

**Health Insurance Oversight System
Rates & Benefits Information System
User Manual**



Version 05.00.00

August 2018

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RBIS User Manual Change History

August 2018 Revisions

The following sections in this document have been updated to support Release 15.00.00:

The following sections contain updated text information:

- Section 2.1 - Removed “Simple Choice Plan Add In – xlsx” from list of Minimum Requirements
- Section 2.2 Changed all references from Exchange Operations Service Desk (XOSC) with Marketplace Service Desk (MSD)
- Section 3.2 - Added important information regarding the new RBIS Annual submission process
- Section 3.4 - Added text regarding Attestation process enhancements (Attestors will only need to attest once, throughout the entire submission year)
- Section 3.5 - Added text stating that reattestations are no longer necessary for data resubmission
- Section 6.2 - Added verbiage regarding IFP and SMG templates
- Section 7 - Added information regarding template version
- Section 8.3.1 - Added text explaining template validation to check for correct template version used
- Section 9.1.2.1 and 9.1.2.2 - Combined sections into 9.1.2.1 to display Search Criteria required Fields - Individual and Small Group Markets
- Section 11.1 and 11.2 – Updated information regarding Resubmission requirements and Resubmission Validation and Attestation requirements

The following sections contain updated screenshots:

- Section 4 - Updated Figure 5 screenshot of RBIS Home Page
- Section 6.2 - Updated Figure 10 screenshot of consolidated Submission Materials tab for IFP and SMG Markets
- Section 7.1 - Updated Figure 11 screenshot with 2019 Plan Benefits template
- Section 7.1 - Updated Figure 12 screenshot to display invalid data message on 2019 Plan Benefits template
- Section 7.2 - Updated Figure 14 screenshot with 2019 Service Area template
- Section 7.3 - Updated Figure 15 screenshot with 2019 Rates Template
- Section 7.4 - Updated Figure 16 screenshot with 2019 Business Rules Template
- Section 9.1.2.4 - Updated Figure 31 screenshot to show “required fields” populated with data
- Section 11.3 - Updated Figure 36 screenshot to show updated RBIS Home Page with email "Opt Out" option
- Section 12.3.4 - Updated Figure 37 screenshot to show Example Scenario 1 - Individual Rate Results on 2019 Rates template v.8.1
- Section 12.3.4 - Updated Figure 39 screenshot to show Example Scenario 2 - Individual Rate Results on 2019 Rates template v.8.1
- Section 12.3.4 - Updated Figure 41 to show Example Scenario 3 - Individual and Group Rate Results on the 2019 Rates Template v8.1

August 2017 Revisions

The following sections in this document have been updated to support Release 14.00.00:

Multiple Sections:

- Updated screenshots throughout the document to capture the 2018 template changes.

July 2016 Revisions

The following sections in this document have been updated to support the Release 13.00 enhancements:

Multiple Sections:

- Updated screenshots throughout the document to reflect the addition of the Submission Summary tab and to capture the 2017 template changes.

Section 5: Submission Summary

- 5 Added new section to explain the Submission Summary page functionality.

April 2016 Revisions

The following sections in this document have been updated to support the Release 12.04 enhancements:

Section 8: Validate Data

- 8 Updated view all plan and search by scenario screenshots including Do Not Display functionality.
- 8.1.1.3 Added Yes, Do not Display definition
- 8.1.2.4 Added Yes, Do not Display definition

August 2015 Revisions

The following sections in this document have been updated to support the Release 12.0 enhancements:

Section 6: Templates

- 6 Updated template screenshots with 2016 templates

Section 11: Appendices

- 11.2 Added new email error messages for all templates

September 2014 Revisions

The following sections in this document have been updated to support the Release 11.0 enhancements:

Section 6: Templates

- 6 Updated template screenshots with 2015 templates

Section 11: Appendices

- 11.2 Added new email error messages for all templates

May 2014 Revisions

Significant updates have been made to support the Release 10.0 enhancements. Changes reflect the use of 2014 FFM Templates to collect new Plan Benefits, Rates, Service Area, and Business Rules data. The following is a list of changes made to this document:

Section 2: Getting Started

- 2.1.1 Updated references to submission materials available in RBIS.
- 2.1.3.3 Created a new section with screenshots to walk users through enabling Add-In support for the Plans and Benefits template.

Section 3: Process Overview

- 3.2 Minor changes to update references from .csv files to .xml.

Section 6: Templates

- 6 Added a list of the template names.
- 6.1 Updated this section to describe the Plan Benefits Template.
 - 6.1.1 Created a new section for the Plans Benefits Template Add-In.
 - 6.1.2 Created a new section for the AV calculator.
- 6.2 Updated this section to describe the Service Area Template.
- 6.3 Updated this section to describe the Rates Template.
- 6.4 Updated this section to describe the Business Rules Template.
- 6.5 Updated the description of the template validation and finalization process.

Section 7: Data Upload

- 7.3.1 Updated the list of template validations performed.
- 7.3.2 Updated the list of template cross-check validations performed.

Section 8: Validate Data

- 8.1.2.1 Updated description of search criteria and included a new screenshot of Search by Scenario for Small Group market.
- 8.1.2.2 Updated description of search criteria and included a new screenshot of Search by Scenario for Individual market.

Section 11: Appendices

- 11.2 Updated tables containing lists of email error messages for the Plan Benefits, Service Area, Business Rules, and Rates templates.
- 11.2.5 Updated the table with the list of cross check error messages.
- 11.3 Changed references from .csv to .xml and updated maximum file size to 50 MB.
- 11.4 Updated data dictionary definitions for fields in the Plan Benefits, Service Area, Rates, and Business Rules templates.
- 11.5.2 Updated the age rules listed based on the current template.
- 11.5.3 Updated tables of subscriber types and subscriber types/scenarios for both Individual and Group based rates. Included a new section on relationship types included in the Business Rules template.
- 11.5.4 Updated rate calculation scenarios based on the new templates.
- 11.6 Data elements listed have been updated to reflect the values stored in the database.

February 2014 Revisions

The following updates have been made to Section10 to explain the changes to the Attestation page:

- Section 10.1 – Updated Attestation agreement text.

1 Introduction

The Center for Consumer Information and Insurance Oversight (CCIIO), a division of the Department of Health and Human Services (HHS), is charged with helping implement many provisions of the Affordable Care Act. CCIIO oversees the implementation of the provisions related to private health insurance including providing oversight for the Issuer-based data exchanges that populate <http://www.finder.healthcare.gov>.

To facilitate this charge, the Health Insurance Oversight System (HIOS) allows the government to collect data from individual and small group market Issuers. The collected data is aggregated with other data sources and made public on a consumer-facing website. The Rate and Benefits Information System (RBIS) web site gathers detailed plan benefit and eligibility data. This user manual explains the features and other aspects related to the use of the RBIS web site.

2 Getting Started

2.1 Minimum Requirements

Supported Applications

The templates and associated submission materials are provided in the following formats:

- Plans and Benefits Add-In – .xlam
- Plan Benefits Template – .xlsm (macro enabled xls worksheet)
- AV Calculator – .xlsm
- Service Area Template – .xls
- Rates Template – .xls
- Business Rules Template – .xls

The RBIS web site supports Firefox versions 4.0 and above or Internet Explorer versions 8 and above.

2.1.1 Macro Security Level Setting

The RBIS Templates use macros to perform the built-in functions including the Validation and Finalization processes. It is imperative that Excel's macro security level settings are set to allow macros. The following are the Excel macro security level settings:

- **Excel 2003:** Macro security level should be "**Medium**". Instructions for setting the level once the spreadsheet is open will be covered in *Section 2.1.3: Set-up Considerations*. This allows the user to select which macros to enable/disable.
- **Excel 2007 or later:** Macros should be set to "**Disable all macros with notification.**" Instructions will be provided in *Section 2.1.3: Set-up Considerations*.

2.1.2 Set-up Configurations

Configuration on the computer must be set to satisfy the following requirements for the data templates to work properly:

- Use Microsoft Excel version 2003 or later
- Enable the Excel standard toolbar

2.1.2.1 Excel Version 2003

Set Excel macro security settings to “**Medium**” (*recommended*) for Excel 2003:

1. Select **Tools** from the menu bar.

Select **Macro** on the dropdown menu.

2. Select **Security**.
3. Select **Medium (recommended)**.
4. Select **OK**.
5. When the workbook is opened, the workbook will fully function.

2.1.2.2 Excel Version 2007

Set Excel macro security settings to “**Disable all macros with notifications**” for Excel 2007:

1. Select the **Office Button** in the upper left corner of the window and then select the **Excel Options** button at the bottom of the menu.
2. Select **Trust Center** on the left navigation pane and then select **Trust Center Setting**.
3. Select **Macro Settings** on the left navigation pane and then select the radio button in front of **Disable all macros with notification**.
4. Select **OK** on the Trust Center window. Select **OK** on the Excel Option window.
5. When the workbook is opened, select the **Options**.
6. Select **Enable this content**.
7. Select **OK**.

2.1.2.3 Excel Version 2010 or later

Set Excel macro security settings to “**Disable all macros with notifications**” for Excel 2010. The process is similar to the process described above for Excel 2007.

Follow the steps below to locate and enable the Add-In for the Plans Benefits Template:

1. From the File menu, select **Options**.
2. Select **Add-Ins** and select **Go**.
3. From the Add-Ins popup, select **Browse** (refer to Exhibit 2-3 below).
4. From the file dialog box, find the add-in file on your machine and select **OK**.
5. The add-in file is now available. Select the checkbox next to the applicable add-in and select **OK**.

2.2 Marketplace Service Desk

If you need assistance with registering as a user, submitting data, reviewing and validating data, or other technical website functions, please contact the Marketplace Service Desk (MSD).

- Phone Number: 1-855-267-1515
- Email Address: CMS_FEPS@cms.hhs.gov

The MSD hours of operation are 9:00 AM to 6:00PM ET, Monday through Friday.

2.3 User Registration

Issuers must first be a registered user in HIOS in order to gain access into RBIS. A user can be registered in HIOS by being added as a contact for an Issuer. If you have questions, please refer to the HIOS user guide or call the MSD. Any access requests outside of the normal HIOS process must be submitted for CCIIO approval via the MSD at 1-855-267-1515 or via email at CCIIOPlanFinder@cms.hhs.gov.

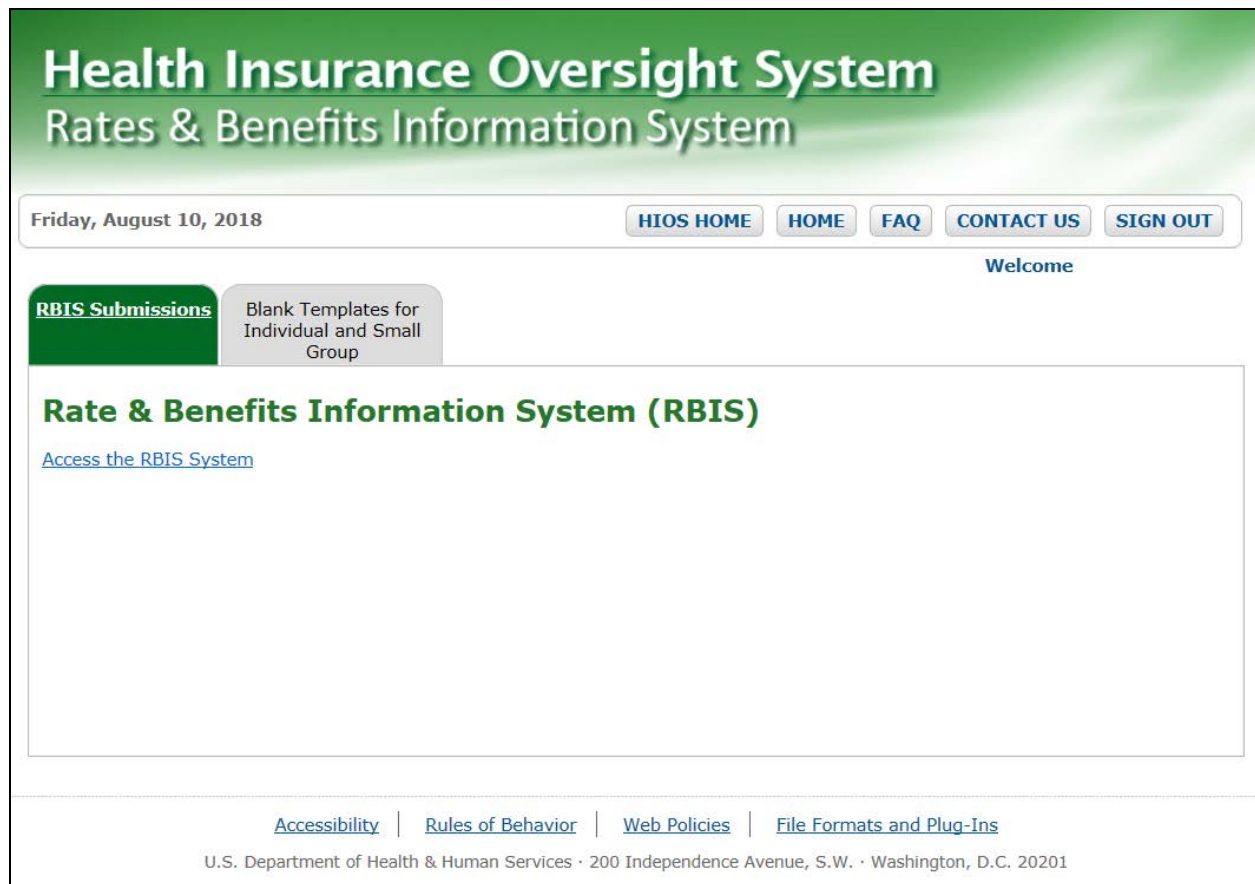
2.4 Accessing the System

2.4.1 Log-In

Users who are registering with HIOS for the first time will receive a user name (their listed contact email address) and a randomly generated password. This information should be used to access the system. Users will be required to customize their password after the first login.

