

Department of Health and Human Services

Office of the Secretary

Office of Consumer Information and Insurance Oversight

Grants, Contracts and Integrity Division

7501 Wisconsin Ave West Tower

Room 10-15

Bethesda, MD 20814-6519

NOTICE OF GRANT AWARD

AUTHORIZATION (Legislation/Regulations)

Section 2794 of the Public Health Service Act (Section 1003 of the Affordable Care Act)

1. DATE ISSUED (Mo./Day/Yr.) 08/03/2010	2. CFDA NO. 93.511
3. SUPERCEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
4. GRANT NO. 1 IPRPR100014-01-00 Formerly:	5. ADMINISTRATIVE CODES IPR
6. PROJECT PERIOD Mo./Day/Yr. From 08/09/2010	Through 09/30/2011
7. BUDGET PERIOD Mo./Day/Yr. From 08/09/2010	Through 09/30/2011

8. TITLE OF PROJECT (OR PROGRAM) (Limit to 56 spaces)
2010 Grants to States for Health Insurance Premium Review-Cycle I

9. GRANTEE NAME AND ADDRESS

a. Arizona Department of Insurance

b. 2910 N 44th St

c. Suite 210

d. Phoenix

e. AZ f. 85018-7256

10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPLE INVESTIGATOR)
(LAST NAME FIRST AND ADDRESS)
Gerrie Marks
2910 North 44th Street
Suite 210
Phoenix, AZ 85018
Phone: 602-364-3471

11. APPROVED BUDGET (Excludes HHS Direct Assistance)

I HHS Grant Funds Only

II Total project costs including grant funds and all other financial participation (Select one and place NUMERAL in box) **II**

a. Salaries and Wages	149,417	
b. Fringe Benefits	35,883	
c. Total Personnel Costs		185,300
d. Consultants Costs		0
e. Equipment		0
f. Supplies		19,105
g. Travel		5,300
h. Patient Care - Inpatient		0
i. Patient Care - Outpatient		0
j. Alterations and Renovations		0
k. Other		454,517
l. Consortium/Contractual Costs		335,778
m. Trainee Related Expenses		0
n. Trainee Stipends		0
o. Trainee Tuition and Fees		0
p. Trainee Travel		0
q. TOTAL DIRECT COSTS		1,000,000
r. INDIRECT COSTS (rate of)		0
s. TOTAL APPROVED BUDGET		\$ 1,000,000
t. SBIR Fee		
u. Federal Share		\$ 1,000,000
v. Non-Federal Share		\$ 0

12. AWARD COMPUTATION FOR GRANT

a. Amount of HHS Financial Assistance (from item 11.u)	1,000,000
b. Less Unobligated Balance From Prior Budget Periods	0
c. Less Cumulative Prior Award(s) This Budget Period	0
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	1,000,000

13. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):

YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 2		d. 5	
b. 3		e. 6	
c. 4		f. 7	

14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH):

a. AMOUNT OF HHS Direct Assistance	0
b. Less Unobligated Balance From Prior Budget Periods	
c. Less Cumulative Prior Award(s) This Budget Period	
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	0

15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.25, SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: (Select one and place LETTER in box) **b**

a. DEDUCTION
b. ADDITIONAL COSTS
c. MATCHING
d. OTHER RESEARCH (Add / Deduct Option)
e. OTHER (See REMARKS)

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, HHS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislations cited above.
b. The grant program regulation cited above.
c. This award notice including terms and conditions, if any, noted below under REMARKS.
d. HHS Grants Policy Statement including addenda in effect as of the beginning date of the budget period.
e. 45 CFR Part 74 or 45 CFR Part 92 as applicable.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached - Yes No)

Refer to the following Award Attachments: 1) The Standard and Special Terms and Conditions 2) Grants to States for Health Insurance Premium Review-Cycle I Quarterly Report Template 3) Data Dictionary for the Policy Rate Filing Record-Data Collection for the Rate Review Grants.

GRANTS MANAGEMENT OFFICER: <i>Gladys M Bohler</i> Gladys Bohler	(Signature)	(Name - Typed/Print) Gladys Bohler	(Title) Senior Grants Management Specialist
17. OBJ CLASS FY-CAN 4121 0-199RE19	18. CRS - EIN 1866004791DA	19. LIST NO. c. IPR	CONG. DIST.: 03
20. a.	b. IPRPR0014A	c. IPR	d. 1,000,000 e. 0
21. a.	b.	c.	d. e.
22. a.	b.	c.	d. e.

