

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



Version 11.00.00

August 2022

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RBIS User Manual Change History

August 2022 Revisions

- Updated the Screenshots with PY2023 Plan Benefits Template to support Release 20.00.00
- Updated the screenshot of the Download Submission Materials for Individual and Small Group Markets page with link to new add-in

August 2021 Revisions

- Updated the Screenshots with PY2022 Data Templates to support Release 19.00.00

February 2021 Revisions

The following sections in this document have been updated to support Release 18.01.00:

- Updated the contact email address text to “cms_feps@cms.hhs.gov” in the following sections 10.1 and 10.4

August 2020 Revisions

The following sections in this document have been updated to support Release 18.00.00:

The sections below contain updated text information:

- Added new section 7.5 describing the submission and validation process of the new URL template
- Updated informative text for the URL template in the following sections 2.1 , 3.2 , 6.2, 7 and 8.3.2
- Removed text describing the “Yes, Do not Display” option from section 9.1.1.3 as its no longer displayed

The sections below contain updated screenshots:

- Section 6.2 - Updated Figure 10 screenshot with the latest Download Data Submission Materials
- Section 7.1 - Updated Figure 11 screenshot with 2021 Plan Benefits template
- Section 7.1 - Updated Figure 12 screenshot to display invalid data message on 2021 Plan Benefits template
- Section 7.2 - Updated Figure 14 screenshot with 2021 Service Area template
- Section 7.3 - Updated Figure 15 screenshot with 2021 Rates Template
- Section 7.4 - Updated Figure 16 screenshot with 2021 Business Rules Template
- Section 7.5 – Added Figure 17 screenshot with 2021 URL Template
- Section 8.1.1 – Updated Figures 19 and 20 screenshots with latest Files Selected to Upload for Small Group Market and Individual Market Example
- Section 9.1.1.3 - Updated Figure 29 screenshot of View All Plans- Validation Status

August 2019 Revisions

The following sections in this document have been updated to support Release 17.00.00:

The sections below contain updated text information:

- Added text stating that re-attestations are no longer necessary for data resubmission for the following sections 3.2 and 3.3

The sections below contain updated screenshots:

- Section 7.1 - Updated Figure 11 screenshot with 2020 Plan Benefits template
- Section 7.1 - Updated Figure 12 screenshot to display invalid data message on 2020 Plan Benefits template
- Section 7.2 - Updated Figure 14 screenshot with 2020 Service Area template
- Section 7.3 - Updated Figure 15 screenshot with 2020 Rates Template
- Section 7.4 - Updated Figure 16 screenshot with 2020 Business Rules Template

May 2019 Revisions

The following sections in this document have been updated to support Release 16.00.00:

The sections below contain updated text information:

- Section 8 - Changed page title from “View Uploaded Files” to “Uploaded Files History”
- Section 8.2 - Updated all references to “View Uploaded Files” to display new page title “Uploaded Files History”
- Section 9.1.2.1 – updated text from “Primary subscriber” to “Person primarily seeking coverage” and “Secondary subscriber” to “Primary’s spouse or life partner seeking coverage”

The sections below contain updated screenshots:

- Section 2.4.1 – Updated Figure 1 of RBIS Submissions Tab on Landing Page
- Sections 4 – 6
 - Updated Figure 5 of RBIS Home Page
 - Updated Figure 6 of Submission Summary Page
 - Updated Figure 7 of Submission Summary Page Selection Examples
 - Updated Figure 8 of Submission Summary Page Search Results Table
 - Updated Figure 9 of Instructions and Reference Materials
 - Updated Figure 10 of Download Data Submission Materials
- Sections 8 – 11
 - Updated Figure 17 of Data Upload Tab
 - Updated Figure 18 of HIOS Product Data Upload Confirmation – Individual Market Example
 - Updated Figure 19 of Files Selected to Upload – Small Group Market Example
 - Updated Figure 20 of Uploaded Files History
 - Updated Figure 21 of Validate Data tab – Individual Market Example
 - Updated Figure 22 of Select Issuer ID(s) – Individual Market Example
 - Updated Figure 23 of Issuer ID Multi-Select Example
 - Updated Figure 24 of No Data Received for Issuer ID(s) – Small Group Market Example
 - Updated Figure 25 of No Data to Report for Issuer ID(s) (Example from Small Group Market)
 - Updated Figure 26 of View Benefit Details for Individual Plans – Individual Market Example
 - Updated Figure 28 of Validation Status – Individual Market Example
 - Updated Figure 29 of Search Criteria – Small Group Market
 - Updated Figure 30 of Zip Code Field
 - Updated Figure 31 of Search by Scenario Search Screen – Small Group Market Example
 - Updated Figure 32 of Search by Scenario Results Table – Small Group Market Example
 - Updated Figure 33 of Attestation Available
 - Updated Figure 34 of Attestation Unavailable
 - Updated Figure 35 of Attestation Complete
 - Updated Figure 36 of Email Opt-Out Checkbox

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 (Attesters will only need to attest once, throughout the entire submission year)
- Section 3.5 - Added text stating that re-attestations 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

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> and <http://www.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 module.

1.1 Instructional Layout

The term 'user' is used throughout this document to refer to a person who has acquired access to complete activities within the RBIS module. Each action that is required by the user is indicated via step-by-step bullets. If an action requires the user to select a specific button or link on the screen, the name of the item to look for will be in ***bold italics***. For example:

1. Select ***OK***.

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 Standardized Plan 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
- RBIS URL Template - .xlsm

The templates referenced above (with the exception of the RBIS URL template) are the QHP templates also used for submission of plan and benefits information to the Federally Facilitated Marketplace (FFM). The templates may be downloaded through RBIS or directly from the QHP website under the Application Materials tab found at the address below:

<https://www.qhpcertification.cms.gov/s/Application%20Materials>

The RBIS module supports either of the following compatible browsers:

- Mozilla Firefox
- Google Chrome

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 2013 or later:** Macros should be set to “**Disable all macros with notification.**” Instructions will be provided in *Section 2.1.2.1 : 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 2013 or later

- Enable the Excel standard toolbar

2.1.2.1 Excel Version 2013 or later

Set the Excel macro security settings as follows:

1. For Excel 2013/ latest version, set Excel macro security settings to “Disable all macros with notifications.”
 - a. Select the **File** button in the upper left corner of the window.
 - b. Select the **Options** button at the bottom of the menu.
 - c. Select **Trust Center** on the left navigation pane.
 - d. Select **Trust Center Settings**.
 - e. Select **Macro Settings** on the left navigation pane.
 - f. Select the radio button in front of **Disable all macros with notifications**.
 - g. Select **OK**.
 - h. When the workbook is opened, select the **Options** button and select **Enable Content** 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

Health Insurance Oversight System

Welcome, [Logout](#)

[Home](#) [Knowledge Center](#) [Help ?](#)


Rate and Benefits Information System

[RBIS Submissions](#) [Blank Templates for Individual and Small Group](#)


RBIS Submissions

[Access the RBIS System](#)

[ACCESSIBILITY](#) | [RULES OF BEHAVIOR](#) | [WEB POLICIES](#) | [FILE FORMATS AND PLUG-INS](#)

 **CMS**
CENTERS FOR MEDICARE & MEDICAID SERVICES

A federal government website managed by the
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244

 DEPARTMENT OF HEALTH & HUMAN SERVICES-USA

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 the Finder.Healthcare.gov website.

At a very high level, the overall RBIS process can be summarized as follows:

1. An RBIS Submission window is opened for the collection of plan-related data
2. Users with the RBIS Submitter role prepare and submit templates to RBIS with plan-related data for their issuer(s), or indicate there is no data to submit. If the RBIS system finds data errors, the Submitter must correct and resubmit the plan data.
3. Once all data errors are resolved the data must be both issuer validated and attested:
 - a. RBIS Validator users will review data for their issuer(s) and indicate whether the data is accurate and appropriate to publish
 - b. RBIS Attester users, a CEO or CFO, will provide their general approval of the data for the issuer(s) for whom they are associated
4. Once plan-related has completed steps 2 and 3 above, RBIS will publish the data, making available to consumers via the Finder.Healthcare.gov website.

