

1 **Unified Rate Review v5.0**
 2
 3 Company Legal Name: _____ State: _____
 4 HIOS Issuer ID: _____ Market: _____
 5 Effective Date of Rate Change(s): _____
 6

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
 To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
 To validate, select the Validate button or Ctrl + Shift + I.
 To finalize, select the Finalize button or Ctrl + Shift + F.

7 **Market Level Calculations (Same for all Plans)**

11 **Section I: Experience Period Data**
 12 Experience Period: _____ to 12/30/1900
 13 **Total PMPM**

14 Allowed Claims		#DIV/0!
15 Reinsurance		#DIV/0!
16 Incurred Claims in Experience Period		#DIV/0!
17 Risk Adjustment		#DIV/0!
18 Experience Period Premium		#DIV/0!
19 Experience Period Member Months	0	

21 **Section II: Projections**

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
24 Inpatient Hospital						\$0.00
25 Outpatient Hospital						\$0.00
26 Professional						\$0.00
27 Other Medical						\$0.00
28 Capitation						\$0.00
29 Prescription Drug						\$0.00
30 Total	\$0.00					\$0.00

32 Morbidity Adjustment	
33 Demographic Shift	
34 Plan Design Changes	
35 Other	
36 Adjusted Trended EHB Allowed Claims PMPM for	\$0.00
37	
38 Manual EHB Allowed Claims PMPM	
39 Applied Credibility %	

41 **Projected Period Totals**

42 Projected Index Rate for	\$0.00	\$0.00
43 Reinsurance		\$0.00
44 Risk Adjustment Payment/Charge		\$0.00
45 Exchange User Fees		\$0.00
46 Market Adjusted Index Rate	\$0.00	\$0.00
47		
48 Projected Member Months		0

50 **Information Not Releasable to the Public Unless Authorized by Law:** This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100
101
102
103
104
105

Product-Plan Data Collection

Company Legal Name:
 HIOS Issuer ID:
 Effective Date of Rate Change(s):

State:
 Market:

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
 To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
 To validate, select the Validate button or Ctrl + Shift + I.
 To finalize, select the Finalize button or Ctrl + Shift + F.

Product/Plan Level Calculations

Field #	Section I: General Product and Plan Information
1.1	Product Name
1.2	Product ID
1.3	Plan Name
1.4	Plan ID (Standard Component ID)
1.5	Metal
1.6	AV Metal Value
1.7	Plan Category
1.8	Plan Type
1.9	Exchange Plan?
1.10	Effective Date of Proposed Rates
1.11	Cumulative Rate Change % (over 12 mos prior)
1.12	Product Rate Increase %
1.13	Submission Level Rate Increase %

Worksheet 1 Totals	Section II: Experience Period and Current Plan Level Information	Total
	2.1 Plan ID (Standard Component ID)	
\$0	2.2 Allowed Claims	\$0
\$0	2.3 Reinsurance	\$0
	2.4 Member Cost Sharing	\$0
	2.5 Cost Sharing Reduction	\$0
\$0	2.6 Incurred Claims	\$0
\$0	2.7 Risk Adjustment Transfer Amount	\$0
\$0	2.8 Premium	\$0
0	2.9 Experience Period Member Months	0
	2.10 Current Enrollment	0
	2.11 Current Premium PMPM	#NAME?
	2.12 Loss Ratio	#DIV/0!
	Per Member Per Month	
	2.13 Allowed Claims	#DIV/0!
	2.14 Reinsurance	#DIV/0!
	2.15 Member Cost Sharing	#DIV/0!
	2.16 Cost Sharing Reduction	#DIV/0!
	2.17 Incurred Claims	#DIV/0!
	2.18 Risk Adjustment Transfer Amount	#DIV/0!
	2.19 Premium	#DIV/0!

Section III: Plan Adjustment Factors
3.1 Plan ID (Standard Component ID)
3.2 Market Adjusted Index Rate
3.3 AV and Cost Sharing Design of Plan
3.4 Provider Network Adjustment
3.5 Benefits in Addition to EHB
Administrative Costs
3.6 Administrative Expense
3.7 Taxes and Fees
3.8 Profit & Risk Load
3.9 Catastrophic Adjustment
3.10 Plan Adjusted Index Rate
3.11 Age Calibration Factor
3.12 Geographic Calibration Factor
3.13 Tobacco Calibration Factor
3.14 Calibrated Plan Adjusted Index Rate

Section IV: Projected Plan Level Information	Total
4.1 Plan ID (Standard Component ID)	
4.2 Allowed Claims	\$0
4.3 Reinsurance	\$0
4.4 Member Cost Sharing	\$0
4.5 Cost Sharing Reduction	\$0
4.6 Incurred Claims	\$0
4.7 Risk Adjustment Transfer Amount	\$0
4.8 Premium	\$0
4.9 Projected Member Months	0
4.10 Loss Ratio	#DIV/0!
Per Member Per Month	
4.11 Allowed Claims	#DIV/0!
4.12 Reinsurance	#DIV/0!
4.13 Member Cost Sharing	#DIV/0!
4.14 Cost Sharing Reduction	#DIV/0!
4.15 Incurred Claims	#DIV/0!
4.16 Risk Adjustment Transfer Amount	#DIV/0!
4.17 Premium	#DIV/0!

Rating Area Data Collection

Specify the total number of Rating Areas you
Select only the Rating Areas you
To validate, select the Validate button
To finalize, select the Finalize button

Rating Area	Rating Factor
-------------	---------------

OMB control number: 0938-1141

Expiration date: XX/XX/XXXX

PRA Disclosure Statement: 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-
1141. The time required to
complete this information
collection
is estimated to average [1.5 hour]
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.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection c

control number. The valid OMB control number for this information collection is 0938-1141. The time re is estimated to average [0.08 hour] per response, including the time to review instructions, search existi complete and review the information collection. If you have comments concerning the accuracy of the t form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-

Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.
are offering plans within and add a factor for each area.
button or Ctrl + Shift + I.
button or Ctrl + Shift + F.

Required to complete this information collection
using data resources, gather the data needed, and
provide time estimate(s) or suggestions for improving this
26-05, Baltimore, Maryland 21244-1850.