

Chapter 13: Instructions for the Business Rules Application Section

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1. Overview

The Business Rules Template is a series of questions and answers submitted by issuers that defines the Business Rules used to calculate rates and determine if a consumer is eligible for coverage under a plan. This template, in conjunction with the Rates Table Template, is used to calculate the premium for each enrollment group.

2. Purpose

This chapter will guide you through completing the Business Rules Template including data requirements needed to complete the template, downloading the template, and instructions for each data field.

3. Business Rules Template Data Requirements

To complete this section you will need your:

1. Health Insurance Oversight System (HIOS) generated Issuer ID
2. Federal Taxpayer Identification Number (TIN)
3. HIOS generated Plan IDs

4. Application Instructions

The Business Rules Template section of the Qualified Health Plan (QHP) Application uses an Excel template to collect important rating and business rule information. Figure 13-1 contains key items to note when completing the Business Rules section. Dual product issuers should use the same template for both their QHPs and stand-alone dental plans (SADPs). Rules associated with both Individual and Small Business Health Options Program (SHOP) plans should be entered into one Business Rules Template.

Figure 13-1. Business Rules Template Section Highlights

- Download the latest version of the Business Rules Template from <http://cciio.cms.gov/programs/exchanges/qhp.html>. The template should be completed using Microsoft Excel 2007 or 2010. Complete template functionality may not be fully supported by Microsoft Excel 2013.
- The elements described in these instructions are in the same order as they will be found in the Business Rules Template.
- Dual product issuers should use the same template for both their QHPs and SADPs.
- Rules associated with both Individual and SHOP plans should be entered into one Business Rules Template.
- The first row of rules (row 10) is the base set of issuer business rules, which must have blank values for the *Product ID* and *Plan ID*, and data entered for all subsequent columns. This row applies to all products and plans associated with the Issuer ID, including individual, SHOP, QHP and SADP products and plans. Products or plans with rules that differ from the base set of issuer business rules are defined at the product or plan level on the subsequent rows (see 3.a and 3.b of Section 4.1 below).
- Market rules allow SADPs the flexibility to adjust for rating factors not present in this template, including the ability to either raise the number of children rated on a single contract, or to remove this maximum altogether. In the *Plan Attributes* section of the Plans & Benefits Template, issuers have the option to elect whether they are voluntarily complying with the rating rules in this template, or if the issuer reserves the right to make further premium adjustments. Plan Compare will then indicate to consumers whether the displayed SADP premium is a guaranteed rate or an estimated rate.
- In this document, data fields are in italics, and data entry options, buttons, and ribbons are bold.

4.1 Template Instructions

Issuers should complete the Business Rules Template using the instructions that follow to provide information for each health plan they wish to submit.

The Business Rules Template contains macros that are required to finalize and validate the template. The macros need to be enabled to allow proper functionality of the template. See the Rating Module User Guide for instructions on enabling macros in Microsoft Excel 2007-2010.

The template should be completed using Microsoft Excel 2007 or 2010. Complete template functionality may not be fully supported by Microsoft Excel 2013.

Figure 13-2 shows a sample of a completed Business Rules Template.

Note for SERFF Submitters. The HIOS system only allows one set of issuer-level business rules (row 10). If an issuer submits two templates (for example, one in the Individual Market SERFF binder and one in the SHOP SERFF binder), each with different issuer-level business rules (row 10), the last template submitted into HIOS will apply to all plans, both Individual Market and SHOP, unless the product or plan is listed separately. The issuer-level rules (row 10) submitted on the first template uploaded will be overwritten by the issuer-level rules (row 10) submitted on the second template uploaded.

In order to avoid problems connected with issuer-level rule over-writes, all Business Rules Template issuer-level business rules (row 10) should be the same. Products and plans which do not adhere to the business rules described at the issuer level (row 10) should be further described in the rows below row 10, as described in item 3 in the instructions below.

