

## Centers for Medicare & Medicaid Services (CMS) Risk Corridors Plan-level Data Form Filing Instructions for the 2016 Benefit Year

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## 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 **0938-1164**. The time required to complete this information collection is estimated to average 6 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.

### PURPOSE

The Patient Protection and Affordable Care Act, Public Law 111-148, enacted on March 23, 2010 (the “Affordable Care Act”), provides for three premium stabilization programs to mitigate the negative impacts of adverse selection and market uncertainty. Section 1342 of the Affordable Care Act establishes a temporary risk corridors program that is designed to provide qualified health plans (QHPs) in the individual and small group markets with greater payment stability during the first three years of Marketplace operation. CMS has issued implementing regulations for the risk corridors program at 45 CFR Part 153. The implementing regulations for the risk corridors program can be found at: <http://www.cms.gov/ccio/Resources/Regulations-and-Guidance/index.html#PremiumStabilizationPrograms>.

These are the filing instructions for the Risk Corridors Plan-level Data Form for the 2016 benefit year. Section 153.530 of 45 CFR Part 153 sets forth the data requirements for this report. Each company with at least one health insurance issuer that offered a certified QHP through the Federal or State-based Marketplace during the 2016 benefit year will submit the Risk Corridors Plan Level Data Form with plan-specific premium data for each of its QHP issuers in the individual or small group markets. This form is only required to be submitted by companies with at least one issuer with at least one plan that is certified and offered through either the Federal or State-based Marketplace. The data included in the Risk Corridors Plan-level Data Form will be used to calculate risk corridors payments and charges as defined in 45 CFR §153.500. CMS will calculate risk corridors payments and charges only based on the plan-specific premium information of plans that are Exchange QHPs, off-Exchange offerings that are the same as an Exchange QHP, and plans offered outside of the Exchange that are substantially the same as an Exchange QHP (as defined below in these filing instructions, and at 45 CFR §153.500).

Health insurance issuers that participate in the risk corridors program must comply with other data submission requirements that are not covered in the Risk Corridors Plan-level Data Form or these filing instructions. Under §153.530, CMS will also require all QHP issuers to submit data on premiums earned, allowable costs, and allowable administrative costs for purposes of the risk corridors calculation. As described in §153.520, all QHP issuers must submit to CMS information on how revenues and expenses in allowable costs and target amount are allocated to each QHP and across plans. Companies that are required to submit the Risk Corridors Plan-level Data Form for the 2016 benefit year must also submit the Medical Loss Ratio (MLR) Annual Reporting Form for the 2016 MLR reporting year.

The 2016 MLR Annual Reporting Form and its Form Filing Instructions can be found on the CMS website at: <http://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.html>

### GENERAL DEFINITIONS

Any terms that are not explicitly defined or referenced in these instructions have the definitions assigned to them in the MLR Form filing instructions or Title 45 of the Code of Federal Regulations. The terms below are solely for the purposes of the Risk Corridors Plan-level Form, and do not apply for any other purpose.

#### Individual Market

All health insurance policies issued directly to an individual for self-only or dependent coverage.

#### Small Group Market

All policies issued to small groups (including fully insured State and local government small groups), based on the definition of small group that applies for the purposes of the risk corridors program. For the purposes of the risk corridors program, the definition of employer size and the employee counting method applicable under state law will determine whether a group is a small group.

#### Premium Earned

As defined at 45 CFR 153.500 and 45 CFR 158.130, all monies paid by a policyholder or subscriber as a condition of receiving coverage from the issuer, including any fees or other contributions associated with the health plan and reported on a direct basis. Includes advance payments of the premium tax credit.

#### ACA-compliant Plans

Plans that were compliant with Affordable Care Act market reforms during the 2016 calendar year. The Affordable Care Act market reforms are set forth in sections 2701 through 2707 of the Public Health Service Act (Public Law 78-410), and the implementing regulations in Title 45 of the Code of Federal Regulations.

#### Exchange QHP

A plan certified and offered through the Federal or State-based Marketplace, as defined at 45 CFR 155.20. For the purposes of the risk corridors program, a stand-alone dental plan that is offered through the Marketplace is not considered an “Exchange QHP”, and does not participate in the risk corridors program.