3.1 Role Overview

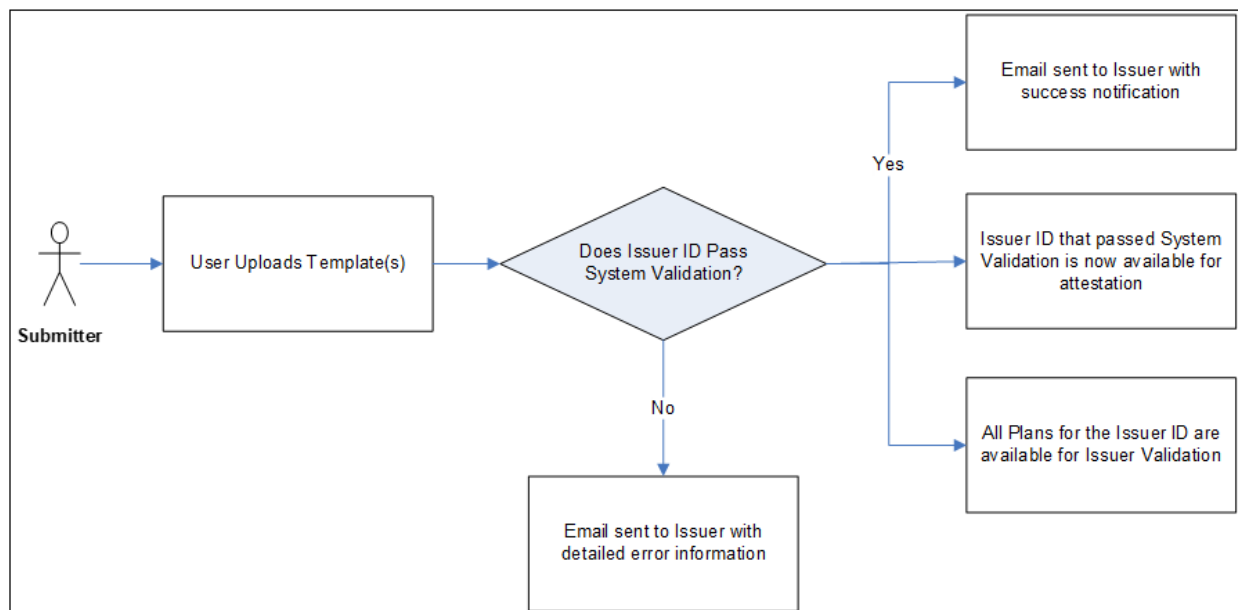
There are three different User roles that can be assigned in RBIS:

- **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 or from links provided within RBIS. Refer to the QHP Certification website at <https://www.qhpcertification.cms.gov/s/Application%20Materials> under the “Application Materials” heading .

Please note that beginning with Plan Year 2021 data collection, a new URL template has been created for RBIS data submission. This template is unique to RBIS and can only be downloaded from the RBIS module.

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 to RBIS. It is necessary for all five templates to be submitted as part of the first submission for a new plan year. It is further recommended that all five templates be submitted if there are additional submissions made during the year.

The Submission Contact’s role in RBIS begins with the creation and upload of template(s) into the system. Once uploaded, the template(s) will go through a series of System Validations. The first stage of validations consists of checks to ensure file-level correctness. These first include checking the file size and file format. These validations occur automatically upon template upload. Next, data validations are

performed to verify the template version is the most current and that values supplied within are valid. If a template passes these validations, it will progress to the second stage of validations.

The second stage of System Validations cross-checks the template(s) to ensure all the necessary data has been submitted for each Issuer ID. For example, the cross checks will verify all submitted plan IDs have corresponding rate information and vice versa. These validations only occur if templates have successfully passed the first stage of validations.

If the templates fail either of these validations stages, 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 templates in RBIS. Alternatively, the Submitter will receive an email if the template(s) pass both stages of System Validation. Note that if a template fails validation at either stage, all data within that template fails. Thus, a template must pass both validation stages for any of the data within to be recorded in RBIS.

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

- The template(s) fail template validation(s) in stage 1
- The template(s) fail cross-check validations in stage 2
- The template(s) pass both stages of validations.

If there are any issues with data, Submitters must correct and 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 URL, Plan Benefit, Service Area, Rate or Business Rule template, please contact the MSD.

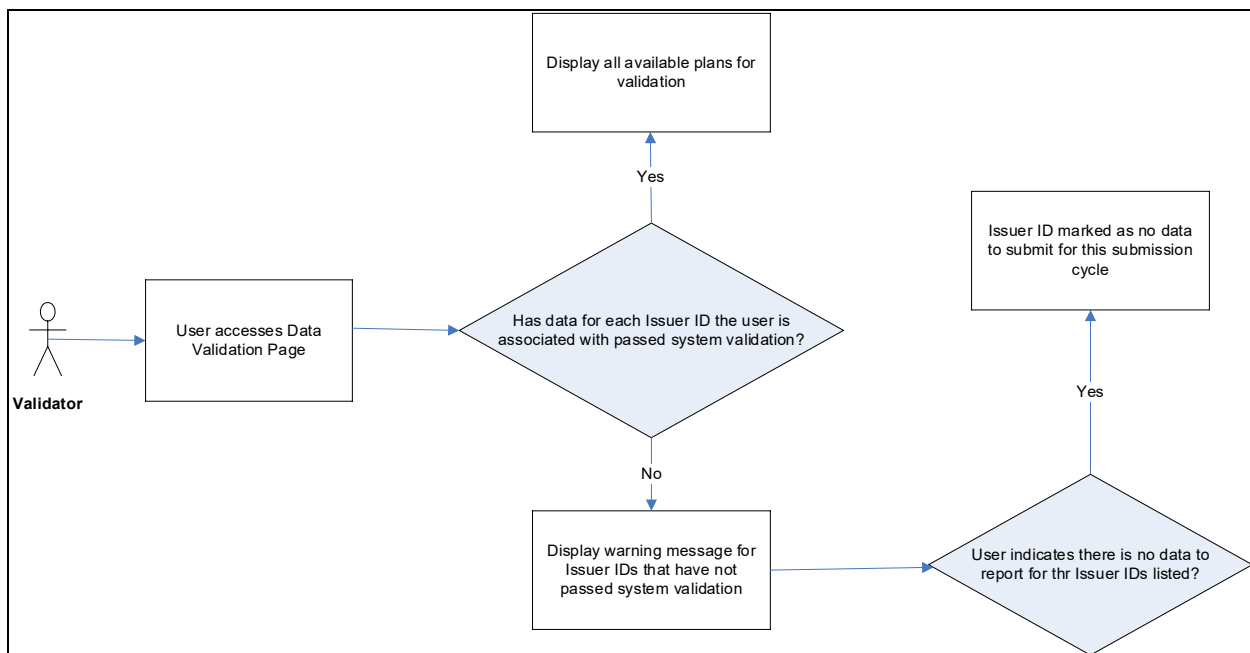
RBIS typically controls the submission of template data through the use of four submission periods, or windows during a plan year. Each window is normally ten weeks in duration followed by a three week maintenance period where RBIS is closed for submissions. Therefore over the duration of an entire Plan Year data collection cycle, there will be 40 weeks for submissions and 12 weeks when the system is closed for maintenance purposes.

With RBIS operating on an Annual Submission schedule beginning with the 2019 Plan Year data collection, a single submission of plan data can be performed once 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, but re-attestation is not necessary.

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 Validator user is associated with must pass both stages of 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. Note that once a Validator has indicated “no data to report”, that checkbox option will not be shown on the webpage for the remainder of the data collection year. Also note that this choice is not binding; a Submitter can always provide a submission of data to RBIS later during the Plan Year if it is necessary.

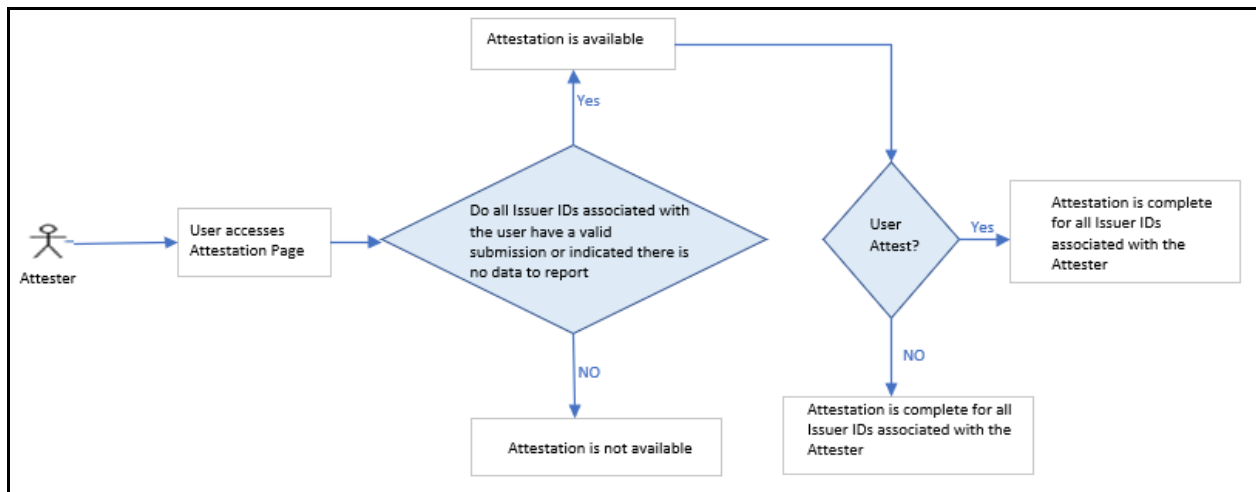
Plan data shown for an Issuer ID must be both issuer validated and attested (refer to the following section) to appear on the Finder.Healthcare.gov website.