1. Login to the CMS Enterprise Portal. Select HIOS from the list of available applications in the upper left portion of the window. Next, select Access HIOS.
2. On the HIOS Main Page, Select Rate & Benefits Information Systems (RBIS).
3. Select the "Access the RBIS System" link on the RBIS Submissions tab. See Figure 1 below.
4. You will be navigated to the RBIS Home Page.

Figure 1: Access the RBIS System Link on the RBIS Submissions Tab



3 Process Overview

The RBIS System is designed to automate the Data Submission, Validation, and Attestation processes. All tasks must be completed within the submission window for data to be displayed on Finder.Healthcare.gov.

3.1 Role Overview

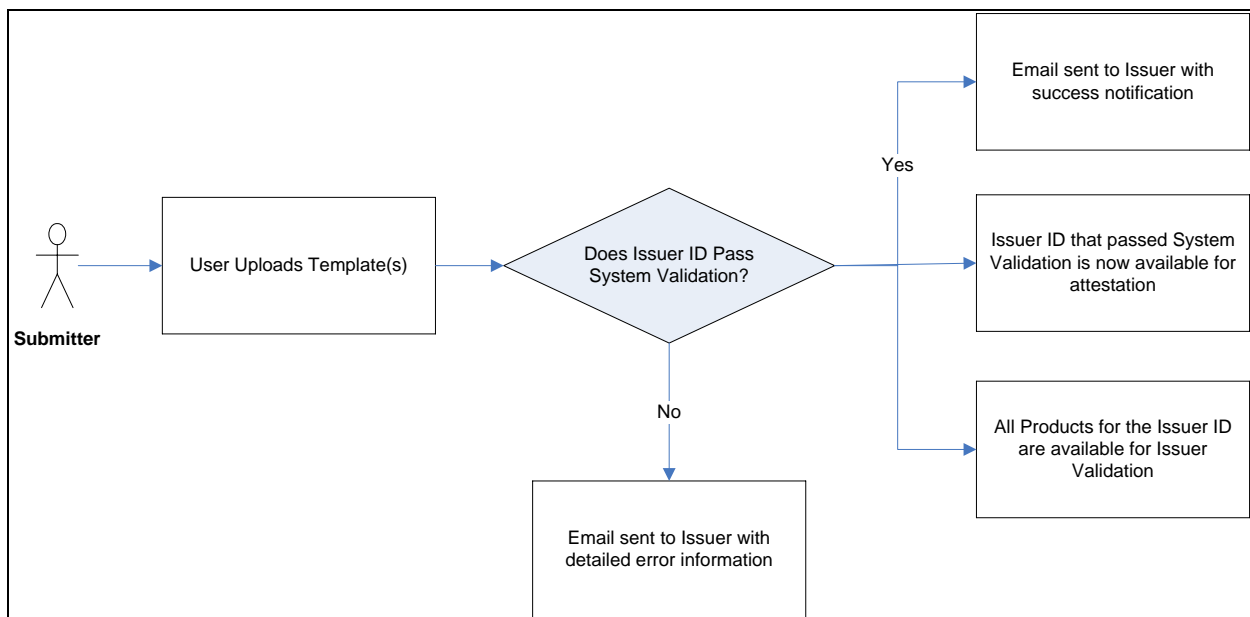
There are three different User roles that can be assigned in RBIS:

- **Submitter Role:** This user is both responsible for, and is allowed to submit data for, any Issuer for which they have submitter permissions. They will be notified via email of any errors during the submission process.
- **Validator Role:** This user is responsible for validating that the data submitted is correct. They are allowed to validate plans for any Issuer for which they have a Validator role.
- **Attester Role:** This user is responsible for attesting to data submitted by all Issuers for which they have permission. The Attester role is limited to the Issuer's Chief Executive Officer (CEO) or Chief Financial Officer (CFO).

3.2 Submitter Process

The Submission Process in RBIS is represented in Figure 2 below.

Figure 2: RBIS Submitter Role Flowchart



The Submission process starts with downloading the blank templates from the CMS website. Refer to the QHP Certification website at <https://www.qhpcertification.cms.gov/s/QHP> under the “Application Materials” heading . The templates used for data submission MUST be the proper versions for the current data collection year. The templates need to be downloaded and saved to the local machine. When the templates have all the required data populated, the data entered will need to be validated by selecting the Validate Button. When the template passes Validation, the Finalize Button will need to be selected to save a finalized .xml file that can be uploaded. It is necessary for all four templates to be submitted as part of the first submission for a new plan year. It is recommended that all four templates be submitted if there are additional submissions made during the year.

The Submission Contact’s role in RBIS begins after the user uploads template(s) into the system. Once uploaded, the template(s) will go through a series of System Validations. The first set of Validations consists of very brief checks to ensure basic correctness. These include checking the file name and file format. These Validations occur automatically upon template upload.

The second set of System Validations cross-checks the template(s) to ensure all the necessary data has been submitted for each Issuer ID. These validations run on a pre-set schedule daily and only occur if templates have successfully passed the first set of validations.

If the templates fail either of these validations, the Submission Contact will receive an email notifying them that the template(s) failed System Validation. The Submitter will then be required to correct the errors listed in the email and resubmit the file in RBIS. Alternatively, the Submitter will receive an email if the template(s) pass System Validation.

Emails will be sent to the Submitter for the following reasons:

- The template(s) fail template validation(s).
- The template(s) fail cross-check validations.
- The template(s) pass both sets of validations.

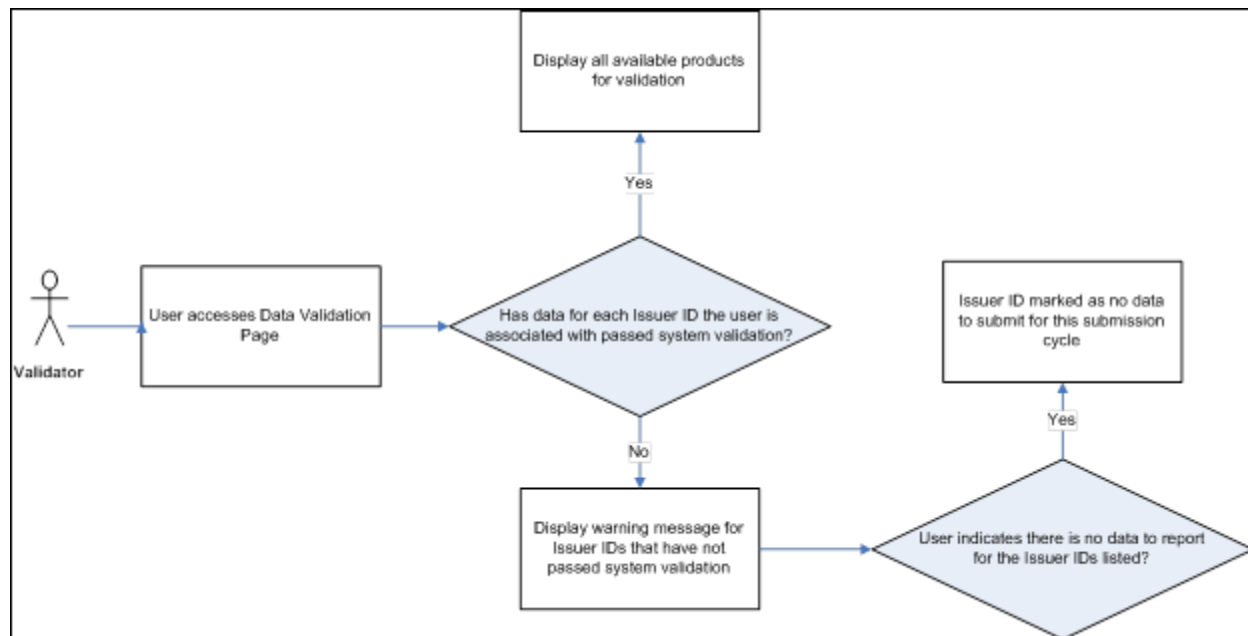
If there are any issues with data, Submitters may resubmit their template(s). Resubmissions will overwrite previous submissions, but will not remove any data that has gone through the publish process (AKA Interim Refresh), which will occur every two weeks. If there are any questions regarding a submitted Plan Benefit, Service Area, Rate or Business Rule template, please contact the MSD..

With RBIS moving to an Annual Submission schedule for 2019 Plan Year data collection, a submission of plan data can be performed during the plan year and will be active and valid for the entire year, assuming the Issuer Validation and Attestation steps are completed as detailed below. If updates are required, additional submissions can be performed, however any data that is resubmitted must be revalidated by a Validator user.

3.3 Validator Process

The Issuer Validation Process in RBIS is represented below in Figure 3.

Figure 3: RBIS Validator Role Flowchart



The Validation Contact's role in RBIS begins when Issuer Validation becomes available for the Issuer ID(s) associated with their User ID. In order for Validation to become available, data for the Issuer ID(s) that the user is associated with must pass System Validation. Once data has passed System Validation, the data available for each Issuer ID will be displayed on the Validate Data screen and the Validator will receive an e-mail. Users will see data for all Issuer IDs for which they have permissions and can submit their Validation decisions for each Issuer's Plans.

If there is no data to be uploaded for the listed Issuer ID(s), the Validator may indicate this on the Validate Data tab. Once Issuer ID(s) have been marked as "no data to report," a new warning message is displayed stating that the user has indicated that there is no data to report for the listed Issuer IDs.

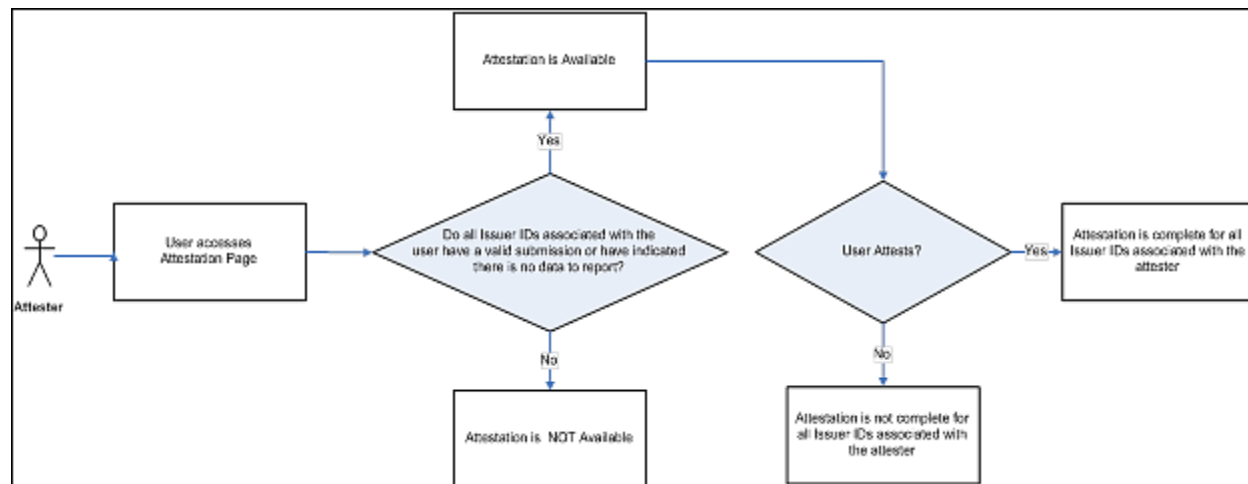
Issuer IDs must be validated to appear on Finder.Healthcare.gov.

If there are any issues with data, Submitters can resubmit their templates. Each submission for an Issuer ID overwrites previous submissions. If data is resubmitted, it must be revalidated by a Validator user.

3.4 Attester Process

The Attestation Process in RBIS is represented below in Figure 4.

Figure 4: RBIS Attester Role Flowchart



The Attestation Contact's role in RBIS begins when Attestation becomes available for **all** Issuer ID(s) for which the user is associated. Attestation will not be available until all Issuer IDs associated with the user have a valid submission or it is indicated that there is no data to report. Once Attestation is available, the Attester must read the Attestation agreement and provide an electronic signature confirming that they attest to the accuracy of the submitted data. Users should use caution when completing Attestation, as it can only be completed **one time per submission window**. With RBIS moving to an Annual Submission schedule for 2019 Plan Year data collection, this means an attestation performed during the plan year will be active and valid for the entire year.

3.5 Resubmission Process

The resubmission process is similar to the submission process. After an Issuer has re-submitted data in RBIS, the templates will go through both Template Validation as well as overall Cross-check Validation. Template-specific System Validations will be performed prior to the Cross-check Validations.

The resubmission process allows the Issuer to change or update any data currently in the RBIS system. The Issuer may also add new data or correct any previously failed data during this time. Any data that is resubmitted must be revalidated by a Validator user, but reattestation is not necessary.

