

## Summary of Filed Rating Assumptions 2015 Non-Grandfathered Plans

Rating Assumption	Company Name
<b>Starting Point</b>	<b>e.g. 2013 individual experience</b>
<i>Projected Member Months</i>	X,XXX
<i>Morbidity Changes</i>	XX%
<i>Market Merger Impact</i>	XX%
<i>Pent-up Demand</i>	XX%
<i>Bad Debt Adjustments</i>	XX%
<i>Net State &amp; Federal Reinsurance Impact</i>	X.X%
<i>Risk Adjustment Impact</i>	X.X%
<i>Risk Corridor Impact</i>	X.X%
<i>2014 Net Paid Claims PMPM (prior filing)</i>	\$XXX.XX
<i>2015 Net Paid Claims PMPM</i>	\$XXX.XX
<i>Average Annual Rate Change</i>	XX.X%

DEVELOPMENT OF RATE CHANGE

Company Name:

Market:

Effective Date:

Experience Period (from X to Y)<sup>1</sup>

Rating Period (from X to Y)

	Experience:	Total	PMPM	% of Revenue
( A )	Experience Period Member Months			
( B )	Expected Member Months in the Rating Period			
( C )	Experience Period Premium			
( D )	Experience Period Completed Incurred Claims			
( E )	Adjustments (Explain)			
( F )	Adjusted Incurred Claims			
	Experience Period Medical Loss Ratio			

	Claims development:	Total	PMPM	% of Revenue
	Adjusted Incurred Claims ( F )			
( G )	Benefit Adjustments			
( H )	Plan Adjustments			
( I )	Network Adjustments			
( J )	Morbidity Adjustments			
( K )	Average Market Risk Adjustment			
( L )	Pricing Trend			
( M )	Months of Trend			
( N )	Trend Factor			
( O )	Reinsurance Recoveries: State			
( P )	Reinsurance Recoveries: Federal			
( Q )	<b>Projected Incurred Claims</b>			

	Admin Development	Total	PMPM	% of Revenue
( R )	Administrative Expenses			
( S )	Commissions			
( T )	Taxes and Fees			
( U )	<b>Total Administrative Costs<sup>2</sup></b>			

	Premium development	Total	PMPM	% of Revenue
( V )	Experience Period Premium ( C )			
( W )	Adjustments for Approved Rate Changes			
( X )	Adjusted Earned Premium <sup>3</sup>			

	Proposed Base Rate Development:	Total	PMPM	% of Revenue
( Y )	Projected Incurred Claims			
( U )	Total Administrative Costs			
( Z )	Margin / Profit			
( AA )	Required Revenue			
( AB )	<b>Requested Base Rate</b>			
( AC )	<b>Requested Rate Increase</b>			
	Target Medical Loss Ratio			
	<b>Federal MLR Calculation</b>			

Notes:

- (1) Experience period should be the most recent year of data. Grandfathered and non-grandfathered experience may not be pooled together.
- (2) Administrative costs must tie to Exhibit 6.
- (3) Premium should be adjusted to current rates.

AVERAGE ANNUAL RATE CHANGE

Company Name:

Market:

Effective Date:

2015 Rate Effective Date	Requested Annual Rate Change From Last Effective Date	Minimum Rate Change	Maximum Rate Change	Renewing Members
January				
April (small group only)				
July (small group only)				
October (small group only)				
<b>Total</b>				

**Distribution of rate changes (across all effective dates)**

Rate increase	Distribution	Members
0-2%	X.X%	X,XXX
2-4%	X.X%	X,XXX
4-6%	X.X%	X,XXX
6-8%	X.X%	X,XXX
8-10%	X.X%	X,XXX

**Estimate of Contributing Factors in Rate Request**

Contributing Factors	Magnitude of Impact
Trend	X.X%
Administrative expenses	X.X%
Profit	X.X%
Change in Benefits	X.X%
Change in age/area distribution	X.X%
Mandates	X.X%
Morbidity	X.X%
<b>Total</b>	X.X%





# Cost and Quality Metrics, CY 2015 Individual and Small Group Rate Filings

<http://www.oregon.gov/oha/OHPB/2013MeetingMaterials/OHPB%20draft%20recommendations%20to%20Governor%20Kitzhaber.pdf>

Table 1: Utilization per 1,000 members and per member, per month costs

Major Medical Service Category	Count	Cost Per		
	Type	Utilization <sup>1</sup>	Utilization <sup>2</sup>	Cost PMPM <sup>3</sup>
Inpatient	Admissions	0.0	\$0.00	\$0.00
	Days	0.0	\$0.00	\$0.00
Outpatient	Visits	0.0	\$0.00	\$0.00
Emergency Room	Visits	0.0	\$0.00	\$0.00
Primary Care Physicians	Visits	0.0	\$0.00	\$0.00
Specialty Care Physicians	Visits	0.0	\$0.00	\$0.00
Pharmacy - Outpatient <sup>4</sup>	Scripts	0.0	\$0.00	\$0.00
Other	Misc	0.0	\$0.00	\$0.00

Data reflects the carrier's statewide, commercial, fully funded, major medical insurance.

<sup>1</sup> Utilization is expressed in terms of "per 1,000 members, per year."

<sup>2</sup> Costs include additional services provided at that service. For example, pharmacy prescriptions filled in an inpatient stay will show up in the Inpatient category

<sup>3</sup> Costs per member per month, before applying cost sharing. The formula to calculate PMPM costs is Utilization \* Cost per Utilization / 12,000

<sup>4</sup> Does not include costs of drugs administered during a hospital admission

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Table 2: Key Quality Measures

Major Medical Service Category	CCO Statewide Benchmark	Company Measure
Access to Care (CAHPS) <i>Percentage of patients (adults and children) who thought they received appointments and care when they needed them.</i>	87%	0.0%
Breast Cancer Screening <i>Percentage of women 40 to 69 who had a mammogram for breast cancer every 2 years.</i>	N/A	0.0%
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing <i>Percentage of members 18 to 75 who had this test.</i>	N/A	0.0%
Follow-Up After Hospitalization for Mental Illness <i>Percentage of patients (ages 6+) who received a follow-up with a health care provider within 7 days of being discharged from the hospital for mental illness.</i>	68%	0.0%
Developmental Screening in the First Three Years of Life <i>Percentage of children who were screened for risks of developmental, behavioral and social delays using standardized screening tools in the 12 months preceding their first, second or third birthday.</i>	50%	0.0%

Measures reflects the carrier's statewide, commercial, fully funded, major medical insurance. Metrics are for informative purposes only.

## **Benchmarks**

Benchmarks were determined by comparing Oregon's preliminary baseline data from 2011 with published National Medicaid benchmark data, where available. Depending on Oregon's performance, either the 75th or 90th national percentile was chosen as the benchmark. For measures where Oregon performed well, the 90th percentile was chosen. For the colorectal cancer screening measure, the benchmark was identified using national commercial data, with a Medicaid adjustment factor, as well as an adjustment factor for using administrative data only.

<http://www.oregon.gov/oha/Metrics/Pages/measures.aspx>