If there are any issues with data, Submitters can resubmit their templates. Each submission for an Issuer ID will completely overwrite the previous submission. If data is resubmitted, it must be revalidated by a Validator user, but re-attestation is not necessary.

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) to which the user is associated. Attestation will not be available until all Issuer IDs associated with the Attester 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. The electronic signature entered must match the first name and last name on the Attester Contact’s HIOS account.

Users should use caution when completing Attestation, as it can only be completed one time per submission window. With RBIS operating under an Annual Submission schedule beginning with 2019 Plan Year data collection, this means an attestation performed once during the plan year will be active and valid for the entire year, regardless of whether additional data submissions are made at a later date.

3.5 Resubmission Process

The resubmission process is similar to the submission process. After an Issuer has re-submitted data to RBIS, the templates will go through template validations as well as overall cross-check validation. 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 re-attestation is not necessary.

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

3.6 Finder.Healthcare.gov Refresh

During an open submission window, there will be updates to the data displayed on the Finder.Healthcare.gov website. Both consumers seeking coverage and issuers are able to provide

specific search criteria on the Finder.Healthcare.gov website and review the results based upon data submitted to RBIS during the submission window. 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 an open submission window. It publishes validated and attested plan data so that it can be queried and viewed via the Finder.Healthcare.gov website.

- No plans currently on Finder.Healthcare.gov will be removed, instead this process only adds new plans or updates existing information
- Issuer and product data for plans that meet the following criteria will be visible on Finder.Healthcare.gov:
 - Issuer Validated
 - Attested
 - Open in HIOS
 - Not Suppressed in HIOS
 - Not CCIIO suppressed
 - Not Expired

3.6.2 Final Refresh

This is a scheduled process which occurs only once at the closure of each submission window. Plan data that is no longer valid (per the criteria below) is removed from display on 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 CCIIO 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

Health Insurance Oversight System Welcome, [Logout](#)

Home **Knowledge Center** **Help**

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

RBIS Home

- 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 the HealthCare.gov Plan Finder, 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 or CMS_FEPS@cms.hhs.gov.

Reminder Email Opt Out

Individual Market

- 96594 - Medica Insurance Company

Small Group Market

- 96594 - Medica Insurance Company

Opt Out

Submit

Resources

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

4.1 RBIS Announcements

The Home page of the RBIS website displays an Announcements section. This section includes helpful information, such as news, status updates, notable dates/events, and more. Additionally, it displays an informational list of all Issuer IDs and market types for which a user is associated.

4.2 RBIS Related Links

The Home page of the RBIS module contains a Related Links section. This section includes 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 module contains a table at the bottom of the page. This provides a convenient opportunity to view and confirm all Issuers and roles for which the user is responsible.

5 Submission Summary

The Submission Summary page provides the submission status for each Issuer ID associated with the user. The screen shown below in Figure 6 is displayed when the user selects the **Submission Summary** tab. A user with any valid RBIS role will be able to see a list of all the issuer IDs associated to them in the Issuer ID dropdown.

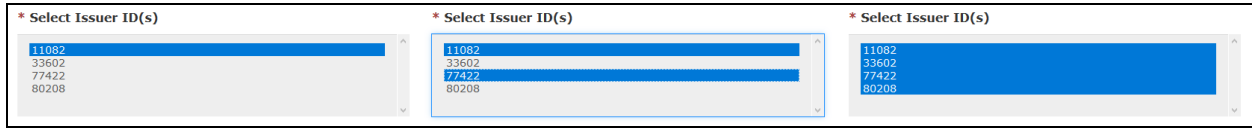
Figure 6: Submission Summary Page

The screenshot shows the 'Submission Summary' page with a navigation bar at the top containing 'Home', 'Knowledge Center', and 'Help'. Below the navigation bar are tabs for 'RBIS Home', 'Submission Summary', 'Submission Materials', 'Data Upload', 'Validate Data', and 'Attestation'. The main heading is 'Summary Status for RBIS Submissions'. A note states: 'Please note, a field with an asterisk (*) before it is a required field.' Below this, instructions explain that all three parts of an RBIS submission must be completed to achieve a 'Completed' status, listing: RBIS templates must be successfully submitted, Plan data must be validated, and Plan data must be attested. A note indicates the status will be 'Not Complete' if any part is not done. The search criteria section includes a required field '* Select Issuer ID(s)' with a dropdown menu showing '49890' and '96594', and another required field '* Market Type' with a dropdown menu showing 'Individual Family Plan (IFP)'. A green 'Enter' button is present. Below the search criteria are navigation links: '< First < Prev Next > Last >', a 'Show Entries' dropdown set to '10', and 'Displaying 0 to 0 of 0'. A table with the following headers is shown: 'Issuer', 'Market Type', 'RBIS Submission Status', 'Template Submission Status', 'Number of Plans Validated', and 'Attestation Status'. The table content is empty, with the text 'No data available in table' displayed below it.

5.1 Submission Summary Search Criteria

The Submission Summary page requires the user to select the Issuer ID(s) and Market Type for which they wish to see details. The user has the option to select one, multiple, or all of the displayed Issuer IDs along with a Market Type. See Figure 7 below for examples.

Figure 7: Submission Summary Page Selection Examples



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

RBIS Home
Submission Summary
Submission Materials
Data Upload
Validate Data
Attestation

Summary Status for RBIS Submissions

Please note, a field with an asterisk (*) before it is a 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)**

49890

96594

*** Market Type**

Both

Enter

« First « Prev **1** Next » Last » Show Entries 10 Showing 1 to 4 of 4 entries

<u>Issuer</u> <small>⌵</small>	<u>Market Type</u> <small>⌵</small>	<u>RBIS Submission Status</u> <small>⌵</small>	<u>Template Submission Status</u> <small>⌵</small>	<u>Number of Plans Validated</u> <small>⌵</small>	<u>Attestation Status</u> <small>⌵</small>
49890 - Affinity Health Plan, Inc. Ltd - NE	IFP	NOT_COMPLETE	NO_CHANGE	No Plans Validated	COMPLETE
49890 - Affinity Health Plan, Inc. Ltd - NE	SMG	NOT_COMPLETE	NO_CHANGE	No Plans Validated	COMPLETE
96594 - Medica Insurance Company - SD	IFP	NOT_COMPLETE	NO_SUB_FOUND	No Plans Available	NOT_READY

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	Complete	An overall summary of the issuer’s actions for the Plan Year collection cycle: <ul style="list-style-type: none"> The issuer has submitted without data errors 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 the Finder.Healthcare.gov website.
RBIS Submission Status	Not Complete	An overall summary of the issuer’s actions for the Plan Year collection cycle: <ul style="list-style-type: none"> The issuer has one or more tasks (submit without errors, issuer validate or attest) to perform to enable their plan data to display on the Finder.Healthcare.gov website.
Template Submission Status	Complete	The status of template submission for the Plan Year collection cycle: <ul style="list-style-type: none"> A complete set of templates has been submitted to RBIS and has passed system validations.
Template Submission Status	Indicated No Changes to Plans	The status of template submission for the Plan Year collection cycle: <ul style="list-style-type: none"> The issuer has indicated they have no new data to submit to RBIS during the window.
Template Submission Status	Failed Template Validation	The status of template submission for the Plan Year collection cycle: <ul style="list-style-type: none"> Template submissions were received by RBIS, but System Validation errors were found. These templates must be corrected and resubmitted.
Number of Plans Validated	[Numeric Value]	Provides a status of the plans in RBIS that have been validated or await validation by the issuer for the Plan Year collection cycle: <ul style="list-style-type: none"> A count of the plans in RBIS that have been Issuer Validated as Yes, Display.
Number of Plans Validated	No Plans Available	Provides a status of the plans in RBIS that have been validated or await validation by the issuer for the Plan Year collection cycle: <ul style="list-style-type: none"> No plans were found in RBIS that have passed System Validation and are awaiting issuer validation.
Number of Plans Validated	No Plans Validated	Provides a status of the plans in RBIS that have been validated or await validation by the issuer for the Plan Year collection cycle: <ul style="list-style-type: none"> System validated plans exist in RBIS and are awaiting validation by the issuer.