Please refer to *Section 11* for further instructions on the Resubmission process.

3.6 Finder.Healthcare.gov Refresh

During the submission window, there will be updates to the data displayed on Finder.Healthcare.gov. During this time, the Issuer is able to review data submitted during the submission window on the

Finder.Healthcare.gov website. There are bi-weekly Interim Refreshes and a single Final Refresh performed during each submission window. The behavior of the refreshes is detailed below.

3.6.1 Interim Refresh

This is a scheduled process which occurs every two weeks during the submission window. It publishes valid plan data so that it can be viewed via the Finder.Healthcare.gov website.

- No Plans currently on Finder.Healthcare.gov will be removed.
- Issuer and product data for plans that meet the following criteria will move to Finder.Healthcare.gov:
 - Issuer Validated
 - Attested
 - Open in HIOS
 - Not Suppressed in HIOS
 - Not CCIO suppressed
 - Not Expired

3.6.2 Final Refresh

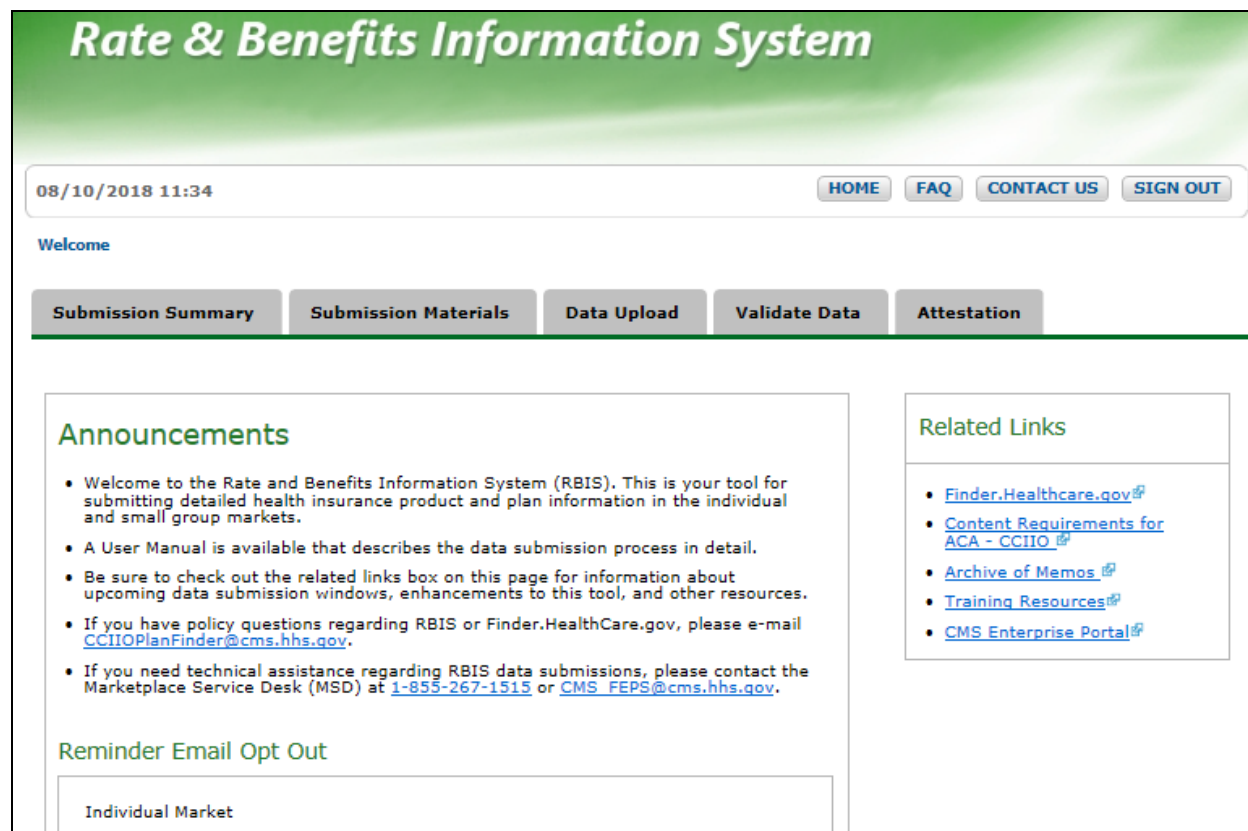
This is a scheduled process which occurs only once at the end of each submission window. Plan data that is no longer valid (per the criteria below) is removed from the Finder.Healthcare.gov website.

- Issuer and Product data for plans that do not meet the following criteria will be *removed* from Finder.Healthcare.gov:
 - Issuer Validated
 - Attested
 - Open in HIOS
 - Not Suppressed in HIOS
 - Not CCIO suppressed
 - Not Expired

4 RBIS Home Page

Users will be navigated to the RBIS Home Page welcome screen when accessing RBIS via the link on the HIOS Portal webpage. The RBIS Home Page is displayed below in Figure 5.

Figure 5: RBIS Home Page



4.1 RBIS Announcements

The home page of the RBIS website will display an Announcements section. This section will include helpful information, such as news, status updates, notable dates or events, and more. Additionally, it displays an informational list of all Issuer IDs for which a user is associated.

4.2 RBIS Related Links

The home page of the RBIS web site contains a Related Links section. This section will include links that are useful to the users, such as Finder.Healthcare.gov, the CCIIO website, training materials, and more.

4.3 User Association Table

The home page of the RBIS web site contains a table at the bottom of the page. This provides a convenient opportunity to view and confirm all Issuers and roles for which you are responsible.

Figure 6: Submission Summary Page

5.1 Submission Summary Search Criteria

Figure 7: Submission Summary Page Selection Examples

10029	10029	11082
11082	11082	12627
12627	12627	13039
13039	13039	28163
28163	28163	33995
33995	33995	48421
48421	48421	50318
50318	50318	52744
52744	52744	58330
58330	58330	97356

5.2 Submission Summary Search Results

The Submission Summary page search results will display after the user selects the Enter button after selecting the Issuer ID(s) and Market Type. The search results table will display the following data elements: Issuer (including the Issuer ID, Issuer Name and State Code), Market Type, RBIS Submission Status, Template Submission Status, Number of Plans Validated and Attestation Status. See Figure 8.

Figure 8: Submission Summary Page Search Results Table

Rate & Benefits Information System

07/11/2016 13:18

[HOME](#)
[FAQ](#)
[CONTACT US](#)
[SIGN OUT](#)

Submission Summary

Submission Materials

Data Upload

Validate Data

Attestation

Summary Status for Submissions

**Indicates Required Field*

The Submission Summary page displays the submission status for the current window. All three parts of an RBIS submission must be completed to achieve a "Completed" RBIS Submission Status. The three parts include:

- RBIS templates must be successfully submitted or an issuer must indicate no changes to plan data.
- Plan data must be validated.
- Plan data must be attested.

The RBIS Submission Status field will be marked "Not Complete" if any of the 3 parts are not complete.

***Select Issuer ID(s):**

***Market Type:** Both Enter

10029
11082
12627
13039
28163

Issuer	Market Type	RBIS Submission Status	Template Submission Status	Number of Plans Validated	Attestation Status
10029 - American National Life Insurance Company of Texas - MD	IFP	Not Complete	No Submission Found	No Plans Available	Not Ready
10029 - American National Life Insurance Company of Texas - MD	SMG	Not Complete	No Submission Found	No Plans Available	Not Ready
11082 - Aetna Life Insurance Company - AK	IFP	Not Complete	Complete	2	Ready
11082 - Aetna Life Insurance Company - AK	SMG	Not Complete	Complete	No Plans Validated	Ready
12627 - United American Insurance Co - MN	IFP	Complete	Complete	1	Complete

5.2.1 Submission Summary Results - Possible Values and their Meanings

Table 1 below displays the possible results for each data element and a brief description of each.

Table 1: Submission Summary Detailed Result Values

Data Element Name	Result Value	Description
RBIS Submission Status	N/A	An overall view of the issuer's progress during the submission window. Have they completed all the required tasks to make their plan data available to the Finder.Healthcare.gov website and/or EDGE?
RBIS Submission Status	Complete	The issuer has submitted or indicated no data to submit, manually validated their plan data and the plan data has been attested by the CEO/CFO. The plan data will appear on Finder.Healthcare.gov and/or be provided to EDGE.
RBIS Submission Status	Not Complete	The issuer has one or more tasks to perform to enable their plan data to display on the Finder.Healthcare.gov website and/or be provided to EDGE.
Template Submission Status	N/A	Provides a status of the RBIS submission(s) for the issuer during the submission window.
Template Submission Status	Complete	A complete set of templates has been submitted to RBIS and has passed system validations.
Template Submission Status	Indicated No Changes to Plans	The issuer has indicated they have no new data to submit to RBIS during the window.
Template Submission Status	Failed Template Validation	Template submissions were received by RBIS, but System Validation errors were found. These templates must be corrected and resubmitted.
Number of Plans Validated	N/A	Provides a status of the plans in RBIS that have been validated or await validation by the issuer during the submission window.
Number of Plans Validated	[Numeric Value]	A count of the plans in RBIS that have been Issuer Validated as either Yes, Display or Yes, Do Not Display.
Number of Plans Validated	No Plans Available	No plans were found in RBIS that have passed System Validation and are awaiting issuer validation.
Number of Plans Validated	No Plans Validated	System validated plans exist in RBIS and are awaiting validation by the issuer.
Attestation Status	N/A	Provides a status of the plans in RBIS that have been attested or await attestation by the CEO/CFO during the submission window.
Attestation Status	Complete	Attestation of the RBIS plan data by the CEO/CFO has been completed.
Attestation Status	Ready	Plans were found in RBIS that have passed System Validation and are awaiting attestation by the CEO/CFO attester.
Attestation Status	Not Ready	No plans were found in RBIS that have passed System Validation and are awaiting attestation.

6 Submission Materials

The Submission Materials tab has the following:

- Instructions and Reference Materials
- Templates for Submitting Plan data

6.1 Instructions and Reference Materials

The links below in Figure 9 will allow users to view and access the latest version of the User Manual and Plan and Benefits Template instructions.

Figure 9: Instructions and Reference Materials



6.2 Download Submission Materials

The user can access and download blank templates and add-ins under the Submission Materials Tab. Simply select which template to download from the list by selecting the template hyperlinks. The Submission Materials Links are displayed below in Figure 10. Note that the Excel templates for both the Small Group and Individual market submission are the same. As a result there is a single webpage from which to download the template files.

Figure 10: Download Data Submission Materials

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[Submission Summary](#) **[Submission Materials](#)** [Data Upload](#) [Validate Data](#) [Attestation](#)

Download Submission Materials for Individual and Small Group Markets

All issuers must use official templates when submitting plan data for Finder.Healthcare.gov
The templates are available in Excel format and can be found on this page. Instructions for the submission process can be found below.

Instructions and Reference Materials

- [User Manual \(PDF - 4.72MB\)](#)
- [Plans Benefits Template Instructions \(PDF - 1.10MB\)](#)

Blank Templates for Submitting New Individual or Small Group Plans

Benefits

- [Plan Benefits Template \(Blank\) - Excel Format \(XLSM - 0.27MB\)](#)
- [Plan Benefits Template Add-In \(XLAM - 0.48MB\)](#)
- [AV Calculator \(XLSM - 1.18MB\)](#)

Service Area

- [Service Area Template \(Blank\) - Excel Format \(XLS - 2.54MB\)](#)

Rates

- [Rates Template \(Blank\) - Excel Format \(XLS - 0.30MB\)](#)

Business Rules

- [Business Rules Template \(Blank\) - Excel Format \(XLS - 0.21MB\)](#)

Next Steps

After downloading the templates, issuers should fill in the appropriate information in each file and then navigate to the Data Upload tab to submit the completed files.

