

Health Insurance Rate Filing Completeness and Redaction Justification Checklist

Issuer Name: _____

Market: _____

SERFF ID#: _____

Instructions for Completeness and Redaction Justification Checklist

This checklist is required for all issuers submitting ACA-compliant rates for 2017 comprehensive major medical rate filings and should be submitted, as supporting documentation, with each 2017 ACA-compliant comprehensive major medical rate filing. The checklist is organized by heading, section and subsection as outlined in the 2017 ACA-Compliant Health Insurance Rate Filing Guidance (Guidance) released on March 11, 2016.¹ Tables in the PA Actuarial Memorandum Rate Exhibits are included in their corresponding PA Actuarial Memorandum section and listed in red text for ease of identification.

The “Completed” section contains three columns. The first input column is labeled “✓”. In order for the filing to be considered complete and ready for department review, a ✓ must appear in each field in the column, except where data tables are marked with an asterisk in the “Description” column, in which case the ✓ is only needed if the row is applicable. The ✓ indicates that the actuary has read the Guidance and has provided the requested information and data, as required in the PA Actuarial Memorandum and Rate Exhibits and further, that the data templates are completely and appropriately populated. The second and third input columns in the Completed section should reference the page or table, and, if text in the actuarial memorandum, the paragraph number, where the required information and data can be located in the issuer’s submission as described in the Guidance.

The “Redacted” section contains two columns. If the issuer’s filing contains redacted information or data in the named section, a ✓ must appear in the “✓” column under “Redacted.” To reiterate the redaction criteria contained in the Guidance, if the issuer wishes to redact information from the rate filing, the issuer must submit a justification with the filing that details each element that has been redacted and separately justifies why the redacted element is confidential. All justifications for redacted information and data should be contained in one document. Correspondingly, the “Justification Location” column should identify the location of the applicable justification within the justification document, either by page number or by heading.

The Department encourages issuers to use the following nomenclature within the justification document, and for identifying the location in the “Justification” column: Justification + the TOC # located in the first column of this checklist. For example, if an issuer redacted information in the Network Factors section of the PA Actuarial Memorandum, a ✓ must appear in the “✓” column under “Redacted”; the “Justification Location” column would be completed with “Justification 5.C.”; and the corresponding justification for redaction within the justification document would be under the heading “5.C. Network Factors.”

Please remember that non-redacted information and data must be submitted for review.

You may contact Cherri Sanders-Jones at csandersjo@pa.gov if you have any questions regarding this checklist.

¹ <http://www.insurance.pa.gov/Companies/ProductAndRateRequire/Documents/FINAL%202017%20ACA-Compliant%20Health%20Insurance%20Rate%20Filing%20Guidance.pdf>

Completeness and Redaction Justification Checklist

TOC #	Description	Completed			Redacted	
		✓	Page # or Table #	Paragraph #	✓	Justification Location
Federal Rate Filing Justification						
A.2.	RFJ Part I - Unified Rate Review Template					
A.2.	RFJ Part II – Consumer Friendly Justification					
A.2.	RFJ Part III – Actuarial Memorandum					
General Submission Requirements						
A.2.B.	HIOS Submission					
A.2.C.	SERFF Submission					
A.2.D.	SERFF Rate/Rule Schedule Tab					
Additional Required Documents						
B.	Pennsylvania Bulletin Information					
C.	Cover Letter					
D.	Rate Change Request Summary					
PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits						
E.1.A.	Company Information					
E.1.B.	Rate History & Proposed Variation in Rate Changes					
E.1.C.	Average Rate Change					
E.1.D.	Membership Count					
E.1.D.	Data Template I Table 1.					
E.1.E.	Benefit Changes					
E.1.F.	Experience Period Claims & Premium					
E.1.F.	Data Template I Table 2.					
E.1.G.	Credibility of Data					
E.1.G.	Data Template I Table 2b.*					
	Data Template I Table 2c.*					
E.1.H.	Trend Identification					
E.1.H.	Data Template I Table 3.					
E.1.I.	Historical Experience					
E.1.I.	Data Template I Table 4.					
2.A.	Development of PAIR, MAIR and Total Allowed Claims					
2.A.	Data Template II Table 5.					
2.A.	Data Template II Table 5A.*					
2.B.	Retention Items					
2.B.	Data Template II Table 6.					
2.C.	Normalized Market-Adjusted Projected Allowed Total Claims					
2.C.	Data Template II Table 7.					
2.D.	Components of Rate Change					
2.D.	Data Template II Table 8.					
2.D.	Data Template II Table 9.					
3.	Plan Rate Development					
3.	Data Template III Table 10.					
4.	Plan Premium Development for 21-Year-Old Non-Tobacco User					
4.	Data Template IV Table 11.					
5.A.	Age and Tobacco Factors					

TOC #	Description	Completed			Redacted	
		✓	Page # or Table #	Paragraph #	✓	Justification Location
5.A.	Data Template V Table 12.					
5.B.	Geographic Factors					
5.B.	Data Template V Table 13.					
5.C.	Network Factors					
5.C.	Data Template V Table 14.					
5.D.	Service Area Composition					
5.E.	Composite Rating					
6.	Actuarial Certifications					
Additional Rate Exhibits						
G.	Federal Rates Template					
G.	Department Plan Design Summary					
G.	Department Rate Table					

*If applicable.