Data Element Name	Result Value	Description
Attestation Status	Complete	Provides a status of the plans in RBIS that have been attested or await attestation by the CEO/CFO for the Plan Year collection cycle: <ul style="list-style-type: none"> • Attestation of the RBIS plan data by the CEO/CFO has been completed.
Attestation Status	Ready	Provides a status of the plans in RBIS that have been attested or await attestation by the CEO/CFO for the Plan Year collection cycle <ul style="list-style-type: none"> • Plans were found in RBIS that have passed System Validation and are awaiting attestation by the CEO/CFO attester.
Attestation Status	Not Ready	Provides a status of the plans in RBIS that have been attested or await attestation by the CEO/CFO for the Plan Year collection cycle <ul style="list-style-type: none"> • No plans were found in RBIS that have passed System Validation and are awaiting attestation.

6 Submission Materials

The Submission Materials tab has download links to the following items:

- Instructions and reference materials
- Templates for submitting plan data

6.1 Instructions and Reference Materials

The links below in Figure 9 allow users to view and access the latest version of the User Manual and Plans 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 for both market types.

The template RBIS uses to collect URL data for Plan Year 2021 forward can be found on this page but it is not available on the QHP website.

Figure 10: Download Data Submission Materials

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 \(PDF - 3.27MB\)](#)
- [Plans Benefits Template Instructions \(PDF - 1.79MB\)](#)

Blank Templates for Submitting New Individual or Small Group Plans

Benefits

- [Plan Benefits Template \(Blank\) - Excel Format \(XLSM - 0.34MB\)](#)
- [Plan Benefits Template Add-In \(XLAM - 0.54MB\)](#)
- [Plan Benefits Template Standardized Plan Add-In \(XLAM - 0.09MB\)](#)
- [AV Calculator \(XLSM - 2.05MB\)](#)

Service Area

- [Service Area Template \(Blank\) - Excel Format \(XLS - 2.53MB\)](#)

Rates

- [Rates Template \(Blank\) - Excel Format \(XLS - 0.33MB\)](#)

Business Rules

- [Business Rules Template \(Blank\) - Excel Format \(XLS - 2.25MB\)](#)

RBIS URL

- [RBIS URL Template \(Blank\) - Excel Format \(XLSM - 3.01MB\)](#)

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.

7 Templates

A complete data submission to RBIS consists of five templates. Four of these are the QHP templates used to provide data to the FFM plus a new template for the collection of URL data that is unique to RBIS. When submitting to RBIS, issuers 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. If an issuer is reporting plan data in both markets, RBIS requires that all five templates be submitted for each market type, even if the values within do not necessarily vary based upon market (e.g., Service Area data). The set of templates used by RBIS is shown below:

- Plans and Benefits Template (QHP) (along with the Add-In files that supports this template)
- Service Area Template (QHP)
- Rates Template (QHP)
- Business Rules Template (QHP)
- URL Template (New RBIS template for 2021 data collection)

The current versions of each of the QHP templates and add-in noted above can be downloaded either from the Submission Materials tab in the previous section or from the QHP website (at <https://www.qhpcertification.cms.gov/s/Application%20Materials>). Note that the QHP website also provides additional instructions to aid in completing the templates. The RBIS URL template is available only via download from RBIS on either the Landing page or the Submission Materials tab.

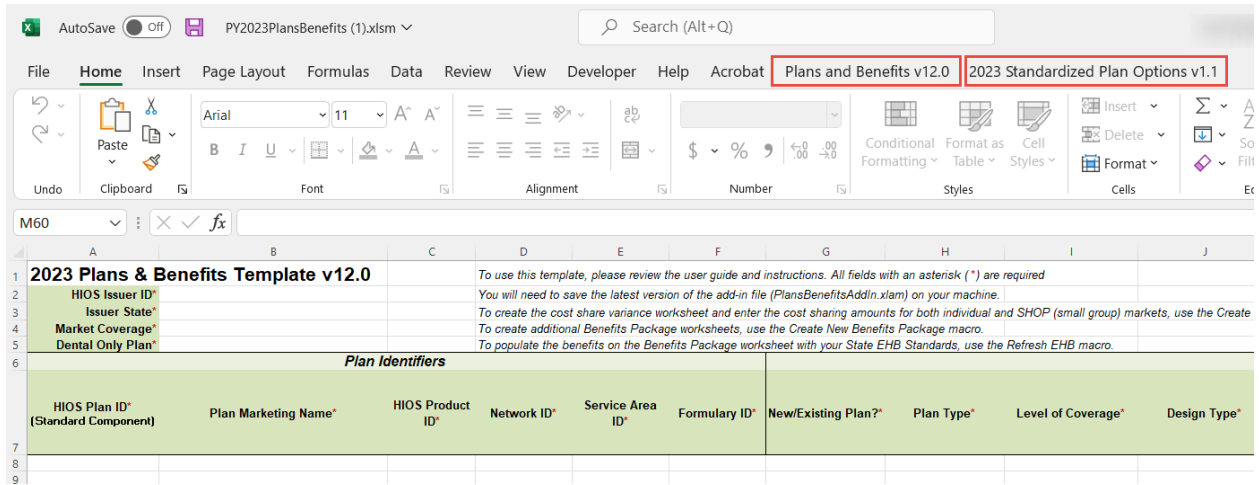
The specifics of each template are detailed in the following sections.

7.1 Plans and Benefits Template

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

The Plans Benefits template is displayed below in Figure 11.

Figure 13: Plans and Benefits Add-In Module Available Functions



For further instructions on how to download the Add-In modules, please refer to Section 6.2. Instructions for enabling Add-In modules are found in Section 2.1.2.1 of this document. Please also see section 5.12 of the **PY2023 QHP Issuer Application Instructions** at https://www.qhpcertification.cms.gov/s/PY2023QHPIssuerInstructions_PlansandBenefits.pdf?v=1 for more in-depth information on using the Plan Benefits Template Standardized Plan Add-In.

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 and 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

2023 Service Area v12.0				
All fields with an asterisk (*) are required				
To validate, press the Validate button or Ctrl + Shift + I. To finalize, press the Finalize button or Ctrl + Shift + F				
Click Create Service Area IDs button (or Ctrl + Shift + R) to Create Service Area IDs based on your state				
Service Area IDs will populate in the drop-down box in Service Area ID column				
For each row, enter one County for that Service Area ID (unless the Service Area covers entire state)				
<input type="button" value="Validate"/>				
<input type="button" value="Finalize"/>				
HIOS Issuer ID:* Issuer State:*				
<input type="button" value="Create Service Area IDs"/>				
Service Area ID*	Service Area Name*	State*	County Name	Partial County
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?

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

2023 Rates Table Template v12.0				
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.				
If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.				
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.				
If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.				
<input type="button" value="Validate"/>				
<input type="button" value="Finalize"/>				
HIOS Issuer ID* Rate Effective Date* Rate Expiration Date* Rating Method*				
<input type="button" value="Add Sheet"/>				
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual 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

There may be a significant number of rate combinations for an Issuer’s plans and therefore many rows required in the template. As such, the template has the ability to create additional sheets to include more rates. Select the **Add Sheet** button to create an additional sheet in the workbook.

7.4 Business Rules Template

The Business Rules template provides a collection of parameters that control how RBIS determines factors such as plan eligibility and the computation of estimated monthly premium totals when it provides results to the Finder.Healthcare.gov website. The Business Rules Template is displayed below in Figure 16.

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

2023 Rates Table Template v12.0				
Validate				
Finalize				
<p><i>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. If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns. 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. If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use. To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.</i></p>				
HIOS Issuer ID*				
Rate Effective Date*				
Rate Expiration Date*				
Rating Method*				
Add Sheet				
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
<p>Required: Enter the 14-character Plan ID</p>	<p>Required: Select the Rating Area ID</p>	<p>Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan</p>	<p>Required: Select the age of a subscriber eligible for the rate</p>	<p>Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan</p>

7.5 URL Template

The RBIS URL template provides the ability to enter three specific website addresses for plan and plan variant information that was previously collected on the Plans and Benefits template. This template is unique to RBIS so it must be downloaded from RBIS and completed as part of an issuer’s submission of non-QHP plan data. Validation logic requires that this template contain all the plan IDs within a submission and all URL information must be provided, even if that value is simply “N/A”. The URL template is displayed below in Figure 17.