[Accessibility](#) | [Rules of Behavior](#) | [Web Policies](#) | [File Formats and Plugins](#)

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7 Templates

All Issuers must use the official QHP templates when submitting plan data through RBIS, and must use the template versions that are active for the Plan Year data being submitted. Both Individual and Small Group markets utilize the same set of excel templates. There are four templates available for download by the users that must be completed in order to submit new plan data into RBIS:

- Plans Benefits Template (along with the Add-in file that supports this template)
- Service Area Template
- Rates Template
- Business Rules Template

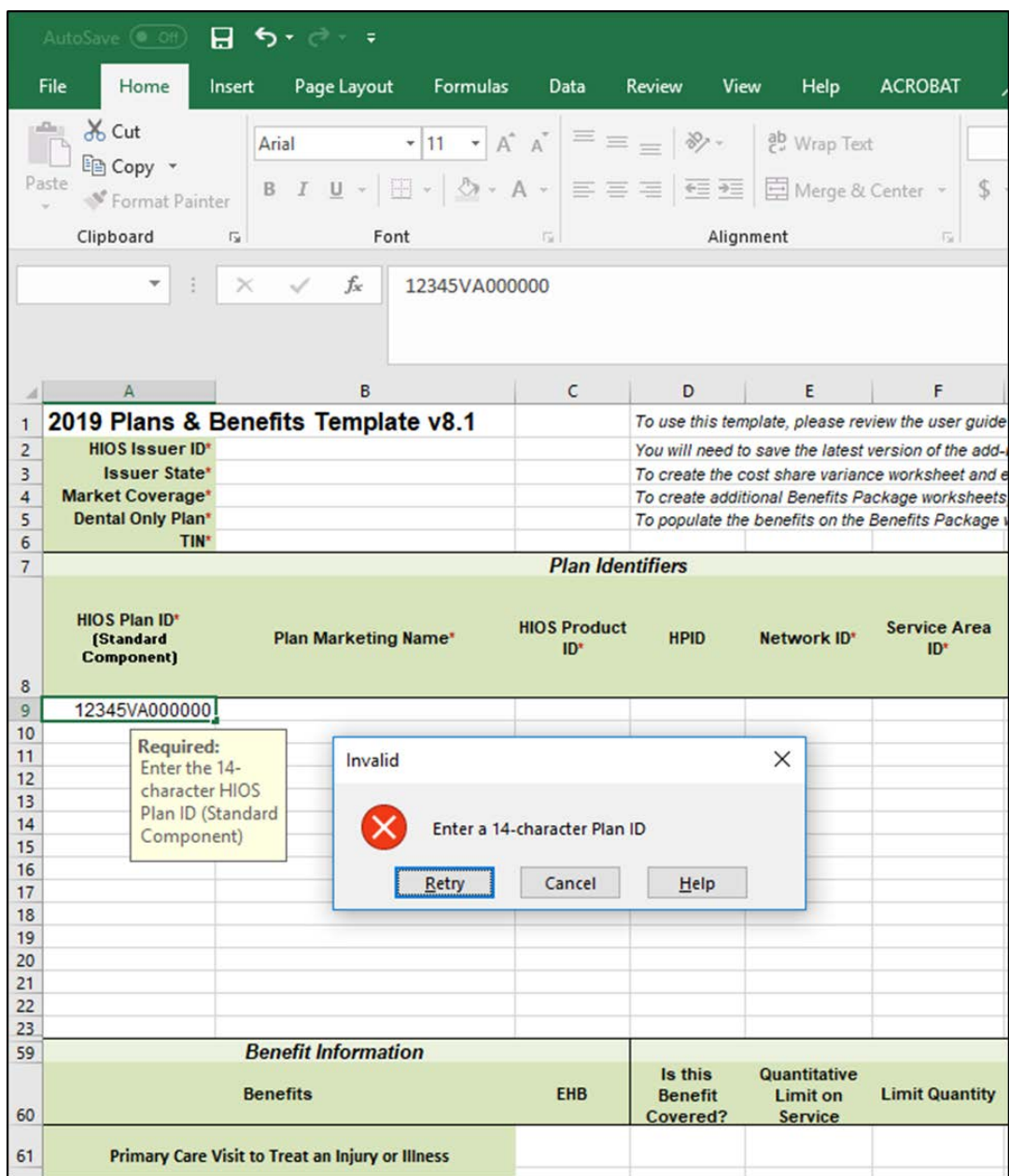
The specifics of each template are detailed in the following sections.

7.1 Plans Benefits Template

The Plans Benefits Template provides the capability for users to submit benefits and cost share data to RBIS. The template includes instructions on how users should utilize the Plans Benefits Add-In to complete the template.

The Plans Benefits template is displayed below in Figure 11.

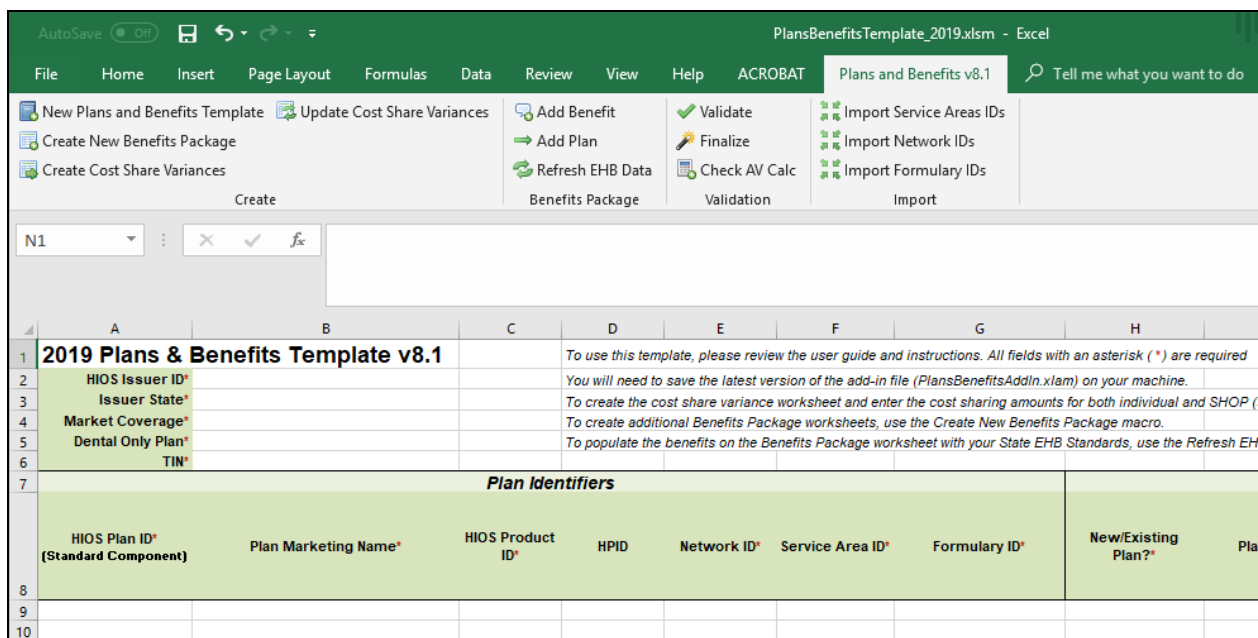
Figure 12: Invalid Data – Format is Invalid



7.1.1 Plans Benefits Template Add-In

In addition to the Plans Benefits Template, a link is available on the Submission Materials tab to download the Plans Benefits Template Add-In, which provides additional functionality for the template. Using this Add-In, a user will be able to validate and finalize data in the template in preparation for uploading the file to RBIS. Additional functions that are available via the Plans Benefits Add-In are shown below in Figure 13.

Figure 13: Benefit Add-In Module Available Functions



For further instructions on how to download the Add-In module, please refer to Section 6.2. Instructions for enabling the Add-In module are found in Section 2.1.2.3.

7.1.2 AV Calculator

A link is available on the Submission Materials tab to download an Actuarial Value (AV) Calculator which can be used in conjunction with the Plans Benefits Template to determine an estimate of network liability for a given plan based upon commercial data. For further instructions on how to download the AV Calculator, please refer to Section 6.2.

7.2 Service Area Template

The Service Area Template provides the capability for users to submit data that defines the Service Areas in which the Issuers operate. The Service Area Template requires that the Service Area ID, Service Area Name, and State fields be completed for each Service Area. Users can define a Service Area using FIPS codes and county names if the Service Area does not comprise the entire state. Federal Information Processing Standards (FIPS) County codes are a five digit Federal standard for identifying United States Counties. Figure 14 below depicts the Service Area Template.

Figure 14: Service Area Template for Individual and Small Group Plans

The screenshot shows the Microsoft Excel interface with the 'ServiceAreaTemplate' workbook open. The 'Home' tab is selected. The worksheet is titled '2019 Service Area v8.1'. The content includes instructions for validation and finalization, followed by a table for entering service area details.

	A	B	C	D	E
1	2019 Service Area v8.1	<i>All fields with an asterisk (*) are required</i>			
2	Validate	<i>To validate, press the Validate button or Ctrl + Shift + I. To finalize, press the Finalize button or Ctrl + Shift + F</i>			
3		<i>Click Create Service Area IDs button (or Ctrl + Shift + R) to Create Service Area IDs based on your state</i>			
4	Finalize	<i>Service Area IDs will populate in the drop-down box in Service Area ID column</i>			
5		<i>For each row, enter one County for that Service Area ID (unless the Service Area covers entire state)</i>			
6	HIOS Issuer ID:*				
7	Issuer State:*				
8					
9	Create Service Area IDs				
10					
11	Service Area ID*	Service Area Name*	State*	County Name	Partial County
12	Required: Enter the Service Area ID	Required: Enter the Service Area Name	Required: Does this Service Area cover the entire state?	Required if State is "No": Select the County - FIPS this Service Area covers	Required if State is "No": Does this Service Area include a partial county?
13					
14					

7.3 Rates Template

The Rates Template provides the ability to enter plan-specific rate values for combinations of Rating Areas, effective dates, tobacco usage, and age. These rates are used to calculate the estimated total monthly premium for plans. The template includes instructions on how users should fill out the fields. The Rates Template is displayed below in Figure 15.

Figure 15: Rates Template for Individual and Small Group Plans

The screenshot shows the Excel interface for the 'RatesTemplate_2019.xls' workbook. The 'Home' tab is active, showing the ribbon with options like Font, Alignment, Number, and Styles. The worksheet contains the following content:

	A	B	C	D	E
1	2019 Rates Table Template v8.1				
2	All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.				
3	If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.				
4	If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.				
5	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
6	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.				
7	<div> <div>Validate</div> <div>Finalize</div> <div>Add Sheet</div> </div>				
8	HIOS Issuer ID*				
9	Federal TIN*				
10	Rate Effective Date*				
11	Rate Expiration Date*				
12	Rating Method*				
13	Plan ID* Required: Enter the 14-character Plan ID	Rating Area ID* Required: Select the Rating Area ID	Tobacco* Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Age* Required: Select the age of a subscriber eligible for the rate	Individual Rate* Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
14					
15					
16					
17					

We recognize that there may be a very significant number of rate combinations for an Issuer's plans. As such, the template has the ability to create additional sheets to add more rates. Select the **Add Sheet** button to create an additional sheet in the workbook.

7.4 Business Rules Template

The Business Rules template tells the system how to use the rates provided in the Rates Template and the parameters submitted by users from Finder.Healthcare.gov to calculate an estimated total monthly premium. The Business Rules Template is displayed below in Figure 16.

Figure 16: Business Rules Template for Individual and Small Group Plans

	A	B	C	D	E	F	G	H	I	
1	2019 Business Rules Template v8.1									
2	All fields with an asterisk (*) are required. To validate the template, press Validate button or Ctrl + Shift + I. To finalize the template, press Finalize button or Ctrl + Shift + F. Enter the Issuer Rule on the first row (no Product ID or Plan ID). For each Product rule, enter only the Product ID and the business rules that differ from the Issuer Rule. For each Plan rule, enter only the Plan ID and the business rules that differ from the Product or Issuer Rule.									
3	Validate									
4	Finalize									
5	HIOS Issuer ID									
6	TIN									
7	Product ID	Plan ID (Standard Component)	How are rates for contracts covering two or more enrollees calculated?	What are the maximum number of under age (under 21) dependents used to quote a two parent family?	What are the maximum number of under age (under 21) dependents used to quote a single parent family?	Is there a maximum age for a dependent?	What are the maximum number of children used to quote a children-only contract?	Are domestic partners treated the same as secondary subscribers?	Are same-sex partners treated the same as secondary subscribers?	
8										
9										
10										
11										
12										

7.5 Template Validation & Finalization Processes

Each template contains two buttons: **Validate** and **Finalize**. Note that for the Plans Benefits template, these buttons are available via the Plans Benefits Add-In.

Selecting the **Validate** button runs a Validation check against the data entered within the templates. When Validation has successfully completed, selecting the **Finalize** button will generate an .xml file suitable for the user to upload into the RBIS system. The .xml files generated by the templates will replace some of the data on the spreadsheet with corresponding codes to make the upload process more efficient.

8 Data upload

The Data Upload tab is broken up into three subsections:

- Upload Files – Individual
- Upload Files – Small Group
- View Uploaded Files

Figure 17: Data Upload Tab

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Submission Summary **Submission Materials** **Data Upload** **Validate Data** **Attestation**

[Upload Files-Individual](#) [Upload Files-Small Group](#) [View Uploaded Files](#)

Upload Data Submissions for Individual Market

All issuers must submit data for plans to display on Healthcare.gov on this page. Issuers may submit new plans or make certain updates to existing plans.

Upload Instructions for Individual Market

Before uploading files, confirm that the appropriate product data has been updated into the HIOS system by selecting the checkbox. To upload files, use the browse button to locate the appropriate file from your computer and attach the file. You must select which type of template you are uploading in each row. Once you have selected all the files you would like to upload, select the 'Upload' button.

The following file formats are accepted:

- XML
- ZIP

Upload Files for Individual Market

☐ Check here to confirm that the HIOS product data has already been uploaded for these plans. The upload button will not be accessible until this selection has been made.

Choose File	No file chosen	- Select Template Type
Choose File	No file chosen	- Select Template Type
Choose File	No file chosen	- Select Template Type
Choose File	No file chosen	- Select Template Type
Choose File	No file chosen	- Select Template Type

[Upload](#)

Next Steps

After data has been successfully uploaded, issuers should navigate to the Validate Data tab in order to perform plan validation. Please note that there may be a delay after submission before the plan data is available to view on the Validate data screen due to system processing.

8.1 Data Upload – Small Group and Individual Market

Submitter users can upload submission materials for the Small Group and Individual Markets via their respective Upload Files page links under the Data Upload tab. All Issuers must submit data for plans to display on Finder.Healthcare.gov. Please refer to Figure 17 above.