Figure 13-2. Business Rules Template

2015 Business Rules Template v4.0		To validate the template, press Validate button or Ctrl + Shift + V. To finalize the template, press Finalize button or Ctrl + Shift + F. Enter the Issuer Rule on the first row (no Product ID or Plan ID). For each Product rule, enter only the Product ID and the business rules that differ from the Issuer Rule. For each Plan rule, enter only the Plan ID and the business rules that differ from the Product or Issuer Rule																		
Validate																				
Finalize																				
HIOS Issuer ID*		12345																		
TIN		12-1234567																		
Product ID	Plan ID (Standard Component)	How are rates for contracts covering two or more enrollees calculated?	What are the maximum number of under age (under 21) dependents used to quote a two parent family?	What are the maximum number of under age (under 21) dependents used to quote a single parent family?	Is there a maximum age for a dependent?	What are the maximum number of children used to quote a children-only contract?	Are domestic partners treated the same as secondary subscribers?	Are same-sex partners treated the same as secondary subscribers?	How is age determined for rating and eligibility purposes?	How is tobacco status determined for subscribers and dependents?	What relationships between primary and dependent are allowed, and is the dependent required to live in the same household as the primary subscriber?									
		A different rate (specifically for parties of two or more)for each enrollee is added together	3 or more	3 or more	29	3 or more	Yes	Yes	Age on effective date	6	Spouse, Yes; Father or Mother, Yes; Adopted Child, Yes; Foster Child, Yes; Ward, Yes; Child, Yes; Life Partner, Yes									
	12345VA0900001	A different rate (specifically for parties of two or more)for each enrollee is added together	3 or more	3 or more	25	2	Yes	Yes	Age on effective date	Not Applicable	Spouse, Yes; Ward, Yes; Child, Yes; Life Partner, Yes									
	12345VA0900002	A different rate (specifically for parties of two or more)for each enrollee is added together	2	2	28	3 or more	Yes	Yes	Age on effective date	2	Spouse, Yes; Father or Mother, Yes; Grandfather or Grandmother, Yes; Adopted Child, Yes; Foster Child, Yes; Ward, Yes; Child, Yes; Sponsored Dependent, Yes; Life Partner, Yes									

Complete the following general information in the Business Rules Template:

1. *HIOS Issuer ID* (required). Enter the 5-digit numeric issuer identification number.
2. *Federal TIN* (required). Enter the 9-digit (xx-xxxxxxx) TIN.
3. The first row of rules (row 10) is the base set of issuer business rules, which must have blank values for the *Product ID* and *Plan ID (Standard Component)*, and data entered for all subsequent columns. This row applies to all products and plans associated with the Issuer ID, including individual, SHOP, QHP and SADP products and plans. Products or plans with rules that differ from the base set of issuer business rules are defined at the product or plan level on the subsequent rows starting at row 11. If there are products or plans with rules which differ from those entered on row 10, starting at row 11, enter or select the following information in the columns listed below for each row.

Note for SERFF Submitters: The HIOS system only allows one set of issuer-level business rules (row 10). If an issuer submits two templates (for example, one in the Individual Market SERFF binder and one in the SHOP SERFF binder), each with different issuer-level business rules (row 10), the last template submitted into HIOS will apply to all plans, both Individual Market and SHOP, unless the product or plan is listed separately. The issuer-level rules (row 10) submitted on the first template uploaded will be overwritten by the issuer-level rules (row 10) submitted on the second template uploaded. In order to avoid problems connected with issuer-level rule over-writes in SERFF, all Business Rules Template issuer-level business rules (row 10) should be the same. Products and plans which do not adhere to the business rules described at the issuer level (row 10) should be further described in the rows below row 10 as described below.

- a. *Product ID* (optional). For products with rules which differ from those entered on row 10, enter the 10-character (xxxxxSTxxx) HIOS generated Product ID number that identifies the product that will be associated with the rules defined in that row.
 - i. If a Product ID is entered, then the rules defined in that row will be applied to all plans associated with that Product ID. All other plans and products will use the rules associated with the Issuer ID in row 10.
 - ii. If no Product ID is entered, the rules associated with the Issuer ID in row 10 will be used for all products.
- b. *Plan ID (Standard Component)* (optional). Enter the 14-character Plan ID (xxxxxSTxxxxxxx) that identifies the plan that will be associated with the rules defined in that row.
 - i. If a Plan ID is entered, then the rules defined in that row will be applied to that Plan ID only. All other plans and products will use the rules associated with the Issuer ID.