Figure 17: RBIS URL Template for Individual and Small Group Plans

2023 RBIS URL Collection Template v3.0		
HIOS Issuer ID *		
Market Coverage *		
<p>Validate Show Data Finalize</p>		
<p><i>URL data or an indication of "N/A", "NA", or "Not Applicable" must be provided for all Plan IDs submitted to RBIS. Column C (SBC URL) requires that a valid URL value be supplied - not applicable is no longer accepted. * indicates the field is required</i></p>		
Plan ID *	Plan-level payment URL *	Summary of Benefits and Coverage (SBC) URL *

7.6 Template Validation & Finalization Processes

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

8.1 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 the Finder.Healthcare.gov website. Please refer to Figure 18 above.

8.1.1 Upload Files

Before uploading files, users must first confirm that the appropriate Product data has been uploaded into the HIOS system by selecting the checkbox displayed below in Figure 19

Figure 19: HIOS Product Data Upload Confirmation – Individual Market Example

Upload Files for Individual Market

Select 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.

<p>Select File 1</p> <p><input type="button" value="Browse..."/> No file selected.</p>	<p>Select Template Type for File 1</p> <p>- Select Template Type <input type="button" value="v"/></p>
<p>Select File 2</p> <p><input type="button" value="Browse..."/> No file selected.</p>	<p>Select Template Type for File 2</p> <p>- Select Template Type <input type="button" value="v"/></p>
<p>Select File 3</p> <p><input type="button" value="Browse..."/> No file selected.</p>	<p>Select Template Type for File 3</p> <p>- Select Template Type <input type="button" value="v"/></p>
<p>Select File 4</p> <p><input type="button" value="Browse..."/> No file selected.</p>	<p>Select Template Type for File 4</p> <p>- Select Template Type <input type="button" value="v"/></p>
<p>Select File 5</p> <p><input type="button" value="Browse..."/> No file selected.</p>	<p>Select Template Type for File 5</p> <p>- Select Template Type <input type="button" value="v"/></p>

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 20 for an example. After selecting the file to upload, the correct template type must be selected for the corresponding template that is being uploaded. Users should remember to select only completed, finalized files (.xml format) for submission. All files must be 50 MB or smaller.

Submitter users may upload a .zip file as one of the filename selections shown above. However, this zip file must contain templates of the same type (e.g., all Plans and Benefits, or all Rates) and that type must match the value in the Template Type field shown below in Figure 20.

Figure 20: Files Selected to Upload – Small Group Market Example

Upload Files for Small Group Market

Select 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.

<p>Select File 1</p> <p>Choose File <input type="text" value="77422DC_BusRule_SMG_2021.xml"/></p> <p>Select File 2</p> <p>Choose File <input type="text" value="77422DC_PlanBen_SMG_2021.xml"/></p> <p>Select File 3</p> <p>Choose File <input type="text" value="77422DC_Rates_SMG_2021.xml"/></p> <p>Select File 4</p> <p>Choose File <input type="text" value="77422DC_SA_SMG_2021.xml"/></p> <p>Select File 5</p> <p>Choose File <input type="text" value="Final_URLTemplate_20200804_080110.xml"/></p>	<p>Select Template Type for File 1</p> <p>Business Rules ▼</p> <p>Select Template Type for File 2</p> <p>Plan Benefits ▼</p> <p>Select Template Type for File 3</p> <p>Rates ▼</p> <p>Select Template Type for File 4</p> <p>Service Area ▼</p> <p>Select Template Type for File 5</p> <p>URL ▼</p>
--	---

Upload

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 Uploaded Files History for Small Group and Individual Markets

Once files have been successfully uploaded, the user may view their upload file history for both Small Group and Individual markets on the Uploaded Files History page. All files that have been uploaded during the current submission window will be displayed on this page. Please refer to Figure 21.

Figure 21: Uploaded Files History

The screenshot displays the 'Uploaded Files History' page within the Health Insurance Oversight System. The page title is 'Uploaded Files History' and it is categorized under 'Individual'. The page shows a table of uploaded files with the following columns: User ID, File Name, Template Type, Submission Date and Time, and Request ID. The table contains six rows of data for the user LINDATWILLEAGER@YAHOO.COM. The page also includes navigation links and a 'Show Entries' dropdown set to 10.

User ID	File Name	Template Type	Submission Date and Time	Request ID
LINDATWILLEAGER@YAHOO.COM	11082AK_IFP_BusRule_2019Temp.xml	Business Rules	02/21/19 11:39 AM	4384
LINDATWILLEAGER@YAHOO.COM	11082AK_IFP_PlanBen_2019Temp.xml	Plan Benefits	02/21/19 11:39 AM	4384
LINDATWILLEAGER@YAHOO.COM	11082AK_IFP_Rate_2019Temp.xml	Rates	02/21/19 11:39 AM	4384
LINDATWILLEAGER@YAHOO.COM	11082AK_IFP_SA_2019Temp.xml	Service Area	02/21/19 11:39 AM	4384
LINDATWILLEAGER@YAHOO.COM	77422DC_IFP_BusRules_2019.xml	Business Rules	02/21/19 4:12 PM	4386
LINDATWILLEAGER@YAHOO.COM	77422DC_IFP_PlanBen_2019.xml	Plan Benefits	02/21/19 4:12 PM	4386

Details displayed in the Uploaded Files History table include:

- User ID of the submitting user
- 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 and must

pass before the cross-check validations are run. These are referred to as stages 1 and 2 of the System Validation process.

8.3.1 Template Validations – Stage 1

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 ensure data within each individual template file is appropriate and correct. The template validations include, but are not limited to the following:

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

As soon as the template validation has been completed, the Submitter 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 error codes and descriptions (if applicable) for first 1000 errors
- List of files submitted
- Issuer ID
- Issuer Name
- Market Type
- Outcome of System Validations
- Template type of each file
- Time of submission

In the event that one or more plans fail template validations, the Submitter user will receive an email with the total number of errors, but will not receive more than 1000 errors due to size constraints. The Submitter user must correct the errors listed in the e-mail and re-upload the templates to RBIS. If all plans submitted for an Issuer ID pass template validations (Stage 1), they must then pass cross-check validations (Stage 2) before they are eligible for Issuer Validation in RBIS.

8.3.2 Cross-Check Validations – Stage 2

After plan data in the templates has successfully completed template validations, it 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 and Benefits Template
- Validating that all Individual and Small Group Plans cited in the Plans and Benefits Template have Rate information in the Rates Template
- Validating that all Individual and Small Group Plans cited in the Plans and Benefits Template have URL information in the URL Template
- Validating that Service Areas cited in the Plans and Benefits Template have Service Area information in the Service Areas Template
- Validating that all Individual and Small Group Plans cited in the URL Template have benefits information in the Plans and Benefits Template
- Validating that Business Rule information from the Business Rules Template exists for the Issuer ID(s)

Once cross-check validations have been completed, Submitter users will receive an email for each Issuer ID associated with the uploaded template(s). The email will include the following information:

- List of error codes and descriptions (if applicable) for first 1000 errors)
- List of files submitted
- Issuer ID
- Issuer Name
- Market type
- Outcome of System Validations
- Template type of each file

In the event that one or more plans for an Issuer ID fail cross-check validations, the Submitter user will receive an email with the total number of errors, but will not receive more than 1000 errors due to size constraints. The plans for the Issuer ID will not be re-checked until another template submission for the Issuer ID is uploaded. Submitter users must correct the errors listed in the email, resubmit the templates and pass both validation stages before submitted plan data for the Issuer 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 all plans pass Cross-Check Validations, the Submitter user will receive an email indicating the validations have completed successfully.

9 Validate Data

Validator users will access the Validate Data tab to review the submitted data that has passed both stages of system validation. The Validator user will review the data and then indicate whether they believe the data shown in RBIS is accurate and suitable for publishing to the Finder.Healthcare.gov website.

There are two display options for the data within each market type, with each option displayed on its own tab. On the “View All” pages, RBIS displays all the plan data for a specified Issuer ID. On the “Search by Scenario” pages, a Validator user provides a specific coverage scenario to verify the results returned match what is expected. The Search by Scenario pages closely resemble how the plan data will be accessed by consumers on the Finder.Healthcare.gov website.

The Validate Data tab is broken up into four subsections. Based upon the Validator user’s role and the market(s) in which their Issuer(s) offer coverage, they will see tabs for the Small Group and/or Individual market type as shown below.

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

The layout of the Validate Data tab is shown in Figure 22 below.

Figure 22: Validate Data tab – Individual Market Example

RBIS Home
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

Please note, a field with an asterisk (*) before it is a required field. All issuers must validate their plan data before the data is approved for use on Finder.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:

- 96594

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

Issuer Benefits for Individual Market

*** Select Issuer ID(s)**

11082

77422

80208

Enter

All Issuers must complete issuer validation for their plans before the data is eligible for display on the Finder.Healthcare.gov website.

