

Filing Health Insurance Rates in Missouri

Please note this document:

- Indicates information Missouri requests as part of a health insurance rate filing.
- Does NOT include provisions already stated in Missouri law. Please refer to the statutes and regulations for exact wording of legal requirements or prohibitions.
- In no way is this a legal position or legal advice and is not legally binding on any party, including the Department of Insurance or the company.

Additional information is posted on the Department's website at
<https://insurance.mo.gov/industry/filings/healthrates/>

Requested Filing Content	Location in filing – please include specific document and page #	Comment
Numerical 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 demonstrating rate build up for a hypothetical case.		
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.		
Provide the assumed average annual premium, and the underlying assumptions, at the individual level.		
Provide the company's definition(s) of credibility, and include how the company views the experience of the entire block for rating purposes as well as how it handles experience rating, if applicable.		
For group in force coverage, a chart showing: - The number of policy holders (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 policy holders - The number of total covered lives		

<p>Provide an expense breakdown in the following format that provides the assumed percent of premium allocated for:</p> <ol style="list-style-type: none"> 1. Incurred claims 2. Claim reserves 3. Issue age reserves 4. Administrative costs other than commission 5. Weighted Commission 6. Premium tax 7. Any other taxes and fees 8. Profit margin 9. Contingency margin 10. Total of all allocations above <p>If line 10 of the table is not equal to 100%, please include an explanation in the actuarial memorandum.</p>		
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ACA single risk pool rate filings – in addition to applicable items above:		
A list of counties where coverage is to be offered.		
A confidential copy of the most recent issuer-specific benefit year RA transfer report.		
Screen shots of the AV calculator		
The history of MLR rebates for this coverage		
The actuarial memoranda describe adjustments due to elimination of CSR payments.		
The actuarial memoranda describe the company's proposed method of assuring rates remain reasonable if CSR payments are restored, including if restored retroactively.		
The actuarial memoranda disclose if the company exercises the revised interpretation of federal guaranteed availability.		
The actuarial memoranda disclose if the coverage is offered through "joint" policies, and applicable information about the issuers involved in such coverage.		
For transitional plan rate filings, Part 2 Consumer Justification includes an explanation of the nature of transitional plans.		
<p>For Individual and Small Group ACA filings, please provide the following items in the initial filing submission:</p> <ol style="list-style-type: none"> 1. AV and Cost Sharing Design by Plan.xlsx, which can be found on the Health Rates page. The document should be filled out for each plan shown in the URRT. The product of columns F, G, and H is calculated in column J. It should equal the value in column E. 2. Quantitative support for the silver load chosen (for Individual plans). Please see the latest Rate Review Bulletin on the Health Rates page for more details. 3. A brief description of how the induced demand factors were developed. As of plan year 2025, Individual plans should use the formula $1.24 - AV + AV^2$, where AV refers to the AV Metal Values from the federal AV calculator. 4. A quantitative breakdown of the component parts of the rate action. 		