

State Rating Requirements Disclosure Form

February, 2013

PRA Disclosure Statement

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Instructions:

This form must be submitted by the State Department of Insurance or other applicable regulatory agency and signed by an authorized official. Complete this disclosure form to provide rating requirements specific to your state and/or to request approval for geographical rating areas. You must complete all sections of this form. Please provide the names and contact information for at least two people whomay serve as contacts for CMS.

Submit the completed form and supporting documents electronically
to:marketreform@cms.hhs.gov

Submit any questions to:marketreform@cms.hhs.gov

PART A

1. State: _____

2. Date of Disclosure: _____

3. Primary Contact Information

Name: _____

Designation: _____

Address: _____

Phone: _____

E-mail: _____

4. Secondary Contact Information

Name: _____

Designation: _____

Address: _____

Phone: _____

E-mail: _____

5. Please indicate whether the state is seeking CMS approval for rating areas not established by law, rule, regulation, bulletin, or other executive action for the entire state as of January 1, 2013 and the number of rating areas in the individual and/or small group market that is greater than the number described in 45 CFR §147.102(b)(3)(ii):

☐ **Yes**

☐ **No**

6. Official authorized to sign this disclosure:

Name and Designation: _____

Signature: _____

PART B

I. Age Rating Ratio (45 CFR §147.103(a)(1))

- 1. Within the individual market, are health insurance issuers in your state required to use an age rating ratio lower than 3:1?**

☐ The state has no specific requirements in the individual market and the state uses a 3:1 age rating ratio.

☐ Yes, the ratio is lower— details are provided below.

- 2. Enter the state's individual age rating ratio (if lower than 3:1): _____**

- 3. Within the small group market, are health insurance issuers in your state required to use an age rating ratio lower than 3:1?**

☐ The state has no specific requirements in the small group market and the state uses a 3:1 age rating ratio.

☐ Yes, the ratio is lower— details are provided below.

- 4. Enter the state's small group age rating ratio (if lower than 3:1): _____**

- 5. Provide details as appropriate, specifying market.**

- 6. List supporting documents attached, if any.**

II. Age Rating Curve (45 CFR §147.103(a)(6))

- 1. Within the individual market, are all health insurance issuers in your state required to use a uniform age rating curve other than the federal default age curve?**

☐ Yes

☐ No

- 2. If yes, provide the age rating curve for the individual market.**

- 3. Within the small group market, are all health insurance issuers in your state required to use a uniform age rating curve other than the federal default age curve?**

☐ Yes

☐ No

- 4. If yes, provide the age rating curve for the small group market.**

- 5. List supporting documents attached, if any.**

III. Tobacco Use Rating Ratio (45 CFR §147.103(a)(2))

- 1. Within the individual market, are health insurance issuers in your state required to use a tobacco use rating ratio lower than 1.5:1?**

☐ The state has no specific requirements in the individual market and the state uses a 1.5:1 rating ratio.

☐ Yes, the ratio is lower– details are provided below.

- 2. Enter the state's individual tobacco use rating ratio (if lower than from 1.5:1):**

- 3. Within the small group market, are health insurance issuers in your state required to use a tobacco use rating ratio lower than 1.5:1?**

☐ The state has no specific requirements in the small group market and the state uses a 1.5:1 rating ratio.

☐ Yes, the ratio is lower– details are provided below.

- 4. Enter the state's small group tobacco use rating ratio (if lower than 1.5:1):** _____

- 5. Provide details as appropriate, specifying market.**

- 6. List supporting documents attached, if any.**

IV. Risk Pools (45 CFR §156.80(c))

1. Are health insurance issuers in your state required to merge the individual and small group insurance markets into a single risk pool?

☐ Yes, details are provided below.

☐ No, the markets are always separate and distinct.

☐ No, however, it is allowed.

2. Provide details as appropriate.

3. List supporting documents attached, if any.

V. Small Group Market Premiums (45 CFR §147.103(a)(5))

- 1. Are health insurance issuers in the small group market in your state required to offer to a group premiumsthat are based on average enrollee amounts?**

☐ Yes

☐ No

- 2. Provide details as appropriate.**

- 3. List supporting documents attached, if any.**

VI. Geographical Rating Areas (45 CFR §147.103(a)(3))

- 1. Within the individual market, are health insurance issuers in your state required to use state-defined geographical rating areas?**

☐ Yes, details are provided in 2,3,4 and 5 below.

☐ No, the state has no specific rating areas in the individual market.

- 2. Enter the number of rating areas (if applicable): _____**

- 3. Basis for rating areas (if applicable)**

☐ Rating areas based on counties

☐ Rating areas based on three-digit zip codes

☐ Rating areas based on metropolitan statistical areas (MSAs) and non-MSAs

- 4. Date rating areas were established by law, rule, regulation, or other executive action (if applicable): _____**

- 5. Is the state seeking CMS approval for a number of rating areas in the individual market that is greater than the number described in 45 CFR §147.102(b)(3)(ii)?**

☐ Yes

☐ No

If yes, provide details in 11 and 12 below.

- 6. Within the small group market, are health insurance issuers in your state required to use state-defined geographical rating areas?**

☐ Yes, details are provided in 7,8, 9 and 10 below.

☐ No, the state has no specific rating areas in the small group market.

- 7. Enter the number of rating areas (if applicable): _____**

1

8. Basis for rating areas (if applicable)

☐ Rating areas based on counties

☐ Rating areas based on three-digit zip codes

☐ Rating areas based on metropolitan statistical areas (MSAs) and non-MSAs

9. Date rating areas were established by law, rule, regulation, or other executive action (if applicable): _____

10. Is the state seeking CMS approval for a number of rating areas in the small group market that is greater than the number described in 45 CFR §147.102(b)(3)(ii)?

☐ Yes

☐ No

If yes, provide details in 11 and 12 below.

11. Provide detailed description of the proposed rating areas, specifying market.

12. List supporting documents attached, if any.

VII. Family Tier Structure (45 CFR §147.103(a)(4))
(For states with community rating)

- 1. Within the individual market, are health insurance issuers in your state required to determine premiums for family coverage by using uniform family tiers and the corresponding multipliers established by the state?**

☐ **Yes**

☐ **No**

- 2. If yes, provide details regarding family tiers and corresponding multipliers for the individual market.**

- 3. Within the small group market, are health insurance issuers in your state required to determine premiums for family coverage by using uniform family tiers and the corresponding multipliers established by the state?**

☐ **Yes**

☐ **No**

- 4. If yes, provide details regarding family tiers and corresponding multipliers for the small group market.**

- 5. List supporting documents attached, if any.**