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 Validator users to validate data by viewing all plans available for a given Issuer ID. If a Validator user would prefer to validate using specific coverage 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, Validator users 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 23 below.

Figure 23: View All Plans - Select Issuer ID(s)

*** Select Issuer ID(s)**

11082
77422
80208

Enter

Issuer Products Information

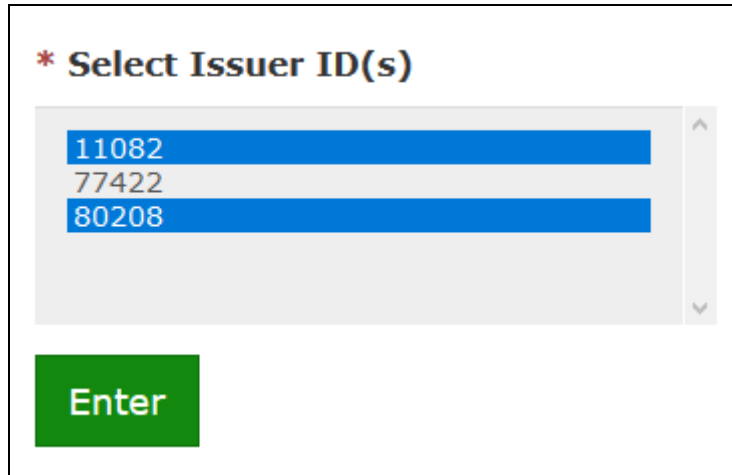
+ Indicates data has been updated since last refresh to Finder.Healthcare.gov

Issuer ID	Issuer Attestation Status
11082	Attested

<u>Plan ID</u> ⌵	<u>Product ID</u> ⌵	<u>Plan Name</u> ⌵	<u>Production Status</u> ⌵
11082AK0220001	11082AK022	Specific Counties Plan 2	+ In production
11082AK0220002	11082AK022	IFP Compsite Plan	+ In production
11082AK0220003	11082AK022	Both (Off & On Exchange)	+ In production

To validate data for multiple Issuer IDs at once, Validators can hold down Ctrl key + select each Issuer ID they wish to view. Please refer to Figure 24.

Figure 24: 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 when plan details for that Issuer ID are displayed to the Validator user. 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 25.

Figure 25: No Data Received for Issuer ID(s) – Small Group Market Example

RBIS Home
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 Small Group

Please note, a field with an asterisk (*) before it is a required field. All issuers must validate their plan data before the data is approved for use on Finder.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:

- 96594

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 26 will be displayed. Notice that the checkbox selected to indicate “No Data” has been replaced by the warning message. The indication of “No Data” will remain in effect for the remainder of the data collection year, but a submission of data can still be made at any time.

Figure 26: No Data to Report for Issuer ID(s) (Example from Small Group Market)

The screenshot shows the 'Validate Data' section of the RBIS application. The page title is 'Validate Data for Small Group'. A red-bordered alert box contains the text: 'Alert: You have indicated that there is no data to report for the following issuer IDs:'. Below the alert, a list of issuer IDs is displayed: 83320, 60700, 92619, and 17148. The page includes navigation tabs for 'RBIS Home', 'Submission Summary', 'Submission Materials', 'Data Upload', 'Validate Data', and 'Attestation'. There are also search filters for 'View All Plans - Small Group' and 'Search By Scenario - Small Group'.

When plan information is available and is displayed in the results table, the Validator user 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 27.

Figure 27: View All Plans – Issuer Benefit Details

* Select Issuer ID(s)

33602
77422

Enter

Issuer Products Information

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

Issuer ID: 33602 Issuer Attestation Status: Not attested

Plan ID	Product ID	Plan Name	Production Status	Deductible	Benefit and Cost Share Information	Validation Status Select # [Yes, Display, Select # [No]
33602TX0500001	33602TX050	33602TX0500001	Current submission	\$1300.00 Individual / \$800 per person \$800 per group Family	Download Plan Benefits - Excel Format (XLSX - 62.67 KB)	<input type="radio"/> Yes, disp <input checked="" type="radio"/> No
33602TX0500002	33602TX050	33602TX0500002	Current submission	\$1000.00 Individual / \$1200 per person \$1200 per group Family	Download Plan Benefits - Excel Format (XLSX - 62.65 KB)	<input type="radio"/> Yes, disp <input checked="" type="radio"/> No
33602TX0510001	33602TX051	33602TX0510001	Current submission	\$1000.00 Individual / \$1200 per person \$1200 per group Family	Download Plan Benefits - Excel Format (XLSX - 62.66 KB)	<input type="radio"/> Yes, disp <input checked="" 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 28. The format of the downloaded file closely resembles the Plans and Benefits template.

Figure 28: Benefit Details for Individual Plans – Individual Market

2023 Plans & Benefits Template v12.0												
HIOS Issuer ID 10269 Issuer State WV Market Coverage Individual Dental Only Plan No												
Plan Identifiers											Plan	
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Design Type*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*
10269WV0040001	10269WV0040001	10269WV004	WVN001	WVS001	WVF001	New	PPO	Expanded Bronze	Not Applicable	Yes	Off the Exchange	Yes
Benefit Information			General Information						Out of Pocket Exceptions			
Benefits	EHB	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Exclusions	Benefit Explanation	EHB Variance Reason	Excluded from In Network MOOP	Excluded from Out of Network MOOP		
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes	Covered	No	--	--	--	--	--	No	No		
Generic Drugs	Yes	Covered	No	--	--	--	--	--	No	No		
Preferred Brand Drugs	Yes	Covered	No	--	--	--	--	--	No	No		
Non-Preferred Brand Drugs	Yes	Covered	No	--	--	--	Your Prescription Dr--	--	No	No		
Specialty Drugs	Yes	Covered	No	--	--	--	--	--	No	No		
Preventive Care/Screening/Immunization	Yes	Covered	No	--	--	--	--	--	No	No		
Skilled Nursing Facility	Yes	Covered	No	--	--	--	--	--	No	No		
Acupuncture	No	Not Covered	No	--	--	--	--	--	No	No		
Bariatric Surgery	Yes	Covered	No	--	--	--	Surgery determined --	--	No	No		

9.1.1.3 Validation Status

Using the radio buttons in the Validation Status column, Validator users must decide between the two Validation Status options, **Yes, Display**, or **No**, for each plan.

- By selecting **Yes, Display**, the Validator user indicates that data for the given plan is valid and correct. In doing so, the plan passes Issuer Validation and will be visible to consumers on the Finder.Healthcare.gov website.
- By selecting **No**, the Validator indicates that 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. Validator users 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 29.

Figure 29: View All Plans - Validation Status

* Select Issuer ID(s)

33602
77422

Enter

Issuer Products Information

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

Issuer ID
33602

Issuer Attestation Status
Not attested

Plan ID	Product ID	Plan Name	Production Status	Deductible	Benefit and Cost Share Information	Validation Status ? Select All [Yes, Display] Select All [No]
02TX0500001	33602TX050	33602TX0500001	Current submission	\$1300.00 Individual / \$800 per person \$800 per group Family	Download Plan Benefits - Excel Format (XLSX - 62.67 KB)	<input type="radio"/> Yes, display <input checked="" type="radio"/> No
02TX0510002	33602TX051	33602TX0510002	Current submission	\$1300.00 Individual / \$800 per person \$800 per group Family	Download Plan Benefits - Excel Format (XLSX - 62.68 KB)	<input type="radio"/> Yes, display <input checked="" type="radio"/> No
02TX0500002	33602TX050	33602TX0500002	Current submission	\$1000.00 Individual / \$1200 per person \$1200 per group Family	Download Plan Benefits - Excel Format (XLSX - 62.65 KB)	<input type="radio"/> Yes, display <input checked="" type="radio"/> No
02TX0510001	33602TX051	33602TX0510001	Current submission	\$1000.00 Individual / \$1200 per person \$1200 per group Family	Download Plan Benefits - Excel Format (XLSX - 62.66 KB)	<input type="radio"/> Yes, display <input checked="" type="radio"/> No

SUBMIT

9.1.2 Search by Scenario Views

The Search by Scenario function allows Validator users to view and validate data by running various enrollment scenarios to confirm the appropriate plans and computed premium amounts are returned.