#### Off-Exchange QHP

A plan offered outside of the Exchange is considered an off-Exchange QHP if it is the same as a certified Exchange QHP that is offered by the same issuer. A plan offered by a QHP issuer outside the Exchange would be considered “the same plan” as a QHP only if the two plans were identical with respect to benefits, provider network, service area, and costsharing structure. Off-Exchange QHPs participate in the risk corridors program. Note: An offering that meets this definition is an “off-Exchange QHP”, regardless of the HIOS plan ID that was assigned to the offering for the 2016 benefit year. However, in future guidance, CMS intends to specify that all plans that meet the definition of being the “same plan” must be assigned the same standard component ID in HIOS.

#### Guaranteed Availability of an Exchange QHP

CMS has interpreted the guaranteed availability requirement at 45 CFR Part 147 as requiring any plan offered through the Exchange to be available for enrollment outside of the Exchange. Accordingly, any individual could enroll in the same plan as an Exchange QHP (as defined above) without having to enroll through the Exchange (for example, the individual could enroll directly through the issuer in a plan that is the same as an Exchange plan). Because of this requirement, each plan offered through the Exchange will have an identical offering that is offered outside of the Exchange.

#### Substantially the Same as an Exchange QHP

As defined in 45 CFR 153.500, a plan offered outside of the Exchange is substantially the same as an Exchange QHP, if it is the same as an Exchange QHP (according to the definition above), except for any variations in benefits and cost-sharing structure that are directly tied to Federal or State requirements or prohibitions on the coverage of benefits (for example, coverage of the pediatric dental essential health benefit) that apply differently to plans depending on whether they are offered through the Exchange. These plans may also vary from the corresponding QHP with respect to changes in network (for example, addition of dentists to provide pediatric dental services) and cost sharing (for example, the addition of a copay for pediatric dental services) to the extent relating directly to the required or prohibited benefits.

## **GENERAL INSTRUCTIONS**

- **Filing MLR and risk corridors data requires a one-time registration by the issuer through the secured CMS Enterprise Portal for the Health Insurance Oversight System (HIOS).** If an issuer registered for a previous MLR reporting year, it does not need to reregister, but will need to confirm or update its issuer associations. The CMS Enterprise Portal can be accessed at <https://portal.cms.gov/wps/portal/unauthportal/home/>.
- **This template will be available for download on June 1, 2017. Uploads will be accepted between July 1- July 31.**
- **Submitters MUST upload the MLR Annual Reporting Form for the 2016 benefit year before uploading the Risk Corridors Plan-level Data Form.** Failure to take this step will result in a submission error and the Risk Corridors Plan-level Data Form will not be uploaded or processed.
- **This form is intended only for issuers that offered certified QHPs in the 2016 benefit year.** If CMS cannot verify a QHP added by the user and listed in this form, we will disregard risk corridors data associated with that QHP.
- **A company with at least one QHP issuer must submit data for each of its QHP issuers on record in HIOS.**
- **For issuers that experienced a change of ownership during 2016, data for the full benefit year should be submitted by the acquiring entity for all issuers under common ownership.**
- **If data has been submitted previously, the current submission will completely overwrite existing data.**
- **Submitters must complete the company information on the first tab of the Risk Corridors Plan-level Form.** The fields in this table that are required for the Risk Corridors plan level form submission are marked with a cross symbol (†).

## Tab 1 - Risk Corridors Plan Level Data – Individual

Table 1 - Non-Grandfathered ACA-Compliant Plans: Row Definitions and Instructions

Table 1: Non-Grandfathered ACA-Compliant Plans	
Row	Definitions & Instructions
<b>1. All non-Grandfathered ACA-compliant plans</b>	<p>Grandfathered plans are plans that were in effect on March 23, 2010, and that have not been changed in ways that substantially reduce benefits or increase cost-sharing for consumers, pursuant to the regulations at 45 CFR Part 147.140.</p> <p>Information should be submitted only for non-grandfathered, ACA-compliant plans (as defined in the General Definitions section of these instructions).</p>