8.1.1 Upload Files

Before uploading files, users must confirm that the appropriate Product data has been uploaded into the HIOS system by selecting the checkbox displayed below in Figure 18.

Figure 18: HIOS Product Data Upload Confirmation – Individual Market Example

Upload Instructions for Individual Market

Before uploading files, confirm that the appropriate product data has been updated into the HIOS system by selecting the checkbox. To upload files, use the browse button to locate the appropriate file from your computer and attach the file. You must select which type of template you are uploading in each row. Once you have selected all the files you would like to upload, select the 'Upload' button.

The following file formats are accepted:

- XML
- ZIP

Upload Files for Individual Market

☐ **Check here to confirm that the HIOS product data has already been uploaded for these plans. The upload button will not be accessible until this selection has been made.**

	<input type="button" value="Browse..."/>	- Select Template Type
	<input type="button" value="Browse..."/>	- Select Template Type
	<input type="button" value="Browse..."/>	- Select Template Type
	<input type="button" value="Browse..."/>	- Select Template Type
	<input type="button" value="Browse..."/>	- Select Template Type

To upload files, the submitter user will need to select the browse button to locate and attach the appropriate .xml or .zip file saved to the computer. Please refer to Figure 19 for an example. After selecting the file to upload, the correct template type must be selected for the template that is being uploaded. Users should remember to select only completed, finalized files in the proper format for submission. All files must be 50 MB or smaller.

Figure 19: Files Selected to Upload – Small Group Market Example

Upload Files for Small Group Market

☒ **Check here to confirm that the HIOS product data has already been uploaded for these products. The upload button will not be accessible until this selection has been made.**

C:\Data\RBIS\RBIS Benefits Template.zip	<input type="button" value="Browse..."/>	- Select Template Type
	<input type="button" value="Browse..."/>	- Select Template Type
	<input type="button" value="Browse..."/>	- Select Template Type
	<input type="button" value="Browse..."/>	- Select Template Type
	<input type="button" value="Browse..."/>	- Select Template Type

Once all of the files to be uploaded have been selected, the user may select the Template Type from the dropdown and select “Upload” to begin the file upload process.

8.2 View Uploaded Files for Small Group and Individual Markets

Once files have been successfully uploaded, the user may view their upload file history for both SMG and IFP markets on the View Upload Files page. All files that have been uploaded during the current submission window will be displayed on this page. Please refer to Figure 20.

Figure 20: View Uploaded Files

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[Submission Summary](#) [Submission Materials](#) [Data Upload](#) [Validate Data](#) [Attestation](#)

[Upload Files-Individual](#) [Upload Files-Small Group](#) [View Uploaded Files](#)

Uploaded Files History

Individual

User ID	File Name	Template Type	Submission Date
LINDA.TWILLEAGER@CGIFEDERAL.COM	11082AK_IFP_2016_PlanBen_Multiple_NewPlansAdded.xml	Plan Benefits	04/05/16 10:56
LINDA.TWILLEAGER@CGIFEDERAL.COM	11082AK_IFP_BusRule_2016.xml	Business Rules	04/05/16 10:56
LINDA.TWILLEAGER@CGIFEDERAL.COM	11082AK_IFP_RateTable_NewPlansAdded_2016.xml	Rates	04/05/16 10:56
LINDA.TWILLEAGER@CGIFEDERAL.COM	11082AK_IFP_SrvcArea_2016.xml	Service Area	04/05/16 10:56
LINDA.TWILLEAGER@CGIFEDERAL.COM	11082AK_IFP_BusRule_2017.xml	Business Rules	06/21/16 7:32 F
LINDA.TWILLEAGER@CGIFEDERAL.COM	11082AK_IFP_PlanBen_2017.xml	Plan Benefits	06/21/16 7:32 F
LINDA.TWILLEAGER@CGIFEDERAL.COM	11082AK_IFP_Rate_2017.xml	Rates	06/21/16 7:32 F
LINDA.TWILLEAGER@CGIFEDERAL.COM	11082AK_IFP_SA_2017.xml	Service Area	06/21/16 7:32 F
LINDA.TWILLEAGER@CGIFEDERAL.COM	11082AK_IFP_BusRule_2017.xml	Business Rules	06/21/16 7:53 F
LINDA.TWILLEAGER@CGIFEDERAL.COM	11082AK_IFP_PlanBen_2017.xml	Plan Benefits	06/21/16 7:53 F
LINDA.TWILLEAGER@CGIFEDERAL.COM	11082AK_IFP_Rate_2017.xml	Rates	06/21/16 7:53 F
LINDA.TWILLEAGER@CGIFEDERAL.COM	11082AK_IFP_SA_2017.xml	Service Area	06/21/16 7:53 F

Details displayed in the Uploaded Files History table include:

- User ID
- File Name
- Template Type
- Submission Date and Time
- Request ID

8.3 Submission Complete

After an Issuer has uploaded their data, the templates will go through both Template Validation as well as an overall Cross-Check Validation. Template-specific System Validations will be performed prior to the Cross-Check Validations.

8.3.1 Template Validations

Before any Plans for an Issuer ID are available for Cross-Check Validation, all Plans for that Issuer ID must pass Template Validation. The Template Validations will additionally ensure that the file format is appropriate and correct. The Template Validations include, but are not limited to the following:

- Making certain the Issuer ID is valid
- Confirming the correct template version number was submitted
- Checking to ensure that the data entered in each field matches the appropriate data type
- Validating that the template matches the template type
- Ensuring that the User ID submitting the file is associated with all Issuer IDs for which they are submitting data
- Making sure each Product ID listed is a valid Product
- Making sure each Plan ID listed is a valid Plan ID
- Making sure all required fields are complete for each Template
- Verifying that all FIPS Codes are valid and exist within the Issuer ID's associated state

As soon as the Template Validation has been completed, the user will receive notification via email with the results of Template Validation for each Issuer ID associated with the uploaded template(s). The e-mail will include the following information:

- List of errors for each occurrence (if applicable)
- List of files submitted
- Issuer ID
- Issuer Name
- Market Type
- Outcome of System Validations
- Template type of each file
- Time of submission
- List of warnings. (if applicable)

In the event that an Issuer ID fails Template Validations, the user must correct the errors listed in the e-mail and re-submit. If an Issuer ID passes Template Validations, it must then pass Cross-Check Template Validations before it is eligible for Issuer Validation in RBIS.

8.3.2 Cross-Check Validations

After templates have successfully completed Template Validations, they must also pass Cross-Check Validations. The Cross-Check Validations include, but are not limited to:

- Validating that all Individual and Small Group Plans cited in the Rates Template have benefits information in the Plans Benefits Template
- Validating that all Individual and Small Group Plans cited in the Benefits Template have Rate information in the Rates Template
- Validating that Service Areas cited in the Benefits Template have Service Area information in the Service Areas Template
- Validating that Business Rule information from the Business Rules Template exists for every Issuer ID

Cross-Check Validations are run daily on a pre-set schedule. Once Cross-Check Validations have been completed, Issuers will receive an email for each Issuer ID associated with the uploaded template(s). The email will include the following information:

- List of errors for each occurrence (if applicable)
- List of files submitted
- Issuer ID
- Issuer Name
- Market type
- Outcome of System Validations
- Template type of each file
- Time of submission
- List of warnings. (if applicable)

In the event that an Issuer ID fails Cross-Check Validations, the user will receive an email with the total number of errors, but will not receive more than 1000 errors due to size constraints. The ID will not be re-checked until another template with the Issuer ID is uploaded. Users must correct the errors listed in the email before the ID is eligible for Issuer Validation. (Correcting errors might only require uploading a template that had not been uploaded at the time of the Cross-check Validation.) If an Issuer ID passes Cross-Check Validations, the user will receive an email indicating the Cross-check Validations have completed successfully.

The error email will list the first 1000 errors. Example email: “Thank you for using the Rate and Benefits Information System (RBIS) to submit your data. At this time, we have completed Cross Reference Validation of the file(s) you submitted and have identified error(s) with one or more of the file(s) submitted. Your submission has resulted in 18 error(s), Because of size constraints, we can only display the first 1000 error(s)... Please contact the Marketplace Service Desk (MSD) at CMS_FEPS@cms.hhs.gov or 1-855-267-1515.”

9 Validate Data

The Validate Data tab is broken up into four subsections

- View All Plans - Small Group
- Search by Scenario - Small Group
- View All Plans - Individual
- Search by Scenario - Individual

The layout of this tab is shown in below.

Figure 21: Validate Data tab – Individual Market Example

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Submission Summary **Submission Materials** **Data Upload** **Validate Data** **Attestation**

[View All Plans - Small Group](#) [Search by Scenario - Small Group](#) [View All Plans - Individual](#) [Search by Scenario - Individual](#)

Validate Data for Individual Market

All issuers must validate their plan data before the data is approved for use on Healthcare.gov. To validate your data, select your Issuer ID from the 'Select Issuer IDs' section below to view all plans available for that issuer, and use the radio buttons in the Status column. If you would like to run scenarios to view rate information, please visit the [Search By Scenario](#) page.

WARNING:

You have indicated that there is no data to report for the following Issuer IDs:

- 48421
- 50318
- 97356

Issuer Benefits for Individual Market

Select Issuer ID(s):

+ Indicates data has been updated since last refresh to healthcare.gov

Issuer ID: 11082
 Issuer Attestation Status: Not attested
 Issuer Products Information:

Plan ID	Product ID	Plan Name	Production Status	Deductible	Benefit and Cost Share Information	Validation Status
						Select All [Yes, Display] Select All [No]

All Issuers must complete Issuer Validation for their Plans before the data is eligible for display on Finder.Healthcare.gov.

9.1 Validate Data

Issuers with a Validator role can validate data from two different views: View All Plans and Search by Scenario.

9.1.1 View All Plans Views

The View All Plans page allows Validators to validate data by viewing all Plans available for a given Issuer ID. If Validators would like to run scenarios, please see the instructions in 9.1.2 *Search by Scenario* for additional information.

9.1.1.1 View Issuer ID

To validate data on the View All Plans page, Validators must first select the Issuer ID(s) for the Plans they would like to view and validate and then select the Enter button. Please refer to Figure 22.

Figure 22: Select Issuer ID(s) – Individual Market Example

Issuer Benefits for Individual Market

Select Issuer ID(s):

+ Indicates data has been updated since last refresh to healthcare.gov

Issuer ID: 11082
 Issuer Attestation Status: Not attested
 Issuer Products Information:

Plan ID	Product ID	Plan Name	Production Status	Deductible	Benefit and Cost Share Information	Validation Status
						Select All [Yes, Display] Select All [No]
11082AK0160001	11082AK016	("SpecialCharacters"@_~!#\$%^&*~+<>.,?/;:'\[]{}")	+ In production	\$1000.00 Individual / \$1200 per person per group not applicable Family	Download Plan Benefits - Excel Format (XLSX - 120.79 KB)	<input checked="" type="radio"/> Yes, Display <input type="radio"/> Yes, Do not Display <input type="radio"/> No
11082AK0160002	11082AK016	IFP Compsite Plan	+ In production	\$250.00 Individual / \$250 per person \$1500 per group Family	Download Plan Benefits - Excel Format (XLSX - 120.79 KB)	<input type="radio"/> Yes, Display <input checked="" type="radio"/> Yes, Do not Display <input type="radio"/> No
11082AK0160003	11082AK016	Thisisatesttotest1,000charactersinthefreetextfieldsforthePlans&	+ In production	\$1300.00 Individual / per person not applicable \$5000 per group Family	Download Plan Benefits - Excel Format (XLSX - 120.81 KB)	<input type="radio"/> Yes, Display <input checked="" type="radio"/> Yes, Do not Display <input type="radio"/> No

To validate data for multiple Issuer IDs at once, Validators can hold down Ctrl key + select each Issuer IDs they wish to view. Please refer to Figure 23.

Figure 23: Issuer ID Multi-Select Example

9.1.1.2 No Data Received for Issuer ID(s)

If a Submitter user has not submitted data for an Issuer, a warning message will be displayed. The message will list the Issuer ID(s) for which no data has been received and explain that Attestation cannot occur without a complete submission. In the event that there is no data to report for the Issuer IDs listed for the current submission window, Validators may select the checkbox indicating that no data will be submitted and select “Agree to Warning”. Please refer to Figure 24.

Figure 24: No Data Received for Issuer ID(s) – Small Group Market Example

Validate Data for Small Group

All issuers must validate their plan data before the data is approved for use on Healthcare.gov. To validate your data, select your Issuer ID from the 'Select Issuer IDs' section below to view all plans available for that issuer, and use the radio buttons in the Status column. If you would like to run scenarios to view rate information, please visit the [Search By Scenario](#) page.

WARNING:

Attestation cannot occur without a complete submission for an issuer. Please return to the Data Upload tab and resubmit with the full set of issuers or select the option below to indicate that there is no data to report for these Issuer IDs.

No data has been received for the following issuer IDs:

- 10029

☒ By selecting this checkbox, I agree that there is no data to report for the issuer IDs listed above for this submission window

Agree to Warning

9.1.1.2.1 No Data to Report for Issuer ID(s)

If a Submitter has not submitted data for an Issuer ID and has agreed that there is no data to report for the current submission window, the warning message in Figure 25 will be displayed.