- ii. If no Plan ID is entered, then the rules for the Product ID associated with that Plan ID will be used for all plans. If no Product ID rules were entered, the rules associated with the Issuer ID in row 10 will be used for all products and plans.
- 4. *How are rates for contracts covering two or more enrollees calculated?* (required). Select from the drop-down menu one of the following two options:
 - a. ***There are rates specifically for couples and for families (not just addition of Individual rates)***—This selection is used for QHP issuers in states that do not permit rating for age or tobacco use, or by SADP issuers in any state. Health insurance issuers in these states are required to determine premiums for family coverage by using uniform family tiers and the corresponding multipliers established by the state.
 - b. ***A different rate (specifically for parties of two or more) for each enrollee is added together***—This selection is used for all QHP issuers (except those in pure community rated states with uniform family tiers and corresponding multipliers). Premium rates are calculated by adding the per-member rates and providing the sum. SADP issuers may also use individual rating if allowed by the state.
- 5. *What are the maximum number of underage (under 21) dependents used to quote a two-parent family* (required). (Note: a two-parent family consists of a primary and secondary subscriber and their dependents. Specific questions about secondary subscribers are found below at items 9 and 10.) Select the maximum number of under age (under 21) dependents from the drop-down menu:
 - a. **1**—Select if the maximum number of covered children under age 21 used to calculate a rate is 1.
 - i. If one or more children under age 21 are in the Marketplace enrollment group, only the individual rate of the oldest child is included in the premium calculation, if rates are calculated individually.
 - ii. If one or more children under age 21 are in the Marketplace enrollment group, only the couple plus child family tier rate will be returned in a state with uniform family tiers.
 - b. **2**—Select if the maximum number of children under age 21 used to calculate a rate is
 - i. If two or more than two children are in the Marketplace enrollment group, only the individual rates of the two oldest children are included in the premium calculation if rates are calculated individually.
 - ii. If two or more than two children are in the Marketplace enrollment group, only the couple plus two child family tier rate will be returned in a state with uniform family tiers.
 - c. **3 or More**—Select if the maximum number of children under age 21 used to calculate a rate is 3 or more.

- i. If three or more children are in the Marketplace enrollment group, only the individual rates of the three oldest children are included in the premium calculation if rates are calculated individually.
 - ii. If three or more children are in the Marketplace enrollment group, only the couple plus three child family tier rate will be returned in a state with uniform family tiers.
 - d. Market rules state that only the three oldest covered children under age 21 are taken into account in determining the total family premium. This question allows an issuer to set the maximum at fewer than three.
 - e. For dental plans only. SADPs that meet the definition of excepted benefits are not subject to the market rating rules. These plans may adjust for rating factors not present in this template, increase the maximum number of children rated on a single contract, or to remove this maximum altogether. In the plan attributes section of the Plans & Benefits Template, issuers have the option to elect whether they are voluntarily complying with the rating rules in this template, or if the issuer reserves the right to make further premium adjustments. The plan display will then indicate to consumers whether the displayed SADP premium is a guaranteed rate or an estimated rate.
 - f. For pediatric dental plans only. This field is not applicable to pediatric-only stand-alone dental plans. Any selection is valid for this type of plan and will not affect eligibility or rating.
- 6. *What are the maximum number of underage (under 21) dependents used to quote a single parent family?* (required). Select the maximum number of children under age 21 from the drop-down menu:
 - a. **1**—Select if the maximum number of children under age 21 used to calculate a rate is 1.
 - i. If one or more children under age 21 is in the Marketplace enrollment group, only the individual rate of the oldest child is included in the premium calculation, if rates are calculated individually.
 - ii. If one or more children under age 21 is in the Marketplace enrollment group, only the parent plus child family tier rate will be returned in a state with uniform family tiers.
 - b. **2**—Select if the maximum number of children under age 21 used to calculate a rate is
 - i. If two or more children are in the Marketplace enrollment group, only the individual rates of the two oldest children are included in the premium calculation if rates are calculated individually.