## Tab 1 - Risk Corridors Plan Level Data – Individual

**Table 1 - Non-Grandfathered ACA-Compliant Plans: Column Definitions and Instructions**

Table 1: Non-Grandfathered ACA-Compliant Plans	
Column	Definitions & Instructions
<b>A. Individual Total Premium Earned</b>	<p>This column requires input from the user.</p> <p>Total premium earned is the total premium charged for members in all policies that are written directly or acquired by the issuer during the full reporting year.</p> <p>This column is the issuer’s total premium earned for the individual market (as defined in the General Definitions section of these instructions).</p> <p>Note: the total premium earned amount in column A must match the premium earned amount in Part 3, Line 2.1, column 4A of the MLR Annual Reporting Form or the submission will be rejected.</p> <p>Please refer to Appendix A - 2016 Risk Corridors Plan-level Data Form: Formula Resource for a description of this formula.</p>
<b>B. Individual Proportion of Market Premium</b>	<p>The proportion of the issuer’s individual market total premium earned represented in column C.</p> <p>This column is auto-populated with 100%.</p>

## Tab 1 - Risk Corridors Plan Level Data – Individual

### Table 2 - Exchange QHPs: Column Definitions and Instructions

Table 2: Exchange QHPs	
Column	Definitions & Instructions
<b>C. Plan Name</b>	<p>This column is auto-populated for the user.</p> <p>The marketing name associated with the plan that is identified by its HIOS plan ID in Column D. This column will be auto-populated for the user and will be the same marketing name that is provided for the plan ID in HIOS. This column cannot be blank if data is entered in Column E for the same row.</p> <p>Names of plans that are in use but are missing from the list: If the user identifies an Exchange QHP that is missing from the auto-populated list, the user should enter the plan name according to the instructions above.</p>
<b>D. HIOS Plan ID</b>	<p>The 14-digit HIOS standard component ID for each plan that the issuer offers through the Exchange. The list of HIOS plan IDs will include all plans that are certified to be offered through the Federally Facilitated Marketplace (FFM) and that CMS believes has been certified to be offered through the State-based Marketplace (SBM).</p> <p>This column will be auto-populated for the user and will include the plan IDs of all Exchange plans that are registered in HIOS.</p> <p>A HIOS plan ID cannot be offered in both the individual and the small group markets.</p> <p>HIOS plan IDs that are in use but are missing from the list: If the user is aware that the issuer is offering a plan through the Federal or State Marketplace and that HIOS plan ID is not auto-populated in this column, the user may manually input the HIOS plan ID for the QHP that it offered during the 2016 plan year. This column cannot be blank if data is entered in Column E for the same row.</p>
<b>E. Individual Total Premium Earned</b>	<p>This column is the total premium earned (as defined for Table 1), for the HIOS plan ID in column D.</p> <p>HIOS plan IDs that are not in use: In some cases, HIOS plan IDs in column D may be auto-populated for plans that are no longer certified, or that have no enrollment, or that the issuer has consolidated with another plan, or that the issuer is not actively marketing. In these cases, and in similar cases where the issuer does not have relevant information related to premium earned because there is no plan operating under the HIOS plan ID, the issuer should enter “0” in Column E.</p> <p>Please note that Column E should not be left blank in any case.</p> <p>Please refer to Appendix A - 2016 Risk Corridors Plan-level Data Form: Formula Resource for a description of this formula.</p>
<b>F. Individual Proportion of Market Premium</b>	<p>This column is the proportion of individual market total premium earned (indicated in Table 1, Column A) attributable to the HIOS plan ID in Column D.</p> <p>This column equals Column E divided by Column A and will be auto-populated for the user.</p> <p>Please refer to Appendix A - 2016 Risk Corridors Plan-level Data Form: Formula Resource for a description of this formula.</p>