AWARD ATTACHMENTS

Arizona Department of Insurance

1 IPRPR100014-01-00

1. Standard and Special Terms and Conditions
2. Grants to States for Health Insurance Premium Review-Cycle I Quarterly Report Template
3. Data Dictionary for the Policy Rate Filing Record-Data Collection for the Rate Review Grants

STANDARD GRANT CONDITIONS

1. **The HHS/Office of Consumer Information and Insurance Oversight (OCIO) Program Official**, assigned with responsibility for technical and programmatic questions from the grantee is: Jacqueline Roche, Jacqueline.Roche@hhs.gov at OCIO.
2. **The HHS/OCIO Grants Management Specialist**, assigned by the GMO, with responsibility for the financial and administrative aspects (non-programmatic areas) of grants administration questions from the grantee is Gladys Bohler at Gladys.Bohler@hhs.gov at OCIO.
3. **HHS Grants Policy Statement.** This award is subject to the requirements of the HHS Grants Policy Statement (HHS GPS). The HHS Grants Policy Statement is available at <http://www.hhs.gov/grantsnet/adminis/gpd/index.htm>. Please read carefully the following: (1) fraud, waste, and abuse (toll free number 800-424-5454), page I-7; (2) lobbying, page I-15; (3) costs, pages II-30 to II-44; (4) financial management systems and procedures, page II-61; (5) re-budgeting/prior approval, pages II-50 to II-57; and (6) publications, page II-73.
4. **Code of Federal Regulations:**
This grant is subject to the requirements as set forth in 45 CFR Part 92 (for State, local, and federally recognized tribal government) available at <http://www.hhs.gov/opa/grants/toolsdocs/45cfr92.html>.
5. **Cost Principles for State, Local and Indian Tribal Governments (OMB Circular A-87):**
This grant is subject to the requirements as set forth in Title 2 Part 225, State, Local, and Indian Tribal Governments (previously A-87)
6. **Public Reporting:** When issuing statements, press releases, requests for proposals, bid solicitations, and documents describing this project, clearly state: (1) the percentage of the total cost of the project financed with Federal money, (2) the dollar amount of Federal Funds for the project, and (3) the percentage and dollar amount of the total costs of the project that is financed by nongovernmental sources.
7. **Policy Requirements:** Debarment and Suspension as well as Drug Free Workplace are now standard terms and conditions of the award. These requirements no longer require separate certifications; however, by signing the application (either electronic signature credentials or face page of the SF-424A) the applicant certifies they are meeting the requirements of 45 CFR Part 76 (Debarment and Suspension) and 45 CFR Part 82 (Drug-Free Workplace).

Special Terms of Award (STC) - Programmatic

1. **Acceptance Letter and Assurance:** The grant award is subject to the recipient providing OCIIO a letter as acknowledgement of the award and the acceptance of all Standard and Special Terms and Conditions (STCs) within 30 days of the date of issuance of the award package. With the acceptance of this grant award, the Grantee agrees to ensure that the project is administered in accordance with the grant requirements as indicated in these STCs and that the Grantee is in compliance with the requirements of the grant funding opportunity announcement.
2. **Budget and Project Period:** The project and budget period for Premium Review Grants - Cycle 1 is from August 9, 2010 through September 30, 2011. The start date for the grants is on or after August 9, 2010. No grant funds can be used for expenses incurred prior to August 9, 2010.
3. **Revised Budget:** When the Notice of Grant Award requires the Grantee to submit a revised budget (e.g., a revised timeline, budget narrative and SF-424A section b only), these documents must be submitted within 60 days of the start of the grant period, (August 9, 2010). OCIIO will advise states of the approval of such documents within 60 days from the date the revised draft documents are received by the OCIIO.
4. **Collaborative Responsibilities:** At the request of the OCIIO, Grantees may be required to participate in scheduled activities and communications to identify and share "best practices" for health insurance premium review, including discussion of state proposals and sharing of information via public websites. The OCIIO will post general summaries of the state proposals on the OCIIO website. Quarterly and Final reports may also be posted on the OCIIO website. The Grantee is required to participate in all required communications (e.g., monitoring calls, guidance calls) as requested by the OCIIO.
5. **Required Financial Reports:** A Financial Status Report (FSR) (SF 269A – Short Form) is required from the recipient within 90 days after the end of the project period. Records of expenditures and any program income generated must be maintained in accordance with the provisions of 45 CFR 74.53 or 92.42. In addition, an Interim SF 269 report must be submitted after the first 12 months of grant activity. The Grantee will submit the FSR to the OCIIO Grant Specialist listed on this Notice of Grant Award with a copy to the OCIIO Project Officer. (The SF-269A may be accessed at the following site: <http://www.whitehouse.gov/omb/grants/sf269a.pdf>).

