



**DEPARTMENT OF INSURANCE, FINANCIAL  
INSTITUTIONS AND PROFESSIONAL REGISTRATION**

P.O. Box 690, Jefferson City, Mo. 65102-0690

**INSURANCE BULLETIN 19-06**

**Medicare Supplement Rate Data Call**

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*The following Bulletin is issued by the Missouri Department of Insurance, Financial Institutions and Professional Registration ("Department") to inform and educate the reader on the specified issue. It does not have the force and effect of law, is not an evaluation of any specific facts or circumstances, and is not binding on the Department. See section 374.015, RSMo.*

To: All insurers offering Medicare Supplement or Medigap policies in the State of Missouri

From: Chlora Lindley-Myers, Director

Re: Medicare Supplement Rate Information Data Call

The Department has developed a new interactive website which will allow Missourians to shop and compare rates for Medicare Supplement policies. The Department is planning to launch this new website and service to coincide with the 2020 open enrollment period, which will run from October 15, 2019, to December 7, 2019, for 2020 health coverage.

This new interactive website will not rely upon a statewide average or estimated rates; rather it will allow a Missourian to enter their zip code and other basic demographic information to shop and/or compare premiums for the plans of interest that are available in their area.

In order to facilitate this new interactive approach, the Department needs data, in a format that differs from what is currently collected in Medicare Supplement rate filings. As such, the Department has initiated this data call to collect the necessary rate information in advance of the 2020 open enrollment period.

The attached Appendix A provides the data specifications and instructions for submissions of the data. The Department requests that all responses to this data call be submitted no later than August 2, 2019. Carriers will use a secure FTP account to deposit the 2020 open enrollment information as requested in Appendix A. To obtain instructions and login information for the FTP account, please email [MedSupRates@insurance.mo.gov](mailto:MedSupRates@insurance.mo.gov).

Starting in 2020, the Department plans to obtain this data along with the submission of rate filing submissions and rate revisions. Collecting this information at the same time as a rate filing will negate the need for future data calls. To the extent the rate information is provided along with the rate filing submission by the filing company, this will assist the Department in expediting its review of proposed rates. Insurers are asked to review the filing checklists and guidelines next year for additional information.

The Department appreciates the industry's cooperation with this new initiative. Those with questions can contact Camille Anderson-Weddle at 573-522-3311.

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## Appendix A– Data Specifications

Filings should consist of two tables, each in **comma separated text** format. All insurers with Medicare Supplement business in force, or that intend to market such policies in the upcoming year, are required to file Table 1. Include in Table 1 all policies regardless of whether they are sold on a group or individual basis, and regardless of whether they are open or closed blocs of business. Table 2 should consist only of **individual policies** that are **open** or available to new insureds. Table 1 consists of statewide aggregate data for each policy, while Table 2 should be reported by ZIP code.

Table names should adhere to the following naming conventions:

The Table 1 file should be named “MedSuppxxxxT1.csv,” where “xxxx” is the company’s five-digit NAIC number.

The Table 2 file should be named MedSuppCxxxxT2.csv,” where “xxxx” is the company’s five-digit NAIC number.

**FOR FUTURE FILINGS IN SERFF: There is a 5 mb limit to attachments in SERFF. If your data exceeds this limit, it will be necessary to file portions of the document as separate attachments.**

**Table 1: Statewide Policy Information**

Variable Name	Description
NAIC_Code	Five-digit NAIC company code
Company	Full company name
PolicyNo	Policy form number
STPlan	Standardized plan letter
MedSelect	“Y” or “N” to indicate Medicare Select business
Group_ind	“G” or “I” – indicate whether group or individual business
Open/Closed	“O” or “C” – indicate whether open or close bloc of business
Eligibility	Free-form narrative describing conditions for coverage eligibility – i.e. 65 or older, etc.
Issue_basis	“GI” – Guaranteed issue “UW” – Underwritten
Lives	# of covered lives as of 12/31 of prior year
AgeRateType	Rated by issues age (IA), attained age (AA) or community rated (CR).
ReqRate	Requested rate change
EffDate	Rate effective date (MM/DD/YYYY)
Website	Company website address
PhoneNumber	Best phone number for insureds / applicants to call for information about this policy.

**Table 2: Detailed ZIP Code Level Rate Data**

<b>Variable Name</b>	<b>Description</b>
ZIP Code	Valid 5-digit ZIP code. <b>Do not include PO Boxes.</b>
NAIC_code	Five-digit NAIC company code
PolicyNo	Policy form number (should match exactly the policy number for this policy reported in table 1).
StPlan	Standardize Plan Letter
Medicare_Select	Is product Medicare Select – “Yes” or “No”
Age	Exact age, bounded by 64 (64 and lower) and 95 (95 and over)
Gender	Gender indicator – “M” or “F”
Smoking	S – smoking NS – non-smoking
RiskClass	P – Preferred S – Standard or non-preferred
Annual_rate	Cost of coverage for one person for one year