### Table 3 - Off-Exchange QHPs: Column Definitions and Instructions

**Tab 1 - Risk Corridors Plan Level Data – Individual**

<b>Table 3: Off-Exchange QHPs</b>	
<b>Column</b>	<b>Definitions &amp; Instructions</b>
<b>G. Plan Name</b>	<p>This column is auto-populated for the user.</p> <p>The marketing name associated with the plan that is identified by its HIOS plan ID in Column H. This column will be auto-populated for the user and will be the same marketing name that is provided for the plan ID in HIOS. This column cannot be blank if data is entered in Column I for the same row.</p> <p>Names of plans that are in use but are missing from the list: If the user identifies an Exchange QHP that is missing from the auto-populated list, the user should enter the same plan name added in Table 2, in this row.</p>
<b>H. HIOS Plan ID</b>	<p>This column will be auto-populated for the user and will include the HIOS plan IDs of all plans that are offered off of the Exchange that are identical to Exchange plans that are registered in HIOS.</p> <p>This HIOS Plan ID will be the same as the 14-digit HIOS standard component ID for each plan that the issuer offers through the Exchange. The list of HIOS plan IDs will include all off-Exchange offerings that are identical, meaning the offering has the same benefits, cost-sharing structure, provider network, and service area as a plan that is certified to be offered through the Federally Facilitated Marketplace (FFM) or State-based Marketplace (SBM). Each HIOS plan ID that is offered through the Exchange will have a corresponding, identical offering that is offered outside of the Exchange. [Refer to the discussion of the guaranteed availability requirement in the General Definitions section of these instructions.]</p> <p>A HIOS plan ID cannot be offered in both the individual and the small group markets.</p> <p>HIOS plan IDs that are missing from the list: Each off-Exchange HIOS plan ID in this column must correspond to an Exchange HIOS plan ID in Table 2, column D. Users will not be permitted to manually add a HIOS plan ID to column H that does not correspond to a HIOS plan ID in column D. However, if a user manually inputs the HIOS plan ID for a QHP that is offered through the Exchange in column H [refer to the instructions for column D for situations where this may occur], the user must input the identical 14digit plan HIOS plan ID that it added to column D in the corresponding row in Column H.</p> <p>This column cannot be blank if data is entered in Column I for the same row.</p>
<b>I. Individual Total Premium Earned</b>	<p>This column is the total premium earned (as defined for Table 1), for the HIOS plan ID in column H.</p> <p>HIOS plan IDs that are not in use: In some cases, the HIOS plan IDs that are auto-populated in column H may correspond to an Exchange HIOS plan ID in column D that is no longer in use. [Refer to the instructions for Column D in Table 2 above for a description of Exchange HIOS plan IDs that are no longer in use.] For each plan ID not in use where “0” is entered in column E of Table 2, the issuer must enter “0” in this column.</p> <p>Please note that Column I should not be left blank in any case.</p> <p>Please refer to Appendix A - 2016 Risk Corridors Plan-level Data Form: Formula Resource for a description of this formula.</p>
<b>J. Individual Proportion of Market Premium</b>	<p>This column is the proportion of individual market total premium earned (indicated in Table 1, Column A) attributable to the HIOS plan ID in Column H.</p> <p>This column equals Column I divided by Column A for individual plans and will be auto-populated.</p> <p>Please refer to Appendix A - 2016 Risk Corridors Plan-level Data Form: Formula Resource for a description of this formula.</p>



