control no: 0938-1121  
Expiration date: XX/XX/XXXX

DATA ELEMENT	REQUIRED	DESCRIPTION
<b>SERFF Tracking Number/Rate Filing ID</b>	Yes	The tracking number assigned by the NAIC SERFF system <i>or</i> the Rate Filing ID assigned to the Filing by another state system.
<b>SERFF Rate Filing Mode</b>	Yes	The Filing Mode as used in the NAIC SERFF system; values include "Review & Approval", "File and & Use" "Informational", "Combination" and "Other", the same allowable values may be used for Non-SERFF states.
<b>HIOS Product ID</b>	Yes	The product level tracking number assigned by the HIOS system
<b>Product Name</b>		Product name.
<b>Type of Insurance</b>	Yes	Type of insurance. (For an example, see Item 8, "Type of Insurance", on the Uniform Life, Accident & Health, Annuity, Credit Transmittal Document of the NAIC SERFF system).
<b>Standard Component ID (Plan ID)</b>	Optional	The plan level tracking number assigned by the HIOS system
<b>Plan Name</b>	Optional	Plan name.
<b>HIOS Submission ID</b>	Yes	A submission specific tracking number assigned by the HIOS system
<b>Insurance Company Information</b>		
<b>Issuer ID</b>	Yes	The unique identifier as assigned by the HHS HIOS system to the state specific issuer entity.
<b>NAIC Company ID Number</b>	Yes	The company identifier assigned by the NAIC system to identify the insurer.
<b>Insurance Company Name</b>	Yes	The name of the insurance company.
<b>Rate Review Disposition</b>		
<b>Rate Change Type</b>	Yes	The type of rate change expected: Increase, Decrease, Neutral, or New Product.
<b>State Review</b>	Yes	Values include "Not Reviewed", "Review – no Actuary" or "Review with Actuary" demonstrating the level of review by the State. This value will be "Not Reviewed" for States that collect information but do not currently review rates or for States that "deem" rates approved.
<b>% Change Requested</b>	Conditional	The Percent Change requested field represents the overall percentage of the rate change requested or sought in the rate filing. This can be a positive or negative number. This number is demonstrated as range of three different values: <b>min, max and a weighted average.</b>
<b>Change Period for Requested Rate</b>		The specified timeframe applying to the proposed rate change. Allowable values include: "Annual", "Semi-annual", "Quarterly" and "Other." If upon renewal, select from either: "Annual", "Semi-annual", "Quarterly" and select "Other" if there are multiple change periods for products within a filing.

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<b>Disposition of Rate Review</b>	Yes	The HHS Disposition of the rate review, e.g., "Approved", "Denied", "Deemed", "Withdrawn". Filings will not be reported with a Disposition of "Deferred" or "Not Reported".
<b>% Change Approved</b>	Conditional	The Percent Approved field represents the overall percentage of the rate changes approved in the rate filing. This can be a positive or negative number. This number is demonstrated as range of three different values: <b>min, max and a weighted average</b> representing all products in the rate filing.
<b>Rate Change Details</b>		
<b>Proposed Rate Effective Date</b>	Yes	Date that the rate is proposed to be effective for policyholders.
<b>Approved Rate Effective Date</b>	Conditional	Date that the rate is effective for the policyholders.
<b>Change Period for Approved Rate</b>	Yes	The specified timeframe in which the rate change is effective. Allowable values include: "Annual", "Semi-annual", "Quarterly" and "Other." If upon renewal, select from either: "Annual", "Semi-annual", "Quarterly" and select "Other" if there are multiple change periods for products within a filing.
<b>Product/Market Information</b>		
<b>Market Segment</b>	Yes	Allowable values for the market segment include: "Large Group", "Small Group", "Small and Large Group" and "Individual."
<b>Comprehensive Major Medical Product Type</b>		
<b>Number of Covered Lives Included</b>	Conditional	The total number of enrolled individuals included in the rate change requested in this filing. This may be null for States that only collect policy holder counts.
<b>Prior Year Information</b>		
<b>Annualized Prior Rate (PMPM)</b>	Conditional	The PMPM of the dollar amount of the Prior Rate, the frame of reference is the effective date of the new rate.
<b>New Rate</b>		
<b>Annualized PMPM \$ for New Rate</b>	Yes	The PMPM of the dollar amount of the new annual rate demonstrated as a weighted average.

**PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1121. The time required to complete this information collection is estimated to average 30 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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