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## OFFICE OF INSURANCE REGULATION

**DAVID ALTMAIER**  
COMMISSIONER

With the initial submission of your PPACA-compliant filing, please provide the following information:

1. The submission ID number for the federal HIOS/URR filing.
2. An actuarial memorandum in compliance with federal and Florida law and any other documents submitted in the federal HIOS/URR filing.
3. The Actuarial Value (AV) Calculator in Excel, with active formulas, with one worksheet per plan.
4. The current and anticipated distribution of business for the block broken down by all rating variables as required by Rule 69O-149.006(3)(b)21., F.A.C. Within this, provide the current number of members for all of the company's individual/small group business by plan type (grandfathered/transitional/ACA), metal level (if ACA plan), age, gender, county, exchange (y/n), and enrollment month. All data should reflect a valuation date of 03/31/2017. Exhibits should be provided in Excel. Refer to the sample at [Enrollment Template](#)
5. A demonstration of the determination of the magnitude of the utilization and cost trends by each of the categories in the URR template.
6. The 2016, 2017, and 2018 target loss ratios for Florida.
7. The current average annual premium by metal level as of 03/31/2017 and the projected average annual premium by metal level for 2018. Please provide these numbers on a per member and on a per policy basis.
8. Identify all assumptions made with respect to Risk Adjustment and explain how it is included in the rates.
9. In the expenses section of the Actuarial Memorandum, include the itemized PPACA fees and taxes as a percent of premium.
10. For the Florida insureds, provide the number of individual policyholders or group certificateholders affected by the overall aggregate rate change in increments of 5%, starting with the largest decrease and continuing on until the greatest increase is reached (e.g., -12% to -10%; -10% to -5%; ...; 5% to 10%; 10% to 12%, etc.). Please identify the end points at each end of the table (i.e., the largest decrease and largest increase).
11. Of the Florida policies/certificates currently in force, identify the largest annual premium dollar amount increase resulting from the proposed changes.
12. Provide 2016 allowed claims, incurred claims, member months, and premiums for each metal level (Platinum, Gold, Silver 70%, Silver 73%, Silver 87%, Silver 94%, Bronze, and Catastrophic) by county.

In addition to the requested information above, please provide responses to the following:

13. Please confirm that the rate changes attributable to the PPACA fees and taxes are included in the premium projections in the experience exhibit.

14. Please clarify if the company is proposing a change in the target loss ratio under Rule 69O-149.006(3)(b)20., F.A.C. If so, please be sure to use the current target in the experience exhibit before a change and the proposed target in the experience exhibit with the proposed change in projected years.
15. Please specify if your experience period is PPACA only, PPACA and Transitional, or Transitional only.
16. Please confirm the Plan Data Template rates come out the same as those in the rate template. Please note that rates are a product of the base rate, tobacco factor (if applicable), age factor, county factor, and plan relativity factor.
17. Please demonstrate whether or not the impact of the change in benefits meets or exceeds the 2 percent threshold as defined in 45 CFR 147.106(e)(3)(v).
18. Does the company plan on stopping commissions during special enrollment? If the filing is for small group business, please disregard this question.
19. Please indicate the counties for which the company is planning to offer plans for On-Exchange and Off-Exchange. Please differentiate by On-Exchange only, Off-Exchange only, or both. Please provide this in Excel format.

For your information:

- Documents not uploaded as “trade secret” may be accessed through the public record. Labeling a document as trade secret, confidential, or proprietary is not sufficient to ensure that the document is excluded from the public record. Please refer to the following:
  - Trade secret documents must be submitted in the “Trade Secret Supplementary Information” filing component.
  - All trade secret documents must have the label “Trade Secret” on every page per Section 624.4213(1)(a), F.S.
  - Trade secret documents must be submitted separately from non-trade secret documents per Section 624.4213(1)(b), F.S.
  - All trade secret documents must be accompanied with a justification document that fully describes the factual basis entitling the items to protection per Section 624.4213(1)(c), F.S. Failure to provide the justification document constitutes a waiver of any claim that the information is trade secret.
  - Trade Secret Regulations: Section 688.002(4), F.S., Section 624.4213, F.S., Section 812.081, F.S., Section 815.045, F.S.
- If, for any reason, your response involves the resubmission of a document, actuarial memorandum, spreadsheet, PDF, etc., please highlight all changes where possible. This will allow for a faster review of the filing.
  - All numerical exhibits, including rate pages, must be provided in Excel spreadsheets with active formulas, where applicable.
  - Please include the Office’s clarification item followed by the company’s response in the same order and with the same numbering used above.
  - Further explanation and or justification of actuarial principles must be signed by a qualified actuary. If the company’s response includes actuarial justification, then the letter must be signed by the appropriate actuary. A separate document from the actuary does not suffice.
  - Upload all documents with document titles that accurately reflect their contents. Please revise the default title as necessary. Exhibits and actuarial responses should not be uploaded as “Rate Pages”. The file name and file path of a document are not captured in ifile. Only the document title and type are available to the filing reviewer.