**Tab 1 - Risk Corridors Plan Level Data – Individual**

**Table 4 - Plans Substantially the Same as Exchange QHPs: Column Definitions and Instructions**

<b>Table 4: Plans Substantially the Same as Exchange QHPs</b>	
<b>Column</b>	<b>Definitions &amp; Instructions</b>
<b>K. Plan Name</b>	The marketing name associated with the plan that is identified by its HIOS plan ID in Column L. This column will require manual input by the user. This column cannot be blank if data is entered in Column M for the same row.
<b>L. HIOS Plan ID</b>	<p>The 14-digit HIOS standard component ID for each off-Exchange plan that the issuer offers that is substantially the same as an Exchange plan. Each Exchange plan is represented by a HIOS plan ID that is auto-populated in column D. [Refer to the General Definitions section of these instructions for the definition of a plan that is substantially the same as an Exchange plan.]</p> <p>This column will require user input of the 14-digit HIOS plan ID that corresponds to a plan that is substantially similar to an Exchange plan. The user must input the HIOS plan ID for the substantially similar plan in column L in the same row as the corresponding Exchange HIOS plan ID that is indicated in column D.</p> <p>A HIOS plan ID cannot be offered in both the individual and the small group markets.</p> <p>Addition of HIOS plan IDs: The number of HIOS plan IDs that a user may input in this column is limited to the number of Exchange HIOS plan IDs that are listed in column D. No additional HIOS plan IDs will be permitted in this column. This column cannot be blank if data is entered in Column M for the same row. User added HIOS plan IDs for substantially the same plans in Table 4 cannot be the same as any HIOS plan IDs in either Tables 2 or 3.</p> <p>No substantially similar plans: If the issuer does not offer any plan that is substantially similar to an Exchange QHP, the user should leave this column blank.</p>
<b>M. Individual Total Premium Earned</b>	<p>This column is the total premium earned (as defined for Table 1), for the HIOS plan ID in column L.</p> <p>Please note that Column M should not be left blank in any case.</p> <p>Please refer to Appendix A - 2016 Risk Corridors Plan-level Data Form: Formula Resource for a description of this formula.</p>
<b>N. Proportion of Market Premium</b>	<p>This column is the proportion individual market total premium earned (indicated in Table 1, Column A) attributable to the HIOS plan ID in Column L.</p> <p>This column equals Column M divided by Column A for individual market plans and will be autopopulated for the user.</p> <p>Please refer to Appendix A – 2016 Risk Corridors Plan-level Data Form: Formula Resource for a description of this formula.</p>

## Tab 2 - Risk Corridors Plan Level Data – Small Group

**Table 1 - Non-Grandfathered ACA-Compliant Plans: Column Definitions and Instructions**

<b>Table 1: Non-Grandfathered ACA-Compliant Plans</b>	
<b>Column</b>	<b>Definitions &amp; Instructions</b>
<b>A. Small Group Total Premium Earned</b>	<p>This column requires input from the user.</p> <p>Total premium earned is the total premium charged for members in all policies that are written directly or acquired by the issuer during the full reporting year.</p> <p>This column is the issuer’s total premium earned for the small group market (as defined in the General Definitions section of these instructions).</p> <p>Note: the total premium earned amount in column A must match the premium earned amount in Part 3, Line 2.1, column 8A of the MLR Annual Reporting Form or the submission will be rejected.</p> <p>Please refer to Appendix A - 2016 Risk Corridors Plan-level Data Form: Formula Resource for a description of this formula.</p>
<b>B. Small Group Proportion of Market Premium</b>	<p>The proportion of the issuer’s small group market total premium earned represented in column C.</p> <p>This column is auto-populated with 100%.</p>

## Tab 2 - Risk Corridors Plan Level Data – Small Group

**Table 2 - Exchange QHPs: Column Definitions and Instructions**

<b>Table 2: Exchange QHPs</b>	
<b>Column</b>	<b>Definitions &amp; Instructions</b>
<b>C. Plan Name</b>	<p>This column is auto-populated for the user.</p> <p>The marketing name associated with the plan that is identified by its HIOS plan ID in Column D. This column will be auto-populated for the user and will be the same marketing name that is provided for the plan ID in HIOS. This column cannot be blank if data is entered in Column E for the same row.</p> <p>Names of plans that are in use but are missing from the list: If the user identifies an Exchange QHP that is missing from the auto-populated list, the user should enter the plan name according to the instructions above.</p>
<b>D. HIOS Plan ID</b>	<p>The 14-digit HIOS standard component ID for each plan that the issuer offers through the Exchange. The list of HIOS plan IDs will include all plans that are certified to be offered through the Federally Facilitated Marketplace (FFM) and that CMS believes has been certified to be offered through the State-based Marketplace (SBM).</p> <p>This column will be auto-populated for the user and will include the plan IDs of all Exchange plans that are registered in HIOS.</p> <p>A HIOS plan ID cannot be offered in both the small group and the small group markets.</p> <p>HIOS plan IDs that are in use but are missing from the list: If the user is aware that the issuer is offering a plan through the Federal or State Marketplace and that HIOS plan ID is not auto-populated in this column, the user may manually input the HIOS plan ID for the QHP that it offered during the 2016 plan year. This column cannot be blank if data is entered in Column E for the same row.</p>
<b>E. Small Group Total Premium Earned</b>	<p>This column is the total premium earned (as defined for Table 1), for the HIOS plan ID in column D.</p> <p>HIOS Plan IDs that are not in use: In some cases, HIOS plan IDs in column D may be auto-populated for plans that are no longer certified, or that have no enrollment, or that the user has consolidated with another plan, or that the issuer is not actively marketing. In these cases, and in similar cases where the issuer does not have relevant information related to premium earned because there is no plan operating under the HIOS plan ID, the user should enter "0" in Column E.</p> <p>Please note that Column E should not be left blank in any case.</p> <p>Please refer to Appendix A - 2016 Risk Corridors Plan-level Data Form: Formula Resource for a description of this formula.</p>
<b>F. Small Group Proportion of Market Premium</b>	<p>This column is the proportion of small group market total premium earned (indicated in Table 1, Column A) attributable to the HIOS plan ID in Column D.</p> <p>This column equals Column E divided by Column A and will be auto-populated for the user.</p> <p>Please refer to Appendix A - 2016 Risk Corridors Plan-level Data Form: Formula Resource for a description of this formula.</p>