Effective January 1, 2010, grantees are to report cash transaction data via the Payment Management System (PMS) using the Federal Financial Report (FFR or Standard Form 425) cash transaction data elements. The FFR must be filed within 30 days of the end of the quarter (instead of the 45 days allowed for filing the PSC 272). Reporting cash transaction data using the FFR replaces the use of the Federal Cash Transaction Report (SF-272/SF272A). Additional information and training are available on the Division of Payment Management website: <http://www.dpm.psc.gov/>.

A Quick Reference Guide for completing the FFR in the PMS is at http://www.dpm.psc.gov/grant_recipient/guides_forms/ffr_quick_reference.aspx

6. Required Grant Reporting

A. Requirement to Report Data to the Secretary. For Cycle I, each grant awardee is required to provide certain rate filing data to the Secretary of Health and Human Services. Included as Attachment C is the template for providing the required premium data to HHS. Operational processing and data exchange with the State awardees using the enclosed data format will begin in December 2010 to support required reporting for Cycle I grants. States unable to provide the rate filing data as required under these terms and conditions of award and as outlined in the template must provide an explanation of their inability to do so. As stated in the FOA, States are permitted to use grant funds to enhance their authority and capacity to collect and report the required data. The Office of Oversight will provide technical assistance to all state awardees over the course of the grant period to fulfill the data reporting requirements.

B. Quarterly and Final (Progress) Reports

1. The Grantee is required to submit three quarterly progress reports and one final report to the OCIIIO Grant Specialist and to the OCIIIO Project Officer. Quarterly progress reports are due within 30 days after the end of the quarter (see STC #7 for dates). These reports must comply with the format in Attachment B: *Grants to States for Health Insurance Premium Review- Cycle I Template for Quarterly Progress Reports*.
 2. The Grantee is required to submit a Final Report to the OCIIIO Grant Specialist, with a copy to the OCIIIO Project Officer, within 90 days after the project period ending date (December 31, 2011). A template for the final report will be forthcoming.
 3. In each progress report (quarterly and final), the Grantee will describe the progress, and provide data on, the Grantee's impact on enhancing the rate review process for health insurance premiums in the state and efforts to report data on health insurance premiums to the HHS Secretary. The Grantee will describe each activity performed in the quarter/year and how that activity was linked to enhanced rate review practices.
 4. All quarterly and final (progress) reports must be submitted electronically.
7. Data Center Requirements: As outlined in the FOA, up to \$50,000 in grant funds are permitted to be used to fund an optional data center as described in Section 2794 of the Public Health Service Act. All states choosing to use grants funds to support a data center must provide the following information by October 31, 2010.
- a) Name, location and governance of Data Center. Please make certain that the data center meets the requirements as outlined in the Affordable Care Act.
 - b) Full Description of Data Centers current mission;
 - c) Described function and scope of work for data center;

- d) Describe how proposed research will add to existing body of available fee schedule data;
- e) Plans for public disclosure of data; and
- f) Full and/or modified budget for the data center with a line-item breakout.

The Office of Oversight will be working with each state applicant on an individual basis to make certain the proposed data center is aligned with the requirements under the Affordable Care Act and advances the directives of this grant program.

