

Filing Health Insurance Rates in Missouri

Please note:

- This document highlights information requested from companies filing health insurance rates in Missouri. Inclusion of the items listed below will facilitate an efficient review of the filing.
- This list is in no way an exhaustive or complete statement of all requirements that may be applicable. This list should not be construed as a legal position or legal advice.
- This document does **NOT** include provisions already stated in Missouri law. Please refer to the statutes and regulations for exact wording of legal requirements or prohibitions. The language contained in Missouri statutes and regulations always prevails.
- This document is not legally binding on any party, including the Department of Insurance or the company filing the health insurance rates.

Please see instructions for populating fields in SERFF, and additional rate filing information, posted on the Department’s website at:

<https://insurance.mo.gov/industry/filings/healthrates/>

Requested Filing Content	Location in filing <small>(Please include specific document and page #)</small>	Comment
Exhibits and tables in Excel spreadsheet format, with active formulas maintained where applicable.		
Experience data, in Excel, for the last 5 years (or since inception if less than 5 years): 1. Missouri experience and national experience, separately 2. Number of contracts 3. Number of insureds 4. Anticipated earned premium 5. Actual earned premium 6. Anticipated claims incurred 7. Actual claims incurred 8. Amounts reserved each year, if any		
Projection data, in Excel, for the next 5 years: 1. Missouri projections separate from national projections 2. Number of contracts 3. Number of insureds 4. Anticipated earned premium 5. Anticipated claims incurred 6. Anticipated reserves each year, if any		
A sample rate calculation, in Excel with active formulas included, demonstrating rate build-up for a hypothetical case.		
For coverage associated with a provider network, a description in the actuarial memorandum of the location of in-network providers, including counties where coverage will be sold but where there are no participating providers.		
For rate changes, a distribution chart of policies and policyholders impacted by the range between the minimum and maximum changes stated on the Rate/Rule Schedule tab.		
For group inforce coverage, a chart showing: - The number of policyholders (this should be the same as the		

number of groups) - The number of subscribers / employees - The number of total covered lives		
For individual in-force coverage, a chart showing: - The number of policyholders - The number of total covered lives		
For ACA single risk pool rate filings (in addition to applicable items above):		
A list of counties where coverage is to be offered.		
A copy of the most recent issuer-specific Risk Adjustment transfer report.		
Screen shots of the Actuarial Value calculator results		
The history of all MLR rebates for this coverage		
A chart of allowed and incurred claims during the experience period for the following coverages: - - % of aggregate claims (both allowed and incurred) for coverage of treatment for eating disorders per section 376.845 http://revisor.mo.gov/main/OneSection.aspx?section=376.845&bid=20830&hl= - - % of aggregate claims (both allowed and incurred) for coverage of treatment for autism spectrum disorders per section 376.1224 http://revisor.mo.gov/main/OneSection.aspx?section=376.1224&bid=20942&hl= - - % of aggregate claims (both allowed and incurred) for coverage of oral chemotherapy per section 376.1257 http://revisor.mo.gov/main/OneSection.aspx?section=376.1257&bid=20951&hl=		
A description in the actuarial memoranda of adjustments made due to elimination of CSR payments.		
A description in the actuarial memoranda of the company's method of assuring rates remain reasonable if CSR payments are restored, including retroactive restoration of such payments.		
A disclosure in the actuarial memoranda of the company's intent regarding the revised federal interpretation of guaranteed availability, per §147.104, as outlined in the preamble to the 2018 Market Stabilization final rule.		
A disclosure in the actuarial memoranda regarding coverage offered through "joint" policies, as described on pg. 14 section 2.1.2 of the federal URRT instructions, and information about the issuers involved in such coverage.		
For transitional plan rate filings, a statement in the Part 2 Consumer Justification explaining that transitional plans are not for sale to new policyholders.		