**Table 3 - Off-Exchange QHPs: Column Definitions and Instructions**

<b>Table 3: Off-Exchange QHPs</b>	
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**Tab 2 - Risk Corridors Plan Level Data – Small Group**

Column	Definitions & Instructions
<b>G. Plan Name</b>	<p>This column is auto-populated for the user.</p> <p>The marketing name associated with the plan that is identified by its HIOS plan ID in Column H. This column will be auto-populated for the user and will be the same marketing name that is provided for the plan ID in HIOS. This column cannot be blank if data is entered in Column I for the same row.</p> <p>Names of plans that are in use but are missing from the list: If the user identifies an Exchange QHP that is missing from the auto-populated list, the user should enter the same plan name added in Table 2, in this row.</p>
<b>H. HIOS Plan ID</b>	<p>This column will be auto-populated for the user and will include the plan IDs of all plans that are offered off of the Exchange that are identical to Exchange plans that are registered in HIOS.</p> <p>This HIOS Plan ID will be the same as the 14-digit HIOS standard component ID for each plan that the issuer offers through the Exchange. The list of HIOS plan IDs will include all off-Exchange offerings that are identical, meaning the offering has the same benefits, cost-sharing structure, provider network, and service area as a plan that is certified to be offered through the Federally Facilitated Marketplace (FFM) or State-based Marketplace (SBM). Each HIOS plan ID that is offered through the Exchange will have a corresponding, identical offering that is offered outside of the Exchange. [Refer to the discussion of the guaranteed availability requirement in the General Definitions section of these instructions.]</p> <p>A HIOS plan ID cannot be offered in both the individual and the small group markets.</p> <p>HIOS plan IDs that are missing from the list: Each off-Exchange HIOS plan ID in this column must correspond to an Exchange HIOS plan ID in Table 2, column D. Users will not be permitted to manually add HIOS plan IDs to column H that do not correspond to a HIOS plan ID in column D. However, if a user manually inputs the HIOS plan ID for a QHP that is offered through the Exchange in column H [refer to the instructions for column D for situations where this may occur], the user must input the identical 14digit plan HIOS plan ID that it added to column D in the corresponding row in Column H.</p> <p>This column cannot be blank if data is entered in Column I for the same row.</p>
<b>I. Small Group Total Premium Earned</b>	<p>This column is the total premium earned (as defined for Table 1), for the HIOS plan ID in column H.</p> <p>HIOS plan IDs that are not in use: In some cases, the HIOS plan IDs that are auto-populated in column H may correspond to an Exchange HIOS plan ID in column D that is no longer in use. [Refer to the instructions for Column D in Table 2 above for a description of Exchange HIOS plan IDs that are no longer in use.] For each plan ID not in use where “0” is entered in column E of Table 2, the user must enter “0” in this column.</p> <p>Please refer to Appendix A - 2016 Risk Corridors Plan-level Data Form: Formula Resource for a description of this formula.</p>
<b>J. Small Group Proportion of Market Premium</b>	<p>This column is the proportion of small group market total premium earned (indicated in Table 1, Column A) attributable to the HIOS plan ID in Column H.</p> <p>This column equals Column I divided by Column A for small group plans and will be auto-populated for the user.</p> <p>Please refer to Appendix A - 2016 Risk Corridors Plan-level Data Form: Formula Resource for a description of this formula.</p>