Figure 25: No Data to Report for Issuer ID(s) (Example from Small Group Market)


When plan information is available and is displayed in the results table, the Validator may select the “Download Plan Benefits” hyperlink next to the applicable Plan ID in the Benefit and Cost Share Information column of the table shown in Figure 26.

Figure 26: View Benefit Details for Individual Plans – Individual Market Example

Issuer Benefits for Individual Market

Select Issuer ID(s):

+ Indicates data has been updated since last refresh to healthcare.gov
Issuer ID: 11082
Issuer Attestation Status: Not attested
Issuer Products Information:

Plan ID	Product ID	Plan Name	Production Status	Deductible	Benefit and Cost Share Information	Validation Status 
						Select All [Yes, Display] Select All [No]
11082AK0160001	11082AK016	("SpecialCharacters"@_~!#\$%^&*~+<>.,?/;'\[]{}))	+ In production	\$1000.00 Individual / \$1200 per person per group not applicable Family	Download Plan Benefits - Excel Format (XLSX - 120.79 KB)	<input checked="" type="radio"/> Yes, Display <input type="radio"/> Yes, Do not Display <input type="radio"/> No
11082AK0160002	11082AK016	IFP Compsite Plan	+ In production	\$250.00 Individual / \$250 per person \$1500 per group Family	Download Plan Benefits - Excel Format (XLSX - 120.79 KB)	<input type="radio"/> Yes, Display <input checked="" type="radio"/> Yes, Do not Display <input type="radio"/> No
11082AK0160003	11082AK016	Thisisatesttotest1,000charactersinthefreetextfieldsforthePlans&	+ In production	\$1300.00 Individual / per person not applicable \$5000 per group Family	Download Plan Benefits - Excel Format (XLSX - 120.81 KB)	<input type="radio"/> Yes, Display <input checked="" type="radio"/> Yes, Do not Display <input type="radio"/> No

Selecting the “Download Plan Benefits” hyperlink will download an Excel file containing benefits and cost share data submitted for the selected Plan ID as shown in Figure 27. The format of the downloaded file closely resembles the Plans Benefits template. Please note that any TINs and dental only information will not be displayed in the download.

Figure 27: Benefit Details for Individual Plans – Individual Market

	A	B	C	D	E	F	G
1	Plan Benefits and Cost Share Information						
2	HIOS Issuer ID	10000					
3	Issuer State	NE					
4	Market Coverage	Individual					
5	Dental Only Plan	No					
6	TIN						
7	Plan Identifiers						
8	HIOS Plan ID (Standard Component)	Plan Marketing Name	HIOS Product ID	HPID	Network ID	Service Area ID	Formulary ID
9	10000NE0580003	Sample Plan ABC	10000NE058	0	NEN001	NES001	NEF001
45							
46	Benefit Information						
47	Benefits	EHB	State-Required Benefit	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	
48	Primary Care Visit to Treat an Injury or Illness	Yes	No	Covered	No		
49	Specialist Visit	Yes	No	Covered	No		

9.1.1.3 Validation Status

Using the radio buttons in the Validation Status column, Validators must decide between the three Validation Status options, “Yes, Display”, “Yes, Do not Display” or “No”, for each plan. By selecting “Yes, Display” the Validator indicates that all data for the given plan is valid and correct. In doing so, the plan passes Issuer Validation. By selecting “Yes, Do not Display” the Validator indicates that all data for the given plan is valid, but they do not want the plan to be visible to the consumer on the Finder.Healthcare.gov website. By selecting “No,” the Validator indicates that all data for the given plan is **not** valid. In doing so, the plan fails Issuer Validation. Validators may change the Validation Status for all plans for an Issuer ID at one time by selecting either the “Select All [Yes, Display]” or “Select All [No]” link. Validators must select the Submit button for the Validation Status to be saved in RBIS. By default the Validation Status is “No”. Please refer to Figure 28.

Figure 28: Validation Status – Individual Market Example

Issuer Benefits for Individual Market

Select Issuer ID(s):

+ Indicates data has been updated since last refresh to healthcare.gov
 Issuer ID: 11082
 Issuer Attestation Status: Attested
 Issuer Products Information:

Plan ID	Product ID	Plan Name	Production Status	Deductible	Benefit and Cost Share Information	Validation Status
						Select All [Yes, Display] Select All [No]
11082AK0160001	11082AK016	("SpecialCharacters"@_~!#\$%^&*~+<>.,?/;:\ []{})	+ In production	\$1000.00 Individual / \$1200 per person per group not applicable Family	Download Plan Benefits - Excel Format (XLSX - 120.79 KB)	<input checked="" type="radio"/> Yes, Display <input type="radio"/> Yes, Do not Display <input type="radio"/> No
11082AK0160002	11082AK016	IFP Compsite Plan	+ In production	\$250.00 Individual / \$250 per person \$1500 per group Family	Download Plan Benefits - Excel Format (XLSX - 120.79 KB)	<input type="radio"/> Yes, Display <input checked="" type="radio"/> Yes, Do not Display <input type="radio"/> No
11082AK0160003	11082AK016	Thisisatesttotest1,000charactersintheplaintextfieldsforthePlans&Benefitstemplate&theServiceAreaTemplate.Thisistesttoverifythatiftherearemorethan1,000charactersintheplaintextfieldsthatthetemplatewillstillupload	+ In production	\$1300.00 Individual / per person not applicable \$5000 per group Family	Download Plan Benefits - Excel Format (XLSX - 120.81 KB)	<input type="radio"/> Yes, Display <input type="radio"/> Yes, Do not Display <input checked="" type="radio"/> No

9.1.2 Search by Scenario Views

The Search by Scenario section allows Validators to view and validate data by running various scenarios to confirm the appropriate plans are returned.

9.1.2.1 Search Criteria Required Fields – Individual and Small Group Markets

In order to run a small group scenario and view plan information, the following fields must be completed:

- Issuer ID
- Zip Code
- County
- Coverage Start Date
- Primary Subscriber Information
 - Gender
 - Date of Birth
 - Tobacco User Status (Y/N) / Months Since Last Use

- Secondary Subscriber Information (as applicable)
 - Gender
 - Date of Birth
 - Relationship to Primary Subscriber
 - Same Household as Primary Subscriber (Y/N)
 - Tobacco User Status (Y/N) / Months Since Last Use
- Dependent Information (as applicable)
 - Date of Birth
 - Relationship to Primary Subscriber
 - Same Household as Primary
 - Tobacco User Status (Y/N) / Months Since Last Use

Please note: The search criteria fields are the same for both the Individual and Small Group Markets. The User Manual will display screenshots of the search criteria and results pages for Small Group Markets, for example purposes.

Figure 29: Search Criteria – Small Group Market

Search Criteria for Small Group Market

**Indicates Required Field*

***Select Issuer ID(s):**

***ZIP Code**
 (Choose *Verify ZIP* button to select your County)

*** When do you want coverage to start?**
 / / (mm/dd/yyyy)

Who do you want to get insured?

Person	Gender	Date of Birth (mm/dd/yyyy)	Relationship to Primary	Same Household as Primary?	Tobacco User?	Months Since Last Use
* Primary	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>			<input type="text"/>	<input type="text"/>
Secondary	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent1		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent2		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent3		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent4		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent5		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9.1.2.2 Zip Code

After a zip code has been entered, Validators must select the Verify ZIP button. If a zip code spans multiple counties, those county names will appear and Validators must select the appropriate county before selecting the Search button. Please refer to Figure 30.

Figure 30: Zip Code Field

***ZIP Code**
(Choose Verify ZIP button to select your County)

***Select County:**
☐ ARLINGTON
 ☐ FAIRFAX
 ☐ ALEXANDRIA CITY

9.1.2.3 Search Results

Once all required fields have been populated on the Search by Scenario page, Validators can select the Search button to review their results. Please refer to Figure 31 and Figure 32.

Figure 31: Search by Scenario Search Screen – Small Group Market Example

Search Criteria for Small Group Market

**Indicates Required Field*

***Select Issuer ID(s):**


***ZIP Code**
(Choose Verify ZIP button to select your County)

*** When do you want coverage to start?**
 / / (mm/dd/yyyy)

Who do you want to get insured?

Person	Gender	Date of Birth (mm/dd/yyyy)	Relationship to Primary	Same Household as Primary?	Tobacco User?	Months Since Last Use
* Primary	<input type="text" value="Female"/>	<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="1950"/>			<input type="text" value="No"/>	
Secondary	<input type="text" value="Male"/>	<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="1950"/>	<input type="text" value="Spouse"/>	<input type="text" value="Yes"/>	<input type="text" value="Yes"/>	<input type="text" value="Less than 1"/>
Dependent1		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent2		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent3		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent4		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent5		<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 32: Search by Scenario Results Table – Small Group Market Example

Search Results for Small Group Market:							
+ Indicates data has been updated since last refresh to healthcare.gov							
Issuer ID	Product ID	Plan ID	Plan Name	Production Status	Deductible	Total Monthly Premium	Validation Status 
11082	11082AK023	11082AK0230003	2015 Start & End Date Plan	Current submission	\$1000.00 Individual / \$1200 per person per group not applicable Family	\$83.44	Select All [Yes, Display] Select All [No] <input checked="" type="radio"/> Yes, Display <input type="radio"/> Yes, Do not Display <input type="radio"/> No

Validators may adjust the Validation Status from the Search Results table. By selecting “Yes, Display” the Validator indicates that all data for the given plan is valid. By selecting “Yes, Do Not Display” the Validator indicates that all data for the plan is valid, but they do not want the plan to be visible to the consumer on the Finder.HealthCare.gov website. By selecting “No” the Validator indicates that all data for the plan is **not** valid. Validators must select the Submit button to save their selections.

10 Attestation

All Issuers must attest to the accuracy of their data before the data is approved for use on Healthcare.gov. Attester users will attest to data for all Issuer IDs. **Users should use caution when completing Attestation as it can only be completed one time per submission window.**

10.1 Attestation Available

Attestation becomes available when all Issuers associated to a CEO/CFO from both markets have been submitted successfully or have indicated they have no data to submit. In order to attest to the accuracy of Plan data, the Attester must fill in the Electronic Signature box and select the Attest button.

There is a single Attestation page and a single Attestation button for the user. The Attester must attest to all plans for both markets concurrently as information for each Issuer associated to the user is displayed on the Attestation page and grouped by market type. This includes the status information if the Issuer is not available for Attestation or a list of the Issuers that the user is attesting for when Attestation is available.

There are manual Attestation forms available upon request for when an Attester wishes to only attest to a single market. The request for the manual Attestation form will need to be sent to insuranceoversight@hhs.gov with a description of what Issuer ID(s) and market type the request is for.

By selecting **Attest**, the CEO/CFO agrees that they have examined the product/plan benefit and pricing data submission and that to the best of their information, knowledge, and belief it completely and accurately represents the required product/plan benefit and estimated pricing data based on current template parameters. The CEO/CFO further attests that their submission as a whole represents product/plan benefit information for all products/plans that are offered by their organization that are open for enrollment and subject to reporting requirements. Please refer to Figure 33.

Figure 33: Attestation

Rate & Benefits Information System

11/10/2016 09:01

[HOME](#)
[FAQ](#)
[CONTACT US](#)
[SIGN OUT](#)

Submission Summary
Submission Materials
Data Upload
Validate Data
Attestation

Please review attestation agreement and sign below.

By selecting "ATTEST", the CEO/CFO agrees that they have examined the product/plan benefit and pricing data submission and that to the best of their information, knowledge, and belief it completely and accurately represents the required product/plan benefit and estimated pricing data based on current template parameters. The CEO/CFO further attests that their submission as a whole represents product/plan benefit information for all products/plans that are offered by their organization that are open for enrollment and subject to reporting requirements.

**Indicates Required Field*

*Electronic Signature (First Name Last Name):

The Attest button will not be accessible until an electronic signature has been entered. Attest

Issuer IDs Available for Attestation - Small Group

Issuer ID	Issuer Name	State	Market Coverage
12627	United American Insurance Co	MN	Small Group
13039	Time Insurance Company	NY	Small Group

Issuer IDs Available for Attestation - Individual Market

Issuer ID	Issuer Name	State	Market Coverage
12627	United American Insurance Co	MN	Individual
13039	Time Insurance Company	NY	Individual

*Electronic Signature (First Name Last Name):

The Attest button will not be accessible until an electronic signature has been entered. Attest

10.2 Attestation Unavailable

Data Attestation is unavailable when a complete submission has not been received for all Issuer IDs associated to the Attester's User ID. Please refer to Figure 34. To upload data, Submitter users should navigate to Section 8. In the event that there is no data to report for the current submission window for one or more Issuer IDs associated with the Attester ID, Validator users may indicate under the Validate Data tab that no data will be submitted. Please see Section 9.1.1.2.1. for further instructions.

Figure 34: Attestation Unavailable

The screenshot displays the 'Rate & Benefits Information System' interface. At the top, there is a green header with the system name. Below the header, a navigation bar includes a timestamp '11/10/2016 12:30' and links for 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. A secondary navigation bar contains buttons for 'Submission Summary', 'Submission Materials', 'Data Upload', 'Validate Data', and 'Attestation'. The main content area is titled 'Attestation Unavailable' and contains a message stating that attestation is not currently available until all Issuer IDs have submitted data. Below this, there are two tables: 'Status of Data - Small Group' and 'Status of Data - Individual'.