- 8. The Grantee is required to notify the OCIO Project Officer and the OCIO Grant Specialist within thirty (30) days of any personnel changes affecting the grant's Project Director, Assistant Project Director, or the Financial Officer who is responsible for completing the Financial Status Report (SF-269A) and the Federal Cash Transactions Report (PSC-272).
- 9. All funds provided under this grant will be used by the Grantee exclusively for the Grants to States for Health Insurance Premium Review as defined in Section 1003 of the Affordable Care Act and as described in the grant funding opportunity announcement. If the Grantee uses these funds for any purpose other than those awarded through the OCIO Premium Review Grants – Cycle I (or those modifications that have the prior written approval of the OCIO Project Officer), then all funds provided under this grant may be required to be returned to the United States Treasury.

ATTACHMENT A:

Grants to States for Health Insurance Premium Review – Cycle I

TIMELINE

August 9, 2010– September 30, 2011

<u>ACTIVITY</u>	<u>TIMELINE</u>
Grant award	August 9, 2010
Grant period begins	August 9, 2010
Accept award package	September 9, 2010
Notify OCIO of Fiscal Agent/Officer Responsible for completing the SF-269A and PSC-272	September 30, 2010
Revised Budget and SF-424A (when applicable)	Due within 60 days of award
Financial Status Report	Due 30 days after the first 12 months
Required Data Center Information	October 31, 2010
Quarterly Progress Reports	Due 30 days after the end of each Federal fiscal quarter (e.g., January 31, April 30, July 31, and October 31, 2011)
Awardees must respond to requests necessary for the evaluation of the Health Insurance Premium Review Grants as requested	As required by the OCIO
Guidance Call for Preparation of the Final Report	To be scheduled by the OCIO Project Officer approximately 60 days before end of grant year (e.g. July 31, 2011)
Final Report	Due 90 days after the conclusion of the grant project period (December 31, 2011)
Liquidation of all Obligations	Due 90 days after the grant period end date and prior to filing of the final Fiscal Status Report

Final Financial Status Report (FSR)

Due 30 days after the first 12 months of grant activity and 90 days after the grant period end date (December 31, 2011)

No Cost Extension Request

Should the State need a no cost extension, a written request to the Project Officer must be received no later than September 30, 2011.

ATTACHMENT B:

**Grants to States for Health Insurance Premium Review – Cycle I
Quarterly Report Template**

Date:

State:

Project Title:

Project Quarter Reporting Period:

Example:

Quarter 1 (08/09/2010-12/31/2010)

Grant Contact (name and title):

Email:

Phone:

Date submitted to OCHIO:

Grants to States for Health Insurance Premium Review – Cycle I Quarterly Report Template

Reporting Period:

Grant Performance Period: August 9, 2010 to September 30, 2011

Reporting Period: Award Date to December 31, 2010
January 1, 2011 to March 31, 2011
April 1, 2011 to June 30, 2011
July 1, 2011 to September 30, 2011

Deadline for Delivery: January 31, 2011
April 30, 2011
July 31, 2011
October 31, 2011

Section 1003 of the Affordable Care Act requires the Secretary of the Department of Health and Human Services (HHS), in conjunction with the States, to establish a process for the annual review of health insurance premiums to protect consumers from unreasonable, unjustified and/or excessive rate increases. Section 2974 of the Public Health Service Act (PFACA Section 1003) provides for a program of grants that enable states to improve the health insurance rate review and reporting processes.

States are required to submit quarterly progress reports to OCIO. The quarterly progress report describes significant advancements towards the State's goal of improving its current health insurance rate review and reporting process beginning from the time of approval through completion of the grant period.

The reports are due to OCIO 30 days after the end of each quarter and must be submitted electronically.

The following report guidelines are intended as framework and can be modified when agreed upon by the OCIO grant project officer and the State. A complete quarterly progress report must detail how grants funds were utilized, describe program progress and barriers in addition to providing an updated on all the measurable objectives of the grant program.

NARRATIVE REPORT FORMAT:

Introduction

Provide a brief overview of the project describing the proposed rate review enhancements and clearly articulating the goals, measurable objectives and milestones for each proposed enhancement.

Program Implementation Status As relevant to your project, include a discussion and update on progress towards:

1. Accomplishments to Date: implementation milestones, early outcomes, etc, include progress toward stated goals, objectives and milestones.
2. Challenges and Responses: provide a detailed description of any encountered challenges in implementing your program, the response and the outcome
3. Describe any required variations from the original timeline

Significant Activities – Undertaken and Planned

Discuss events occurring during the quarter or anticipated to occur in the new future that affect the progression of comprehensive rate review for your state. For States proposing legislative enhancements to expand their scope of rate review activities, please provide a detailed status update on the progress of all proposed grant activities undertaken in support of new legislation.