**Table 4 - Plans Substantially the Same as Exchange QHPs: Column Definitions and Instructions**

**Tab 2 - Risk Corridors Plan Level Data – Small Group**

<b>Table 4: Plans Substantially the Same as Exchange QHPs</b>	
<b>Column</b>	<b>Definitions &amp; Instructions</b>
<b>K. Plan Name</b>	The marketing name associated with the plan that is identified by its HIOS plan ID in Column L. This column will require manual input by the user. This column cannot be blank if data is entered in Column M for the same row.
<b>L. HIOS Plan ID</b>	<p>The 14-digit HIOS standard component ID for each off-Exchange plan that the issuer offers that is substantially the same as an Exchange plan. Each Exchange plan is represented by a HIOS plan ID that is auto-populated in column D. [Refer to the General Definitions section of these instructions for the definition of a plan that is substantially the same as an Exchange plan.]</p> <p>This column will require user input of the 14-digit HIOS plan ID that corresponds to a plan that is substantially similar to an Exchange plan. The user must input the HIOS plan ID for the substantially similar plan in column L in the same row as the corresponding Exchange HIOS plan ID that is indicated in column D.</p> <p>A HIOS plan ID cannot be offered in both the individual and the small group markets.</p> <p>Addition of HIOS plan IDs: The number of HIOS plan IDs that a user may input in this column is limited to the number of Exchange HIOS plan IDs that are listed in column D. No additional HIOS plan IDs will be permitted in this column. This column cannot be blank if data is entered in Column M for the same row. User added HIOS plan IDs for substantially the same plans in Table 4 cannot be the same as any HIOS plan IDs in either Tables 2 or 3.</p> <p>No substantially similar plans: If the issuer does not offer any plan that is substantially similar to an Exchange QHP, the user should leave this column blank.</p>
<b>M. Small Group Total Premium Earned</b>	<p>This column is the total premium earned (as defined for Table 1), for the HIOS plan ID in column L.</p> <p>Please note that Column M should not be left blank in any case.</p> <p>Please refer to Appendix A - 2016 Risk Corridors Plan-level Data Form: Formula Resource for a description of this formula.</p>
<b>N. Proportion of Market Premium</b>	<p>This column is the proportion small group market total premium earned (indicated in Table 1, Column A) attributable to the HIOS plan ID in Column L.</p> <p>This column equals Column M divided by Column A for small group market plans and will be autopopulated for the user.</p> <p>Please refer to Appendix A - 2016 Risk Corridors Plan-level Data Form: Formula Resource for a description of this formula.</p>

### Tab 3: Risk Corridors Payment or Charge Calculation

#### Column Instructions

Risk Corridors Payment or Charge Calculation	
Column	Definitions & Instructions
<b>A. Individual</b>	If an issuer does not participate in the individual market, the user should ignore this column.
<b>B. Small Group</b>	If an issuer does not participate in the small group market, the user should ignore this column.