- ii. If two or more children are in the Marketplace enrollment group, only the couple plus two child family tier rate will be returned in a state with uniform family tiers.
 - c. **3 or More**—Select if the maximum number of children under age 21 used to calculate a rate is 3 or more.
 - i. If three or more children are in the Marketplace enrollment group, only the individual rates of the three oldest children are included in the premium calculation if rates are calculated individually.
 - ii. If three or more children are in the Marketplace enrollment group, only the couple plus three child family tier rate will be returned in a state with uniform family tiers.
 - d. Market rules state that only the three oldest covered children under age 21 are taken into account in determining the total family premium. This question allows an issuer to set the maximum at fewer than three.
 - e. For dental plans only. SADPs that meet the definition of excepted benefits are not subject to the market rating rules. These plans may adjust for rating factors not present in this template, increase the maximum number of children rated on a single contract, or remove this maximum altogether. In the plan attributes section of the Plans & Benefits Template, issuers have the option to elect whether they are voluntarily complying with the rating rules in this template, or if the issuer reserves the right to make further premium adjustments. The plan display will then indicate to consumers whether the displayed SADP premium is a guaranteed rate or an estimated rate.
 - f. For pediatric dental plans only. This field is not applicable to pediatric-only SADPs. Any selection will be valid for this type of plan and will not affect eligibility or rating.
7. *Is there a maximum age for a dependent?* (required). Allows the issuer to set the maximum age for a child for purposes of eligibility:
- a. **Yes**—If selected, a pop-up will appear allowing the issuer to enter the maximum age with a default value of 21 or higher. QHP issuers must enter a minimum value of 25. SADP issuers must enter a minimum value of 21. Please note that the age entered is inclusive *through* that age. For example, a value of 25 is through age 25, up to age 26.
 - b. **Not Applicable**—If selected, then there is no maximum age and the dependent is allowed to enroll regardless of age as long as they meet the other eligibility rules.
 - c. Market rules require QHP issuers that make available dependent coverage of children to make such coverage available for children until attainment of age 26.¹

¹ 45 CFR 147.120.

- d. Dental plans are not subject to the minimum dependent age of 25, and may have a dependent age as low as 21.

Note: Maximum age for dependent only applies to Child, Adopted Child, Foster Child, Step-Son and Step-Daughter.

- 8. *What are the maximum number of children used to quote a child-only contract?* (required). Select the maximum number of children allowed to be included on a child-only plan:
 - a. **1**—Select if the maximum number of children used to calculate a rate is 1.
 - i. If one or more children are in the Marketplace enrollment group, only the individual rate of the oldest child is included in the premium calculation, if rates are calculated individually.
 - b. **2**—Select if the maximum number of children used to calculate a rate is 2.
 - i. If two or more children are in the Marketplace enrollment group, only the individual rates of the two oldest children are included in the premium calculation if rates are calculated individually.
 - c. **3 or More**—Select if the maximum number of children used to calculate a rate is 3 or more.
 - i. If three or more children are in the Marketplace enrollment group, only the individual rates of the three oldest children are included in the premium calculation if rates are calculated individually.
 - d. Market rules state that only the three oldest covered children under age 21 are taken into account in determining the total family premium. This question allows an issuer to set the maximum at fewer than 3.
 - e. For dental plans only. Stand-alone dental plans that meet the definition of excepted benefits are not subject to the market rating rules. These plans may adjust for rating factors not present in this template, increase the maximum number of children rated on a single contract, or remove this maximum altogether. In the plan attributes section of the Plans and Benefits template, Issuers have the option to elect whether they are voluntarily complying with the rating rules in this template, or if the Issuer reserves the right to make further premium adjustments. The plan display will then indicate to consumers whether the displayed stand-alone dental plan premium is a guaranteed rate or an estimated rate.
 - f. For pediatric dental plans only. This field is not applicable to pediatric-only stand-alone dental plans. Any selection will be valid for this type of plan and will not affect eligibility or rating.