9.1.2.1 Search Criteria Required Fields – Individual and Small Group Markets

To execute a search scenario and view plan information, values for the following fields must be provided:

- Issuer ID
- ZIP Code
- County (if prompted)
- Coverage start date
- Person primarily seeking coverage
 - Gender
 - Date of Birth
 - Tobacco User?
 - Months Since Last Use (if tobacco user status is Y)
- Primary's spouse or life partner seeking coverage (as applicable)
 - Gender
 - Date of Birth
 - Relationship to Primary Subscriber
 - Same Household as Primary?
 - Tobacco User?
 - Months Since Last Use (if tobacco user status is Y)
- Dependents Information (as applicable)
 - Date of Birth
 - Relationship to Primary Subscriber
 - Same Household as Primary?
 - Tobacco User?
 - Months Since Last Use (if tobacco user status is Y)

Please note: The search criteria fields are the same for both the Individual and Small Group markets. The User Manual displays screenshots of the search criteria and results pages for the Small Group market for example purposes.

Figure 30: Search Criteria – Small Group Market

RBIS Home
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

Search by Scenario - Small Group

Please note, a field with an asterisk (*) before it indicates a required field.

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

11082
77422
80208

Where are you seeking coverage?

*** ZIP Code (5 digits):**

Verify ZIP

Choose Verify ZIP Button to select your County

When do you want coverage to start?

*** Coverage start date (MM/DD/YYYY)**

/
 /

Who do you want coverage for?

Person primarily seeking coverage:

*** Gender**

Select ▼

*** Date of Birth (MM/DD/YYYY)**

/
 /

*** Tobacco User?**

Select ▼

*** Months Since Last Use**

Select ▼

Primary's spouse or life partner seeking coverage:

If specifying a spouse or life partner, all files in this section must be completed.

Gender

Select ▼

Date of Birth (MM/DD/YYYY)

/
 /

Relationship to Primary

Select ▼

Same Household as Primary?

Select ▼

Tobacco User?

Select ▼

Months Since Last Use

Select ▼

Dependents:

If specifying one or more dependents, all fields in each dependent group must be completed. You can add up to 5 dependents.

Date of Birth (MM/DD/YYYY)	Relationship to Primary	Same Household as Primary?	Tobacco User?	Months Since Last Use
<input style="width: 30px; height: 25px;" type="text"/> / <input style="width: 30px; height: 25px;" type="text"/> / <input style="width: 30px; height: 25px;" type="text"/>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>
<input style="width: 30px; height: 25px;" type="text"/> / <input style="width: 30px; height: 25px;" type="text"/> / <input style="width: 30px; height: 25px;" type="text"/>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>
<input style="width: 30px; height: 25px;" type="text"/> / <input style="width: 30px; height: 25px;" type="text"/> / <input style="width: 30px; height: 25px;" type="text"/>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>
<input style="width: 30px; height: 25px;" type="text"/> / <input style="width: 30px; height: 25px;" type="text"/> / <input style="width: 30px; height: 25px;" type="text"/>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>
<input style="width: 30px; height: 25px;" type="text"/> / <input style="width: 30px; height: 25px;" type="text"/> / <input style="width: 30px; height: 25px;" type="text"/>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>	<div style="border: 1px solid #ccc; padding: 2px;">Select ▼</div>

Search

9.1.2.2 ZIP Code

After a ZIP code has been entered, Validator users must select the **Verify ZIP** button. If a ZIP code spans multiple counties, those county names will appear and Validator users must select the appropriate county before selecting the **Search** button. Please refer to Figure 31.

Figure 31: ZIP Code Field

* ZIP Code (5 digits):

22206 Verify ZIP

Choose Verify ZIP Button to select your County

* Select County

ACCOMACK

ARLINGTON

FAIRFAX

ALEXANDRIA CITY

9.1.2.3 Search Results

Once all required fields have been populated on the Search by Scenario page, Validator users can select the **Search** button to review their results. Please refer to Figure 32 and Figure 33.

Figure 32: Search by Scenario Screen – Small Group Market Example

Search by Scenario - Small Group

Please note, a field with an asterisk (*) before it indicates a required field.

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

33602
 77422

Where are you seeking coverage?

*** ZIP Code (5 digits):** Verify ZIP

Choose Verify ZIP Button to select your County

*** Select County**

CORYELL

LAMPASAS

When do you want coverage to start?

*** Coverage start date (MM/DD/YYYY)**

/
 /

Who do you want coverage for?

Person primarily seeking coverage:

* Gender	* Date of Birth (MM/DD/YYYY)	* Tobacco User?	* Months Since Last Use
Female ▼	<input style="width: 30px;" type="text" value="01"/> / <input style="width: 30px;" type="text" value="01"/> / <input style="width: 50px;" type="text" value="1982"/>	No ▼	Select ▼

Primary's spouse or life partner seeking coverage:

If specifying a spouse or life partner, all fields in this section must be completed.

Gender	Date of Birth (MM/DD/YYYY)	Relationship to Primary
Select ▼	<input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 50px;" type="text"/>	Select ▼
Same Household as Primary?	Tobacco User?	Months Since Last Use
Select ▼	Select ▼	Select ▼

Dependents:

If specifying one or more dependents, all fields in each dependent group must be completed. You can add up to 5 dependents.

Date of Birth (MM/DD/YYYY)	Relationship to Primary	Same Household as Primary?	Tobacco User?	Months Since Last Use
<input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 50px;" type="text"/>	Select ▼	Select ▼	Select ▼	Select ▼
<input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 50px;" type="text"/>	Select ▼	Select ▼	Select ▼	Select ▼
<input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 50px;" type="text"/>	Select ▼	Select ▼	Select ▼	Select ▼
<input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 50px;" type="text"/>	Select ▼	Select ▼	Select ▼	Select ▼
<input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 50px;" type="text"/>	Select ▼	Select ▼	Select ▼	Select ▼

Search

Using the sample search criteria above, a Validator user would next select the **Search** button and results would be displayed as shown in Figure 33 below.

Figure 33: Search by Scenario Results Table – Small Group Market Example

Search Results for Small Group Market						
+ Indicates data has been updated since last refresh to Finder.Healthcare.gov						
Product ID	Plan ID	Plan Name	Production Status	Deductible	Total Monthly Premium	Validation Status [Yes, Display] [No]
33602TX051	33602TX0510001	33602TX0510001	Current submission	\$1000.00 Individual / \$1200 per person \$1200 per group Family	\$100.25	<input checked="" type="radio"/> Yes, Display <input type="radio"/> No
33602TX051	33602TX0510002	33602TX0510002	Current submission	\$1300.00 Individual / \$800 per person \$800 per group Family	\$200.25	<input type="radio"/> Yes, Display <input checked="" type="radio"/> No
33602TX050	33602TX0500001	33602TX0500001	Current submission	\$1300.00 Individual / \$800 per person \$800 per group Family	\$125.25	<input checked="" type="radio"/> Yes, Display <input type="radio"/> No
33602TX050	33602TX0500002	33602TX0500002	Current submission	\$1000.00 Individual / \$1200 per person \$1200 per group Family	\$150.25	<input type="radio"/> Yes, Display <input checked="" type="radio"/> No

Validator users may assign the Validation Status from the Search Results table.

- By selecting **Yes, Display**, the Validator user indicates that all data for the given plan is valid and suitable for display to consumers on the Finder.HealthCare.gov website.
- By selecting **No**, the Validator user indicates that all data for the plan is **not** valid.

Validator users must select the **Submit** button to save their Validation Status selections.

10 Attestation

Each Issuer must attest to the accuracy of their plan data before the data will be made available to consumers via the Finder.Healthcare.gov website. When attesting within RBIS, a single attestation action performed by an Attester user will attest to data for all Issuer IDs linked to that attester. In situations where an Attester user will be attesting for multiple Issuer IDs, if even one Issuer ID has not completed their submission process and resolved all system validation errors or has not selected “No Data to Submit”, then attestation all for Issuer IDs linked to the Attester will be unavailable.

Since RBIS operates under an annual submission model, if an attestation is performed once during the data collection process, it will remain valid for the entire plan year’s data collection cycle, regardless of whether additional submissions are made after the initial attestation.

10.1 Attestation Available

Attestation becomes available when all Issuers associated to a CEO/CFO from both markets (if the issuers offer coverage in 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. Please note that first name and last name entered as the electronic signature must match the first and last name of the Attester user as stored in HIOS, otherwise an error message will displayed and the attestation will not be accepted.

There is a single Attestation page and a single Attestation button for the Attester user. The Attester must attest to all plans for all associated Issuer IDs for all applicable markets (Individual and/or Small Group) concurrently as information for each Issuer associated to the Attester user is displayed on the Attestation page grouped by market type. Information provided includes status information if the Issuer is not available for Attestation or a list of the Issuer IDs for which the Attester user is attesting when Attestation is available. In rare scenarios where new Issuer ID(s) are associated to an Attester after he/she has attested to the RBIS data for the collection year, the Attester will need to perform a second attestation specifically for the newly submitted and validated data. The RBIS Attestation page will indicate which Issuer IDs require attestation and which were previously attested.