Operational/Policy Developments/Issues

Identify all significant program developments/issues/problems that have occurred in the current quarter, including legislative activity and proposed ways to rectify the barriers.

Please complete the following table that outlines all rate review activity under the grant program. The State should indicate “N/A” where appropriate. If there was no activity under a review category, the State should indicate that by “0.”

A. Quarterly Rate Review - Progress

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Number of submitted rate filings					
Number of policy rate filings requesting increase in premiums					
Number of filings reviewed for approval/denial, etc.					
Number of filings approved					
Number of filings denied					
Number of filings deferred					

B. Number and Percentage of Rate Failings Reviewed – Individual Group

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Plan Year					
Product Type (PPO, HMO, etc.)					
Number of Policy Holders					
Number of covered lives affected					

C. Number and Percentage of Rate Failings Reviewed – Small Group

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Plan Year					
Product Type (PPO, HMO, etc.)					
Number of Policy Holders					
Number of covered lives affected					

D. Number and Percentage of Rate Failings Reviewed – Large Group

State	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Annual Total
Plan Year					
Product Type (PPO, HMO, etc.)					
Number of Policy Holders					
Number of covered lives affected					

E. Rate Filing Data

Provide data for **each rate filing** in the individual, small group and large group markets as defined in Attachment C

Public Access Activities

Summarize activities and/or promising practices for the current quarter working toward increased public access to rate review information for your state. Identify all barriers associated with increasing public access to rates and rate filing information and proposed ways to rectify the barriers.

Collaborative efforts

Describe any collaborative efforts in place that are advancing the objectives of the Rate Review Program in your state.

Lessons Learned

Provide additional information on lessons learned and any initial promising practices

Updated Budget

Provide a detailed account of expenditures spent to date and describe whether the current allocation of funds follows the progression of the detailed budget provided in your original application. Also provide any unforeseen expenses and a brief description of the event that led its occurrence. Attach an updated detailed budget with the State's quarterly report submission.

Updated Work Plan and Timeline

Provide an updated work plan and timeline to reflect the events of the previous quarter. Highlight any additional time frames or items that were not included on the State's original submission as well as completion of milestones.

Enclosures/Attachments

Identify by title any attachments along with a brief description of what information the document contains.

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 0938-1092. The time required to complete this information collection is estimated to average 24 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.

Data Dictionary for the Policy Rate Filing Record-Data Collection for the Rate Review Grants