## Tab 3: Risk Corridors Payment or Charge Calculation

### Row Definitions and Instructions

Risk Corridors Payment or Charge Calculation	
Row	Definitions & Instructions
<b>1 - Total percentage of market premium in QHPs</b>	The total proportion of premium earned that is attributable to an issuer's QHPs. This total is equal to the sum of the proportion of market premium in all of the issuer's Exchange QHPs, off-Exchange QHPs, and plans that are substantially the same as an Exchange QHP. This equals (the sum of all rows in column F + the sum of all rows in column J + the sum of all rows in column N). This total is auto-populated for the user and is calculated separately for the individual and small group markets so that there are separate totals for columns A and B.
<b>2 - Risk corridors allowable costs</b>	Allowable costs that HHS will use to calculate the risk corridors charge or payment amount for a QHP issuer. Allowable costs are pooled for all of an issuer's ACA compliant plans in each market within a state. This represents the numerator of the risk corridors ratio. This equals Line 3.1 in Part 3 of the MLR Reporting Form.
<b>3 - Risk corridors target amount</b>	The target amount that HHS will use to calculate the risk corridors charge or payment amount for a QHP issuer. The target amount is pooled for all of an issuer's ACA compliant plans in each market within a state. This represents the denominator of the risk corridors ratio. This equals Line 3.5 in Part 3 of the MLR Reporting Form.
<b>4 - Risk corridors ratio</b>	This equals the ratio of allowable costs to target amount, which is Line 2 divided by Line 3. Note that the first column of the Reference Table shows the relationship of this ratio to the risk corridors calculation. This value is auto-populated for the user.
<b>5 - Risk corridors aggregate payment or charge calculation by market</b>	An aggregate risk corridors amount is calculated separately for each QHP issuer's individual and small group market business. This aggregate amount is calculated based on all of a QHP issuer's ACA-compliant plans in a market within a state, and does not represent the payment or charge amount that the issuer will receive or be required to pay. This value is autopopulated for the user.
<b>6 - Risk corridors payment expected from HHS or charge payable to HHS</b>	The aggregate risk corridors payment or charge amount allocated based on the proportion of the issuer's individual or small group total premium earned that is attributable to its QHP business. This value is auto-populated for the user and is calculated separately for the individual and small group markets. This represents the risk corridors payment that an issuer expects to receive from HHS or is required to pay to HHS. This equals Line 1 x Line 5.

### APPENDIX A: Calculation References

Note: The calculations below are valid for both tabs 1 and 2, individual and small business groups, respectively.	
<b>Table 1, Column A</b>	User input: The issuer's total premium earned.
<b>Table 1, Column B</b>	This is pre-populated with 100%.
<b>Table 2, Column E</b>	User input: The total premium earned (as defined for Table 1), for the HIOS plan ID in column D.
<b>Table 2, Column F</b>	Auto-calculated for the user: Table 2, Column E divided by Table 1, Column A.
<b>Table 3, Column I</b>	User input: The total premium earned (as defined for Table 1), for the HIOS plan ID in column H.
<b>Table 3, Column J</b>	Auto-calculated for the user: Table 3, Column I divided by Table 1, Column A.

<b>Table 4, Column M</b>	User input: The total premium earned (as defined for Table 1), for the HIOS plan ID in column L.
<b>Table 4, Column N</b>	Auto-calculated for the user: Table 4, Column M divided by Table 1, Column A.
<b>Tab 3, “Risk Corridors Payment and Charge Calculation”, Line 1</b>	Auto-calculated for the user: Column F + Column J + Column N.
<b>Tab 3, “Risk Corridors Payment and Charge Calculation”, Line 2</b>	User input: MLR Reporting Form, Part 3, Line 3.1. Refer to MLR Reporting Form instructions for calculating Line 3.1, Part 3 of the MLR Reporting Form.
<b>Tab 3, “Risk Corridors Payment and Charge Calculation”, Line 3</b>	User input: MLR Reporting Form, Part 3, Line 3.5. Refer to MLR Reporting Form instructions for calculating Line 3.5, Part 3 of the MLR Reporting Form.
<b>Tab 3, “Risk Corridors Payment and Charge Calculation”, Line 4</b>	Auto-calculated for the user. Risk corridors allowable costs (Line 2) divided by risk corridors target amount (Line 3).
<b>Tab 3, “Risk Corridors Payment and Charge Calculation”, Line 5</b>	Auto-calculated for the user. Auto-calculation is based on the Risk Corridors Reference Table the user’s adjusted risk corridors ratio, and the following rules. If Line 4 is at least 108%: $80\% \times (\text{Line 2} - 108\% \times \text{Line 3}) + 2.5\% \times \text{Line 3}$ . If Line 4 is at least 103% but less than 108%: $50\% \times (\text{Line 2} - 103\% \times \text{Line 3})$ . If Line 4 is at least 97% but less than 103%: zero (0) If Line 4 is at least 92% but less than 97%: $50\% \times (\text{Line 2} - 97\% \times \text{Line 3})$ . If Line 4 is less than 92%: $80\% \times (\text{Line 2} - 92\% \times \text{Line 3}) - 2.5\% \times \text{Line 3}$ .
<b>Tab 3, “Risk Corridors Payment and Charge Calculation”, Line 6</b>	Auto-calculated for the user. Total percentage of market premium in QHPs (Line 1) x Risk corridors aggregate payment or charge calculation by market (Line 5)

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