Rate & Benefits Information System

11/10/2016 12:30 [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

[Submission Summary](#) [Submission Materials](#) [Data Upload](#) [Validate Data](#) [Attestation](#)

Attestation Unavailable

Attestation is not currently available. Attestation will not be available until all Issuer IDs associated with your user account have successfully submitted data or have indicated there is no data to report for this submission cycle.

Status of Data - Small Group

Issuer ID	Status
55957	No Data Available

Status of Data - Individual

Issuer ID	Status
10011	Submission Complete - Data Available
55957	Submission Complete - Data Available

10.3 Attestation Complete

Once Attestation has been completed, the Attester will be redirected to the Attestation Complete page displayed in Figure 35.

Figure 35: Attestation Complete

Rate & Benefits Information System

11/10/2016 09:07 [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

[Submission Summary](#) [Submission Materials](#) [Data Upload](#) [Validate Data](#) [Attestation](#)

Data Attestation Complete

Congratulations, you have successfully submitted your attestation.

Attestation completed: 2016-11-10 09:07:20.22
User ID: XXXX.XXXXXX !@t XXXXX .COM

Issuer ID
12627
13039

The Data Attestation, Data Submission, and Data Validation contacts will all receive a copy of the Attestation Complete email notification. The email will provide the following information:

- Issuer ID
- Issuer Name
- Market Type
- Message confirming that Attestation is complete for the Issuer
- Date Attestation is complete
- Time Attestation is complete

10.4 Manual Attestation

If an electronic Attestation cannot be completed, Issuers may request a paper Attestation form for either the Small Group or Individual market. This manual Attestation request must be approved by CCIIO before Issuers will be granted access to the form. If Issuers are granted approval to manually attest, they will be provided with a form for the CEO/CFO to sign. This form must be scanned and emailed back to insuranceoversight@hhs.gov.

11 Resubmission

The resubmission process is a time for the Issuer to change or update any data currently in the RBIS system. The Issuer can also add new data or correct any previously failed data during the submission process. After a Submitter user has re-submitted their data, the templates will go through both Template Validations and overall Cross-Check Validations.

Plans that are displayed in RBIS during the resubmission process are:

- Plans currently in production
- Previously submitted plans that were validated successfully but not attested
- Plans newly submitted to RBIS

11.1 Resubmission Requirements

Issuers may submit any updates or changes, or correct failed submissions via the resubmission process. If a plan failed in the previous submission because it was not attested the Issuer will need to resubmit or the plan will be removed from RBIS.

Plans currently in production can only be updated and cannot be removed from the Validate Data tab through submission. If no updates are needed, then the Issuer may just remove them from the template. Alternatively, a Validator could validate a plan as “Yes, Do Not Display” which would remove that plan from display on the Finder.Healthcare.gov website.

If no changes or updates need to be made, then resubmission is not necessary.

11.2 Resubmission Validation and Attestation Requirements

All plans will require Issuer Re-Validation if data is resubmitted to RBIS. If the issuer had previously recorded an attestation from their Attester (Issuer CEO/CFO) there is no need to attest again during the same Plan Year, even if multiple resubmissions are made after the initial Attestation.

11.3 Status Update email

A status update email will be sent every two weeks, on the week contrary to the refresh, for the first six weeks of the submission window and will be sent weekly thereafter. These status emails will be sent to the Primary Data Submitters with all Validators and all other Submitters cc'd. One email with all the associated Issuer IDs will be sent per Primary Data Submitter. The emails will be sent for the appropriate market type based upon the associations of the Primary Data Submitter. The following information will be included in the emails:

- Submission status
 - Successful
 - Unsuccessful
- Validation status
 - All plans have been validated
 - At least one plan has been rejected or not yet validated
- Attestation status
 - Complete
 - Incomplete

If all Issuers associated to the Primary Data Submitter have successful submissions and have had all of their plans validated and attested, no email will be sent. Users will be able to turn off email reminders via a checkbox on the RBIS home page. This opt-out selection will only apply to the email reminders and not to any other system generated emails. Refer to Figure 36.

Figure 36: Email Opt-Out Checkbox

The screenshot displays the 'Rate & Benefits Information System' interface. At the top, there is a green header with the system name. Below the header, a navigation bar includes a date/time stamp '08/13/2018 21:33' and buttons for 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. A 'Welcome' message is followed by a tabbed menu with options: 'Submission Summary', 'Submission Materials', 'Data Upload', 'Validate Data', and 'Attestation'. The main content area is divided into two columns. The left column features an 'Announcements' section with a bulleted list of system information and a 'Reminder Email Opt Out' section. The right column contains a 'Related Links' section with several external links. In the 'Reminder Email Opt Out' section, there are two market categories: 'Individual Market' and 'Small Group Market', each with a list of plan numbers (11082 and 11593). At the bottom of this section, there is a checkbox labeled 'Opt Out' and a 'Submit' button, which are highlighted with a red rectangular box.

Rate & Benefits Information System

08/13/2018 21:33 [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

Welcome

[Submission Summary](#) [Submission Materials](#) [Data Upload](#) [Validate Data](#) [Attestation](#)

Announcements

- Welcome to the Rate and Benefits Information System (RBIS). This is your tool for submitting detailed health insurance product and plan information in the individual and small group markets.
- A User Manual is available that describes the data submission process in detail.
- Be sure to check out the related links box on this page for information about upcoming data submission windows, enhancements to this tool, and other resources.
- If you have policy questions regarding RBIS or Finder.HealthCare.gov, please e-mail CCIOPlanFinder@cms.hhs.gov.
- If you need technical assistance regarding RBIS data submissions, please contact the Marketplace Service Desk (MSD) at [1-855-267-1515](tel:1-855-267-1515) or CMS_FEPS@cms.hhs.gov.

Reminder Email Opt Out

Individual Market

- 11082
- 11593

Small Group Market

- 11082
- 11593

☐ Opt Out [Submit](#)

Related Links


- Finder.Healthcare.gov
- [Content Requirements for ACA - CCIIO](#)
- [Archive of Memos](#)
- [Training Resources](#)
- [CMS Enterprise Portal](#)

All plans that have been validated and attested will be displayed on the Finder.Healthcare.gov website after a subsequent Interim Refresh has been completed. Refer to section 3.6.1 for the Interim Refresh process.

12 Appendices

12.1 Appendix A – Template Data Validations

To trigger the Validation Process:

1. When the Submitter has completed the data entry or updates, it is recommended to save the document before starting the Validation Process.
 - a. For Excel 2003 version, select the Excel Save icon. There is no need to rename the document at this point.
 - b. For Excel 2007 version, select the Microsoft Office button , select Save As, and ensure the file version is set to 2003 version.
 - c. For Excel 2010, Select File, Save As and save the file as an Excel Macro-Enabled Workbook.

There is no need to rename the document at this point.

2. Select the **Validate** button.

Upon triggering the Validation Process, a message box will pop up indicating which cells did not pass Validation along with a brief description of why the cell did not pass Validation. Once the Validation rules are corrected, the Validate process will display a message indicating the Validation was successful.

Once the template has passed Validation, the Excel file must be finalized. In order to finalize the Excel file, select the **Finalize** button. This will create an .xml file that is suitable for submission in the RBIS system.

12.2 Appendix B - File Type Instructions

The following file formats are accepted for data upload into the Rate and Benefits Information System:

- XML
- ZIP

12.2.1 XML

All files must be 50 MB or smaller. Before saving the finalized document, users should ensure that all required fields have been filled in correctly.

12.2.2 ZIP

All files must be 50 MB or smaller. If users have difficulty with the file size, zipped or compressed files take up less storage space and may be utilized instead. User can combine several files into a single compressed folder, making it easier to upload into RBIS. It is important to note that **users may only submit one Template type per ZIP file.**

For example, users may upload multiple Plans Benefits templates in one ZIP file, but they cannot upload a Plans Benefits template with a Rates template in the same ZIP file.

12.2.3 Saving Documents in .ZIP Format

Before saving the finalized document as a ZIP file, users should ensure that all required fields have been filled in correctly.

To compress a file or folder using Windows:

1. Locate the file(s) or folder(s) that you want to compress.
2. Select the file(s) or folder(s) and right-click, point to Send To, and then select Compressed (zipped) Folder.
 - a. A new compressed folder is created. To rename it, right-click the folder, select Rename, and then type the new name.

To compress files and folders using Mac OS:

1. Select the item or items you want to compress.
2. Choose File and select Compress.
 - a. If you compress a single item, the compressed file has the name of the original item with a .zip extension. If you compress multiple items at once, the compressed file is called Archive.zip.
 - b. When you open a compressed file, it is replaced by a folder containing uncompressed copies of the original items. As the item is being uncompressed, the Archive Utility appears in the Dock. If you want to change where the uncompressed files appear or automatically delete the .zip files, select Archive Utility, and select Archive Utility > Preferences.

12.3 Appendix C - Business Rules and Rates Template Integration

The Finder.HealthCare.gov website is used to assist consumers in identifying affordable and comprehensive health insurance coverage options that are available in their state. The information displayed on Finder.HealthCare.gov should include, but is not limited to, information on eligibility, availability, premium rates, and benefit descriptions by plan and within an appropriate geographic context.

The purpose of this section is to illustrate how the various data input from consumers on the Finder.HealthCare.gov website combined with Issuer data submissions in the Rates and Benefits Information System generate the estimated premium rates that are output and displayed to a consumer on Finder.HealthCare.gov. The following three components are involved:

- **Consumer Input on Finder.Healthcare.gov** – The data that a consumer inputs on Healthcare.gov plays a factor in determining which benefit plans that the consumer is eligible for.
- **Business Rules Template** – This template allows Issuers to submit the answers to questions that will eventually affect how the rates for their benefit plans are calculated.
- **Rates Template** - The Rates Template allows Issuers to submit plan rate data as well as other determining factors such as subscriber type and smoking habits.

The combination of all three components outlined above is what determines the benefit plans and associated rates that are displayed to a consumer when they perform a search for available healthcare plans that they are eligible for on Healthcare.gov.

12.3.1 Business Rules Template Guidelines

1. Download the Business Rules Template
 - a. For further instructions on how to download the Business Rules Template for submission, see Section 6.2.

12.3.2 Age Calculation for Eligibility and Quote Determination

The subscriber's age is used for determining:

- Eligibility for a specific Issuer, Product, or Plan.
- Rate lookup for specific user type for a specific plan.

There are three factors that influence the age calculation:

1. The subscribers date of birth (DOB)
2. The insurance effective date (IED)
3. One of the following, Issuer specified, rules to determine the age on a specific date:
 - a. Age on effective date
 - b. Age on January 1st of the effective date year
 - c. Age on insurance date (age on birthday nearest the effective date)
 - d. Age on January 1st or July 1st

Age related eligibility rules are provided in months, while rates are specified for age bands in years. Therefore, the age will first be calculated in months and then converted into years.

For a specific subscriber born on date “DOB” the following algorithm is used to determine the age in months on a specific date “IED”:

1. Determine “age in years” as $\text{DOB.year} - \text{IED.year}$
2. If the birthday did not yet come up as at IED, then subtract one year from the “age in years” and determine the “months that have passed since the last birthday” as $12 - \text{DOB.month} + \text{IED.month}$
3. Else determine the “months that have passed since the last birthday” as $\text{IED.month} - \text{DOB.month}$
4. If the day of the month of IED is before the day of the month of the DOB, then subtract one month from the “months that have passed since the last birthday”
5. The resulting age in months is the determined as $12 * \text{“age in years”} + \text{“months that have passed since the last birthday”}$

The age in years is then calculated from the age in months by dividing the age in months by 12, ignoring the fractional portion of the result (which is the same as “age in years” from the above calculation).

12.3.3 Rates Template Guidelines

1. **Upload the Rates Template**
 - a. Upload the Rates Template. For further instructions on how to upload the Rates Template for submission, see Section 8.
2. **Complete the Rates Template**
 - a. Complete the required fields for each plan on the worksheet labeled “Rates Template.”
3. **Subscriber Type Mappings** - The information below in Table 2 provides subscriber type mappings for users based on the method in which they calculate plan rates.
 - a. **Individual Rates** - The following table displays subscriber type mappings for when rates are calculated individually by adding up individual rates.

Table 2: Subscriber Type Mapping for Individual Rate Calculations

Scenario	Template Subscriber Type
Single Person	Primary Subscriber
Child	Dependent
One Child Only	Primary Subscriber
Two Children Only	Primary Subscriber + Primary Subscriber
Three Children Only	Primary Subscriber + Primary Subscriber + Primary Subscriber
Husband + Wife	Primary Subscriber + Secondary Subscriber
Husband + Wife + One Child	Primary Subscriber + Secondary Subscriber + Dependent

Scenario	Template Subscriber Type
Husband + Wife + Two Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent
Husband + Wife + Three or more Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent + Dependent
Single Parent + One Child	Primary Subscriber + Dependent
Single Parent + Two Children	Primary Subscriber + Dependent + Dependent
Single Parent + Three or more Children	Primary Subscriber + Dependent + Dependent + Dependent
Domestic Partner + Domestic Partner	Primary Subscriber + Secondary Subscriber
Domestic Partner + Domestic Partner + One Child	Primary Subscriber + Secondary Subscriber + Dependent
Domestic Partner + Domestic Partner + Two Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent
Domestic Partner + Domestic Partner + Three or more Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent + Dependent
Same Sex Partner + Same Sex Partner	Primary Subscriber + Secondary Subscriber
Same Sex Partner + Same Sex Partner + One Child	Primary Subscriber + Secondary Subscriber + Dependent
Same Sex Partner + Same Sex Partner + Two Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent
Same Sex Partner + Same Sex Partner + Three or more Children	Primary Subscriber + Secondary Subscriber + Dependent + Dependent + Dependent

- b. **Group Rates** – When determining group rates, the relationships between the primary subscriber and dependent(s) specified on Business Rules template must be considered. Issuers can define permissible relationship types and whether the dependent must live with the primary subscriber.