Data Element	Mandatory Y/N	Definition
State Abbreviation	Yes	The two digit State abbreviation as recognized by the US Postal Service
Reviewed by State Y/N	Yes	A yes/no flag used to identify whether the rate change was reviewed by the State. This value will be "no" for States that collect information but do not currently review rates and for States that "deem" rates approved.
State Review Includes Actuary Y/N	Reviewed by State is yes, otherwise, No	A yes/no flag that demonstrates if the State review process includes a review by an actuary.
Insurance Company Name	Yes	The name of the insurance company
Insurance Product Name	Yes	The name of the insurance product as sold by the insurance company
Issuer ID	Yes	The unique identifier as assigned by the HHS HIOS system.
Policy Form ID	Yes	The policy form ID of the insurance product as sold by the insurance company (NAIC policy or other ID)
Rate Filing ID	Yes	The rate filing ID of the insurance product as sold by the insurance company (NAIC policy or other ID)
New Policy Y/N	Yes	A yes/no flag that demonstrates if the policy is a New issue that has never been issued before.
Market Segment	Yes	Allowable values for market segment are: Large group, Small group, Individual, Conversion
Comprehensive Medical Coverage Type	Yes	Allowable values for comprehensive medical coverage type are: HMO, PPO, POS, FFS, EPO, Other - (please note details)
Block Status	Yes	Demonstrates if the rate for the policy is "open", "closed"
Rate Effective Date	Yes	Date that the rate is effective for the policyholders.
% Change Requested	Yes	The percentage of change approved can be a positive or negative number.
% Change Approved	No	The percentage of change requested can be a positive or negative number.
Change Period	Yes	Demonstrates the time for which the premium change is effective. Allowable values are: Annual, Semi-annual, Quarterly, Other - (Please note details)
Number Affected Insured's	Yes - unless Number Affected Policy Holders is the only data collected by the State	Total number of enrolled individuals affected by the rate change. This may be null for States that only collect policy holder counts.
Number Affected Policy Holders	Yes - unless Number Affected Insured's is the only data collected by the State	Total number of policy holders affected by the rate change. This may be null for States that only collect the number of enrolled individuals.
Member Months	Yes	The member months used for the purpose of the rate development.
Annual \$ for New Rate	Yes	The dollar amount of the New Annual Rate.
Annual \$ for Prior Rate	Yes	The dollar amount of the Prior Annual Rate.
SERFF Tracking Number	No	The tracking number assigned by the NAIC SERFF system assigned to the rate filing?
SERFF Rate Filing Type	No	The rate filing type as used in the NAIC SERFF system.
NAIC Company ID Number	No	The company identifier assigned by the NAIC system to identify the insurer.
Description of trend factors	No	Text description of trend factors and rating factors used in developing the rate
Benefit Adjusted Y/N	Yes	A yes/no flag used to identify if the benefits were adjusted or changed for the period.
Deductible Increase Y/N	Yes	A yes/no flag used to identify if the deductible amount was increased.
Benefit Increase Y/N	Yes	A yes/no flag used to identify if the services bevefits were increased.
Benefit Decrease Y/N	Yes	A yes/no flag used to identify if the services bevefits were decreased.
Cost Sharing Y/N	Yes	A yes/no flag used to identify if there are cost sharing requirements for the rate.
Coinsurance Y/N	Yes	A yes/no flag used to identify if there are coinsurance requirements for the rate.
Primary Care Copayment Amount	Yes	The copayment required at the primary care doctors office that coincides with the rate
Specialist Care Copayment Amount	Yes	The copayment required at specialty care doctors office that coincides with the rate
Inpatient Hospital Copayment Amount	Yes	The copayment required for inpatient hospitalization that coincides with the rate

Data Dictionary for the Policy Rate Filing Record-Data Collection for the Rate Review Grants

Data Element	Mandatory Y/N	Definition
Outpatient Hospital Copayment Amount	Yes	The copayment required for outpatient hospitalization that coincides with the rate
Generic Pharmacy Copayment Amount	Yes	The copayment required for generic drugs at the pharmacy that coincides with the rate
Brand Pharmacy Copayment Amount	Yes	The copayment required for brand name drugs at the pharmacy that coincides with the rate
Total Earned Premium Amount - Prior year	Yes	The total dollar amount collected for the purpose of premium payments.
Total Incurred Claims Amount - Prior year	Yes	The total dollar amount paid for services incurred.
Disposition of Rate Review	No	The disposition of the rate review, e.g. "approved," "denied", "deferred",
Prospective Rate % Attributed to Claims and Capitation	Yes	The prospective percent of the rate increase attributed to historical Claims and Capitation
Prospective Rate % Attributed to Admin	Yes	The prospective percent of the rate increase attributed to historical Admin increase
Prospective Rate % Attributed to Broker Commissions	Yes	The prospective percent of the rate increase attributed to historical Claims and Capitation increase
Prospective Rate % Attributed to Premium Taxes	Yes	The prospective percent of the rate increase attributed to historical Premium tax increase
Prospective Rate % Attributed to Assessment Fees	Yes	The prospective percent of the rate increase attributed to historical assessment fee increase
Prospective Rate % Attributed to Federal Taxes	Yes	The prospective percent of the rate increase attributed to historical Federal tax increase
Prospective Rate % Attributed to Reserves	Yes	The prospective percent of the rate increase attributed to historical reserves increase
Medical Price % Change	Yes	The medical price percentage of change used to develop the rate
Medical Utilization % Change	Yes	The medical utilization percentage of change used to develop the rate
Medical Trend % Insufficient Prior Rate	Yes	The percentage of historical insufficient prior rate used as a factor to develop the current rate
Overall Medical Trend % Increase	Yes	Derived data - The prospective total of the Medical Price % Change, Medical Utilization % Change, and the Medical Trend % Insufficient Prior Rate

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 0938-1092. The time required to complete this information collection is estimated to average (24 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.