There are manual attestation forms available upon request for special circumstances, such as if the Attester is not able to access RBIS or when an Attester wishes to only attest to a single market. The request for the manual attestation form will need to be sent to cms_feps@cms.hhs.gov for CCIIO approval and should contain an explanation of the circumstances and a description of what Issuer ID(s) and market type(s) need to be attested.

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.

Because RBIS collects data as part of an annual submission model, an attestation once performed will remain in effect for the duration of the data collection year regardless of whether additional submissions are made. The Attestation Available screen is shown below in Figure 34.

Figure 34: Attestation Available

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

Attestation Available

Please note, a field with an asterisk (*) before it is a required field.

Below are the Issuer IDs and information that are available for attestation and ready for review, for both Small Group and Individual Markets

Issuer IDs Available for Attestation - Small Group

« First « Prev Next » Last » Show Entries 10 ▼ Displaying 0 to 0 of 0

Issuer ID	Issuer Name	State	Market Coverage
No data available in table			

Issuer IDs Available for Attestation - Individual Market

« First « Prev 1 Next » Last » Show Entries 10 ▼ Showing 1 to 1 of 1 entries

Issuer ID	Issuer Name	State	Market Coverage
49890	Affinity Health Plan, Inc. Ltd	NE	

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.

***Electronic Signature (First Name Last Name):**
The Attest button will not be accessible until an electronic signature has been entered.

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 35. To upload data, Submitter users should refer to Section 8 of this document. 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 on indicating no data to submit.

Figure 35: Attestation Unavailable

RBIS Home 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

« First « Prev **1** Next » Last » Show Entries 10 Showing 1 to 1 of 1 entries

Issuer ID	Status
33602	No Data Available

Status of Data - Individual

« First « Prev **1** Next » Last » Show Entries 10 Showing 1 to 1 of 1 entries

Issuer ID	Status
33602	No Data Available

10.3 Attestation Complete

Once Attestation has been completed, the Attester user see the Attestation Complete message displayed in Figure 36.

Figure 36: Attestation Complete

Home Knowledge Center Help

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

Data Attestation Complete

Attestation completed
2019-08-15 13:10:52.66

User Name
Nalinipalaniswamy

Issuer ID	Issuer Name
13256	Boston Medical Center Health Plan, Inc.

Select Print to print the attestation complete page.

print

The Attester users, Submission users, and Validation users associated to the Issuer ID(s) successfully attested will all receive a copy of the Attestation Complete email notification. The email will provide the following information:

- Issuer ID(s)
- Issuer Name(s)
- Market Type(s)
- Message confirming that Attestation is complete for the Issuer(s)
- 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 the Small Group and/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 cms_feps@cms.hhs.gov.

11 Resubmission

The resubmission process is an opportunity 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 to verify the data.

Plans that are displayed for issuer validation in RBIS during the resubmission process include:

- Plans currently in production (i.e., plans previously published to Finder.Healthcare.gov)
- 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. Plans currently in production can only be updated and cannot be removed from the Validate Data tab through submission. Validating a plan as “No” will remove a plan from the website, but requires a Final Refresh process to be run after the RBIS submission window has closed for maintenance; please refer to Section 3.6.2 for more information on this process.

If no changes or updates need to be made, then resubmission is not necessary. In the ideal scenario, an issuer submits, validates and attests their data once during a plan year data collection cycle. If no further updates are needed to the data, they need not perform any additional actions in RBIS for the remainder of the year.

11.2 Resubmission Validation and Attestation Requirements

All plans will require Issuer re-Validation if data is resubmitted to RBIS. If the issuer has 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.

12 Appendices

12.1 Appendix A – Template Data Validations

To trigger the validation process:

1. When the Submitter user has completed the data entry or updates, it is recommended to save the document before starting the validation process.
 - For Excel 2013 and later, 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 errors 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 to 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 (containing XML files)

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 by running the validate process described above.

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 and Benefits templates in one ZIP file, but they cannot upload a Plans and 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 by running the validate process described above.

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-select, 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 enter 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 compressing a single item, the compressed file has the name of the original item with a .zip extension. If compressing multiple items at once, the compressed file is called Archive.zip.
 - b. When opening 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. 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 search parameter data input from consumers on the Finder.HealthCare.gov website combined with Issuer plan data submissions in the Rate 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 the Finder.Healthcare.gov website** – The scenario data that a consumer inputs on Finder.Healthcare.gov helps determine the benefit plans for which the consumer is eligible.
- **Business Rules Template** – This template allows Issuers to submit the answers to questions that will determine how the estimated premium amounts for their 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 determines the benefit plans and associated premium amounts that are displayed to a consumer when they perform a search on Finder.Healthcare.gov for available healthcare plans for which they are eligible.

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.
2. The Business Rules Template should be completed with values appropriate for the issuer. It should be validated and finalized into an .xml file for submission.
3. The finalized template should be submitted along with the other three templates as part of an RBIS submission as defined in Section 7.

12.3.2 Age Calculation for Eligibility and Quote Determination

The subscriber's age is used for determining:

- Eligibility for a specific plan
- Rate value lookup 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 $DOB.year - IED.year$
2. If the birthday did not yet come up as of the IED, then subtract one year from the “age in years” and determine the “months that have passed since the last birthday” as $12 - DOB.month + IED.month$
3. Else determine the “months that have passed since the last birthday” as $IED.month - DOB.month$
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 then 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. Download the Rates Template
 - a. For further instructions on how to download the Rates Template for submission, see Section 6.2.
2. The Rates Template should be completed with values appropriate for the issuer. It should be validated and finalized into an .xml file for submission.
3. The finalized template should be submitted along with the other three templates as part of an RBIS submission as defined in Section 7.

The information below in Table 2 and Table 3 provides subscriber type mappings for users based on the method in which they calculate plan rates.

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

Scenario	Template Subscriber Type
Husband + Wife + One Child	Primary Subscriber + Secondary Subscriber + Dependent
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

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
Single Person	Primary Subscriber
Child	Dependent
One Child Only	Primary Subscriber

Scenario	Template Subscriber Type
Two Children Only	Primary Subscriber + Primary Subscriber
Three Children Only	Primary Subscriber + Primary Subscriber + Primary Subscriber
Husband + Wife	Couple
Husband + Wife + One Child	Couple and One Dependent
Husband + Wife + Two Children	Couple and Two Dependents
Husband + Wife + Three (or more) Children	Couple and Three or More Dependents
Single Parent + One Child	Primary Subscriber and One Dependent
Single Parent + Two Children	Primary Subscriber and Two Dependents
Single Parent + Three (or more) Children	Primary Subscriber and Three or More Dependents
Domestic Partner + Domestic Partner	Couple
Domestic Partner + Domestic Partner + One Child	Couple and One Dependent
Domestic Partner + Domestic Partner + Two Children	Couple and Two Dependents
Domestic Partner + Domestic Partner + Three (or more) Children	Couple and Three or More Dependents
Same Sex Partner + Same Sex Partner	Couple
Same Sex Partner + Same Sex Partner + One Child	Couple and One Dependent
Same Sex Partner + Same Sex Partner + Two Children	Couple and Two Dependents
Same Sex Partner + Same Sex Partner + Three (or more) Children	Couple and Three or more Dependents

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 – 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
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*	Family Tier						
					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*
<small>Required: Enter the 14-character Plan ID</small>	<small>Required: Select the Rating Area ID</small>	<small>Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan</small>	<small>Required: Select the age of a subscriber eligible for the rate</small>	<small>Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan</small>	<small>Required: Enter the rate of an individual tobacco enrollee on a plan</small>
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	59	65.00	75.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	60	66.00	76.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	61	67.00	77.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	62	68.00	78.00
12345XX1234567	Rating Area 1	Tobacco User/Non-Tobacco User	63	69.00	79.00
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

Plan ID*	Rating Area ID*	Age*	Tobacco*	Individual*	Family Tier						
					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
12345678912345	Rating Area 1			65	70	75	80	85	125	130	135

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*
<small>Required: Enter the 14-character Plan ID</small>	<small>Required: Select the Rating Area ID</small>	<small>Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan</small>	<small>Required: Select the age of a subscriber eligible for the rate</small>	<small>Required: Enter the rate of an Individual Tobacco or No Preference enrollee on a plan</small>	<small>Required: Enter the rate of an Individual tobacco enrollee on a plan</small>
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.