The following information in Table 3 displays subscriber type mappings for when group rates are applied to a family of two or more enrollees.

Table 3: Subscriber Type Mapping for Group Rate Calculations

Scenario	Template Subscriber Type	Limitations/Exceptions
Single Person	Primary Subscriber	N/A
Child	Dependent	N/A
One Child Only	Primary Subscriber	N/A

Scenario	Template Subscriber Type	Limitations/Exceptions
Two Children Only	Primary Subscriber + Primary Subscriber	N/A
Three Children Only	Primary Subscriber + Primary Subscriber + Primary Subscriber	N/A
Husband + Wife	Couple	N/A
Husband + Wife + One Child	Couple and One Dependent	N/A
Husband + Wife + Two Children	Couple and Two Dependents	N/A
Husband + Wife + Three (or more) Children	Couple and Three or More Dependents	N/A
Single Parent + One Child	Primary Subscriber and One Dependent	N/A
Single Parent + Two Children	Primary Subscriber and Two Dependents	N/A
Single Parent + Three (or more) Children	Primary Subscriber and Three or More Dependents	N/A
Domestic Partner + Domestic Partner	Couple	Rate applies only if Domestic Partners are treated the same as Secondary Subscribers.
Domestic Partner + Domestic Partner + One Child	Couple and One Dependent	Rate applies only if Domestic Partners are treated the same as Secondary Subscribers.
Domestic Partner + Domestic Partner + Two Children	Couple and Two Dependents	Rate applies only if Domestic Partners are treated the same as Secondary Subscribers.
Domestic Partner + Domestic Partner + Three (or more) Children	Couple and Three or More Dependents	Rate applies only if Domestic Partners are treated the same as Secondary Subscribers.
Same Sex Partner + Same Sex Partner	Couple	Rate applies only if Same-Sex Partners are treated the same as Secondary Subscribers.
Same Sex Partner + Same Sex Partner + One Child	Couple and One Dependent	Rate applies only if Same-Sex Partners are treated the same as Secondary Subscribers.

Scenario	Template Subscriber Type	Limitations/Exceptions
Same Sex Partner + Same Sex Partner + Two Children	Couple and Two Dependents	Rate applies only if Same-Sex Partners are treated the same as Secondary Subscribers.
Same Sex Partner + Same Sex Partner + Three (or more) Children	Couple and Three or more Dependents	Rate applies only if Same-Sex Partners are treated the same as Secondary Subscribers.

12.3.4 Sample Rate Calculations

Please note: the Scenarios below display a simple breakdown of sample rate calculations. There are additional variances within the Business Rules template that will affect which rates will return for each individual subscriber.

Example Scenario 1 – Husband, Wife and 2 Children

*For this example, assume the business rules classify a person using tobacco within the last six months as a tobacco user subject to tobacco user rates.

Table 4: Example Scenario 1 - Individual Rate Calculation

Enrollees	Age	Tobacco/Non-Tobacco	Template Subscriber Type	Sample Output Rates
Husband	38	Tobacco use within 3 months*	Primary Subscriber	54
Wife	36	Non-tobacco	Secondary Subscriber	42
Child	12	Non-tobacco	Dependent	23
Child	14	Non-tobacco	Dependent	20

Figure 37: Example Scenario 1 – Individual Rate Results

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an individual tobacco enrollee on a plan
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	20.00	20.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	15	21.00	21.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	16	22.00	22.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	17	23.00	23.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	18	24.00	34.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	19	25.00	35.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	20	26.00	36.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	21	27.00	37.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	22	28.00	38.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	23	29.00	39.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	24	30.00	40.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	25	31.00	41.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	26	32.00	42.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	27	33.00	43.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	28	34.00	44.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	29	35.00	45.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	30	36.00	46.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	31	37.00	47.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	32	38.00	48.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	33	39.00	49.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	34	40.00	50.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	35	41.00	51.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	36	42.00	52.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	37	43.00	53.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	38	44.00	54.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	39	45.00	55.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	40	46.00	56.00

The template rows are populated by age starting from 0-14: The first row outlined displays the child, who is under 14 years of age and has an individual rate of \$20.00. The second row outlined displays the other dependent, 17 years old, with an individual rate with a rate of \$23.00. The third row outlined displays the rate for the wife, 36 years of age (non-tobacco user), with an individual rate of \$42.00. the Last row outlined shows the husband, 38 years of age (tobacco user), with an Individual Tobacco Rate of \$54.00. The total rate would be the sum of \$20 + \$23 + \$42 + \$54 = \$139.

Table 5: Example Scenario 1 – Group Rate Calculation

Enrollees	Template Subscriber Type	Sample Output Rate
Husband, Wife, and two Children	Primary Subscriber, Secondary Subscriber and Two Dependents	130

Figure 38: Example Scenario 1 – Group Rate Results

Plan ID*	Rating Area ID*	Age*	Tobacco*	Individual*	Primary Subscriber and Secondary Subscriber	Primary Subscriber and One Dependent	Primary Subscriber and Two Dependents	Primary Subscriber and Three or More Dependents	Primary Subscriber, Secondary Subscriber and One Dependent	Primary Subscriber, Secondary Subscriber and Two Dependents	Primary Subscriber, Secondary Subscriber and Three or More Dependents
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select the age of a subscriber eligible for the rate	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Enter the rate of an individual enrollee on a plan	Optional: Enter the rate of a couple based on the pairing of a primary enrollee and a secondary subscriber (e.g. husband and spouse)	Optional: Enter the rate of a family based on a single parent with one dependent	Optional: Enter the rate of a family based on a single parent with two dependents	Optional: Enter the rate of a family based on a single parent with three or more dependents	Optional: Enter the rate of a family based on a couple with one dependent	Optional: Enter the rate of a family based on a couple with two dependents	Optional: Enter the rate of a family based on a couple with three or more dependents
12345678912345	Rating Area 1			40	70	60	80	100	110	130	150

One row is populated. The rate listed is \$130.00 covering the field primary subscriber, secondary subscriber and two dependents.

Example Scenario 2 – Husband, Wife, two Children and Grandmother

* For this example, assume the business rules classify a person using tobacco within the last six months as a tobacco user subject to tobacco user rates.

Table 6: Example Scenario 2 - Individual Rate Calculation

Enrollees	Age	Tobacco/Non-Tobacco	Template Subscriber Type	Sample Output Rates
Husband	38	Non-tobacco	Primary Subscriber	80
Wife	36	Tobacco use within 2 months*	Secondary Subscriber	50
Child	12	Non-tobacco	Dependent	25
Child	14	Non-tobacco	Dependent	25
Grandmother	65	Non-tobacco	Dependent	65

Figure 39: Example Scenario 2 – Individual Rate Results

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an individual tobacco enrollee on a plan
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	0-14	20.00	20.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	15	21.00	21.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	16	22.00	22.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	17	23.00	23.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	18	24.00	34.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	19	25.00	35.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	20	26.00	36.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	21	27.00	37.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	22	28.00	38.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	23	29.00	39.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	24	30.00	40.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	25	31.00	41.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	26	32.00	42.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	27	33.00	43.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	28	34.00	44.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	29	35.00	45.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	30	36.00	46.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	31	37.00	47.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	32	38.00	48.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	33	39.00	49.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	34	40.00	50.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	35	41.00	51.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	36	42.00	52.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	37	43.00	53.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	38	44.00	54.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	39	45.00	55.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	40	46.00	56.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	41	47.00	57.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	42	48.00	58.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	43	49.00	59.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	44	50.00	60.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	45	51.00	61.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	46	52.00	62.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	47	53.00	63.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	48	54.00	64.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	49	55.00	65.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	50	56.00	66.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	51	57.00	67.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	52	58.00	68.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	53	59.00	69.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	54	60.00	70.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	55	61.00	71.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	56	62.00	72.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	57	63.00	73.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	58	64.00	74.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	59	65.00	75.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	60	66.00	76.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	61	67.00	77.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	62	68.00	78.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	63	69.00	79.00
12345XX1234567 Rating Area 1	12345XX1234567 Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	70.00	80.00

Four rows are outlined: The first row outlined displays the rate for the two children (both under 14 years of age) at \$20.00 per person. The next row outlined displays the wife, 36 years old, who is a tobacco user with a rate of \$42.00. The third row outlined displays the husband, 38 years old, who is a non-tobacco user with a rate of \$44.00. The fourth row outlined displays the grandmother, 65 years old, who is a non-smoker with a rate of \$70.00 per person. The total rate would be the sum of \$20 + \$20 + \$42 + \$44 + \$70 = \$196.

Table 7: Example Scenario 2 - Group Rate Calculation No Plans Returned

Enrollees	Template Subscriber Type	Sample Output Rates
Husband, Wife, 2 Children, and grandmother	N/A because grandmother is older than 21 and does not qualify as a dependent.	No plans will be returned for this family configuration

Instead, the family configuration will be returned as follows for group rate calculations:

Table 8: Example Scenario 2 - Group Rate Calculation Plans Returned

Enrollees	Template Subscriber Type	Sample Output Rates
Husband, Wife, and 2 Children	Primary Subscriber, Secondary Subscriber, and two dependents	130
Grandmother	Individual	65

Figure 40: Example Scenario 2 – Group Rate Results

Family Tier										
Plan ID*	Rating Area ID*	Age*	Tobacco*	Individual*	Primary Subscriber and Secondary Subscriber	Primary Subscriber and One Dependent	Primary Subscriber and Two Dependents	Primary Subscriber and Three or More Dependents	Primary Subscriber, Secondary Subscriber and One Dependent	Primary Subscriber, Secondary Subscriber and Two Dependents
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select the age of a subscriber eligible for the rate	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Enter the rate of an individual enrollee on a plan	Optional: Enter the rate of a couple based on the pairing of a primary enrollee and a secondary subscriber (e.g. husband and spouse)	Optional: Enter the rate of a family based on a single parent with one dependent	Optional: Enter the rate of a family based on a single parent with two dependents	Optional: Enter the rate of a family based on a single parent with three or more dependents	Optional: Enter the rate of a family based on a couple with one dependent	Optional: Enter the rate of a family based on a couple with two dependents
12345678912345	Rating Area 1			65	70	75	80	85	125	130

One row is populated. The rate listed is \$130.00 covering the field primary subscriber, secondary subscriber and two dependents, plus the grandmother is listed as an individual (on a separate plan) with a rate of \$65.00.

Example Scenario 3 – Four Children Only

For this scenario, the rate calculation would be the same for both individual and group rates. This is because there are no group rates for child only plans. For both cases, the overall rate is the sum of the individual rates for the children, using the three oldest for rate determination.

Table 9: Example Scenario 3 – Individual and Group Rate Calculation

Enrollees	Age	Tobacco/Non-Tobacco	Template Subscriber Type	Sample Output Rates
Child 1	20	Tobacco use within 4 months*	Individual	36
Child 2	18	Tobacco use within 1 month*	Individual	34
Child 3	16	Non-tobacco	Individual	22
Child 4	14	Non-tobacco	Individual	20

Figure 41: Example Scenario 3 – Individual and Group Rate Results

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
12345XX1234567 Rating Area 1		Tobacco User/Non-Tobacco User	0-14	20.00	20.00
12345XX1234567 Rating Area 1		Tobacco User/Non-Tobacco User	15	21.00	21.00
12345XX1234567 Rating Area 1		Tobacco User/Non-Tobacco User	16	22.00	22.00
12345XX1234567 Rating Area 1		Tobacco User/Non-Tobacco User	17	23.00	23.00
12345XX1234567 Rating Area 1		Tobacco User/Non-Tobacco User	18	24.00	34.00
12345XX1234567 Rating Area 1		Tobacco User/Non-Tobacco User	19	25.00	35.00
12345XX1234567 Rating Area 1		Tobacco User/Non-Tobacco User	20	26.00	36.00
12345XX1234567 Rating Area 1		Tobacco User/Non-Tobacco User	21	27.00	37.00
12345XX1234567 Rating Area 1		Tobacco User/Non-Tobacco User	22	28.00	38.00
12345XX1234567 Rating Area 1		Tobacco User/Non-Tobacco User	23	29.00	39.00

There are four rows outlined. The first row displays Child 4, 14 years old, who is a non-tobacco user with a rate of \$20.00. The second row displays the rate for Child 3, 14 years old, who is a non-tobacco user with a rate of \$22.00. The next row outlined shows Child 2, 18 years old, who is a tobacco user with a rate of \$34.00. The last row outlined shows Child 1, 20 years old, also a tobacco user, with a rate of \$36.00. The total rate would be the sum of \$20 + \$22 + \$34 + \$36 = \$112.