

**11 NCAC 16 .0606 HMO RATE REVISION FILING DATA REQUIREMENTS**

All HMO rate revision filings shall include, in addition to the data required by 11 NCAC 16 .0603, the following data:

- (1) a brief, summary description of the scope and reason for any rate revision, including the methodology employed to determine the revised rates;
- (2) the number of months the rates will be in effect and the number of months the rates will be guaranteed;
- (3) the dates and average percentage amounts of:
  - (a) all prior rate revisions in North Carolina during the preceding three years; and
  - (b) the current rate revision request;

and quarterly rate increases shall be shown in comparison to both the immediately preceding quarter and the corresponding quarter of the previous 12-month period;

- (4) the North Carolina average annual per member per month premium revenue before and after the rate revision;
- (5) a brief, summary explanation of all deviations in actual versus expected utilization rates or medical costs that may be used to justify a premium rate revision;
- (6) identification and a brief, summary description of the derivation of all trend factors used to project medical expenses;
- (7) a comparison of the actual financial results, including total membership, revenues, and expenses, to the projected financial results for at least the most recent 12-month period; and
- (8) a financial projection for the period of time equal to the number of months the rates will be in effect plus the number of months the rates will be guaranteed, provided by the Department Actuarial Services Division, that details total membership, revenues, and expenses, and that includes a statement of cash flow, a balance sheet, and a statement of working capital and net worth.

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