

11 NCAC 16 .0603 HMO RATE FILING DATA REQUIREMENTS

All HMO rate filings shall include the following data:

- (1) identification and a brief description of the HMO model type;
- (2) identification of the enrollee issue basis, whether individual or group;
- (3) identification and a brief description of the type of rating methodology, such as community rating, community rating by class, adjusted community rating, credibility rating, or other;
- (4) identification and listing of all rate classification factors, such as age, gender, geographic area, industry, group size, or effective date;
- (5) a brief, summary description and numerical demonstration of the development of the capitated rate, including a listing of sources used;
- (6) a brief, summary description and numerical demonstration of the development of any portion of the premium rate developed for fee-for-service claims, including a listing of sources used;
- (7) a brief, summary description of the claim reserving methodology and the incorporation of claim reserves into the premium rate;
- (8) a brief, summary description of the procedure and assumptions used to convert the total per member per month cost to the proposed premium rates, including assumptions for the distribution of community rated contracts by contract type, the ratios by tier to the single rate, and the average number of members in each contract type;
- (9) the projected monthly incurred loss ratios for the period of time equal to the number of months for which the rates will be in effect, plus the number of months the rates will be guaranteed; and
- (10) the percentage of the per member per month premium for administrative expenses and for surplus.

History Note: Authority G.S. 58-67-50(b); 58-67-150;
Eff. April 1, 1995;
Readopted Eff. October 1, 2018.