

**California Department of Managed Health Care
California Department of Insurance**

**Submission of
Large Group Aggregate Rate and Prescription Drug Cost Data
(Senate Bill 546 and Senate Bill 17)**

Guidance

Section I: Background.

Senate Bill 546 (Leno, Chapter 801, Statutes of 2015) requires health plans or health insurers to submit aggregate rate information to the Department of Managed Health Care or Department of Insurance. In addition, Senate Bill 17 (Hernandez, Chapter 603, Statutes of 2017) requires health plans or health insurers to submit specific prescription drug cost information.

Section II: Basis and Scope.

- A. Basis. This document implements Health and Safety Code section 1385.045, relating to large group health care service plan contracts, and Insurance Code section 10181.45 relating to large group health insurance policies.
- B. Scope. This document establishes the requirements for large group health care service plan filing requirements to ensure consistent and appropriate implementation of the Health and Safety Code section 1385.045, and the requirements for large group health insurance filings under Insurance Code section 10181.45.

Section III: Filing Requirements

These filing requirements apply to all large group filings submitted on or before October 1, 2018 and annually thereafter. All filing documents are to be submitted through the National Association of Insurance Commissioners' System for Electronic Rate and Form Filing (SERFF).

- A. The "Large Group Aggregate Rate and Prescription Drug Cost Data" workbook must be completed and contains the following spreadsheets:
 - 1. Cover Input Page – General information for health plan to fill out such as Health Plan's name, DMHC Health Plan ID, reporting year and list of links of required spreadsheet in the workbook.
 - 2. LGARD Report – Links to required spreadsheets contained in Large Group Aggregate Data Report.
 - 3. LGARD-#3-#6 RateChanges – Provide the following information:

- Weighted average rate increase and number of employees subject to rate change.
 - Summary of number and percentage of rate change in reporting year by effective month.
 - Rate changes by Segment Type, including whether the rate is community rated, in whole or in part.
 - Rate changes by Product Type.
4. LGARD-#7-ProductsSold – Provide products sold with materially different benefits, cost share.
 5. LGARD-#8-BaseRateFactors – Provide factors affecting the base rate.
 6. LGARD-#9-#10-TrendFactors – Provide Overall Experience Medical Services Trend and Projected Medical Services Trend.
 7. LGARD-#11-HistData – CA Large Group Historical Rate Data Reporting Spreadsheet includes link to fill out the required spreadsheets.
 8. LGARD-#12-EECostSharing – Describe any changes in enrollee cost sharing.
 9. LGARD-#13-EEBenefitChanges – Describe any changes in enrollee benefits.
 10. LGARD-#14-CCQIEfforts – Describe any cost containment and quality improvement efforts.
 11. LGARD-#15-ExciseTaxes – Provide number of products that incurred excise tax incurred by the health plan.
 12. LGARD-#16-LGRxReport – Includes links to fill out the required spreadsheets for the Large Group Prescription Drug Cost Reporting Form.
 13. LGARD-#17-OtherComments – Provide any additional comments/information related to the Large Group Annual Aggregate Rate Data Report.
 14. LGARD-#18-AdditionalInfo – Glossary of terms contained in the Large Group Aggregate Rate Data Report Form.
 15. LGHistData Report – Links to required spreadsheets contained in Large Group Historical Data Report.
 16. LGHistData-HMO – Provide historical Premium and Claims data for HMO.

17. LGHistData-PPO – Provide historical Premium and Claims data for PPO.
18. LGHistData-Summary – Provide historical Premium and Claims data for HMO and PPO combined.
19. LGPDCCD – Links to required spreadsheets contained in Large Group Prescription Drug Cost Reporting Form.
20. LGPDCCD-PharmPctPrem – Provide the percentage of premium attributable to prescription drug costs. Use actual information or a reasonable approximation when actual information is not available.
21. LGPDCCD- YoYTotalPlanSpnd – Provide the year-over-year increase, as a percentage, in Per Member Per Month, Total Health Plan Spending. Use actual information or a reasonable approximation when actual information is not available.
22. LGPDCCD- YoYCompofPrem – Provide the year-over-year increase in Per Member Per Month Costs for Drug Prices Compare to Other Components of Health Care Premium. Risk adjustments and quality improvement expenses are reported in “Other” category. Use actual information or a reasonable approximation when actual information is not available.
23. LGPDCCD- SpecTierForm – Provide the specialty tier formulary list.
24. LGPDCCD- PharmDocOff – Provide the percent of premium attributable to drugs administered in a doctor’s office. Use actual information or a reasonable approximation when actual information is not available.
25. LGPDCCD- PharmBenMgr – Provide the pharmacy benefit manager and delegated functions.
26. LGPDCCD- RxGlossary – Terminology for Large Group Prescription Drug Cost Reporting Form.

The “Large Group Aggregate Rate and Prescription Drug Cost Data Workbook” as well as any additional documents in response to questions within the workbook, must be submitted under the “Supporting Documentation” tab in SERFF. This “Large Group Aggregate Rate and Prescription Drug Cost Data Workbook” can be found on the Department of Managed Health Care or the Department of Insurance website.