9. *Are domestic partners treated the same as secondary subscribers?* (required). Selection determines whether a Domestic Partner is allowed to be covered as a secondary subscriber. Please note that domestic partners are not differentiated by sex, and can be same-sex or opposite-sex:
- Yes**—If selected, allows Domestic Partners to be considered a “two-parent household” (referred to in item 5 above) for rating and eligibility purposes. (Note: If “Yes” is selected, indicate “Life Partner” as an allowable relationship in item 13 below.)
 - No**—If selected, does not allow Domestic Partners to be considered a “two-parent household” (referred to in item 5 above) for rating and eligibility purposes. (Note: Issuers may choose to cover Life Partner as an eligible dependent relationship in item 13 below, even if domestic partners are not treated the same as secondary subscribers. The Life Partner will not count toward a “two-parent household” for rating and eligibility purposes.)
10. *Are same-sex partners treated the same as secondary subscribers?* (required). Selection determines whether a Same-Sex partner is allowed to be covered as a secondary subscriber:
- Yes**—If selected, then the primary subscriber/same-sex partner will be treated as a “two-parent household” (referred to in item 5 above) for rating and eligibility purposes. (Note: If “Yes” is selected, indicate “Life Partner” as an allowable relationship in item 13 below.)
 - No**—If selected, then the primary subscriber/same-sex partner will not be treated as a “two-parent household” (referred to in item 5 above) for rating and eligibility purposes. (Note: Issuers may choose to cover Life Partner as an eligible dependent relationship in item 13 below, even if same-sex partners (other than spouses) are not treated the same as secondary subscribers. The Life Partner will not count toward a “two-parent household” for rating and eligibility purposes.)
11. *How is age determined for rating and eligibility purposes?* (required). Select how age is defined to determine if a consumer is eligible for a plan rate:
- Age on effective date**—Return the rate based on the consumer’s age on the effective date.
 - Age on January 1st of the effective date year**—Return the rate based on the consumer’s age on January 1st of the effective date.
 - Age on insurance date (age on birthday nearest the effective date)**—Return the rate based on the consumer’s age closest to the effective date of the plan.
 - Age on January 1st or July 1st**—Return the rate based on the following:
 - If the date of enrollment is prior to July 1st, then use the age as of January 1st.

- ii. If the date of enrollment is after to July 1st, then use the age as of July 1st.
- e. Market rules require QHP plans to select option one, “Age on Effective Date,” while dental plans may choose from any of the four options above.²
12. *How is tobacco status returned for subscribers and dependents?* (required). Select how to determine if the tobacco rate is returned when calculating rates. Options are:
- No tobacco use for at least [x] months**—If selected, a pop-up will appear asking for the number of months to use to determine tobacco use. Market rules require QHP issuers to enter a tobacco look-back period of no more than 6 months. Dental issuers are not subject to the look-back period.³
 - Not Applicable**—If selected then there are no separate tobacco and non-tobacco use rates.
 - If rates are calculated by adding up individual rates, then the sum will be a combination of tobacco rates for individuals who qualify for the tobacco rate and the non-tobacco rate for individuals who qualify for the non-tobacco rate.
 - For states that do not permit rating for age or tobacco use and that establish uniform family tiers and corresponding multipliers, there are no separate tobacco rates for each family tier.
13. *What relationships between primary and dependent are allowed, and is the dependent required to live in the same household as the primary subscriber?* (required). Select from the pop-up list what relationships are allowed to be included when returning rates and if the relationship must live in the same household to be eligible to return a rate. All selected relationships will be accepted regardless of the sex of either the primary or dependent.
- Type of Relationship is based on the 834 relationship list and includes the following:
 - **Spouse**
 - **Father or Mother**
 - **Grandfather or Grandmother**
 - **Grandson or Granddaughter**
 - **Uncle or Aunt**
 - **Nephew or Niece**
 - **Cousin**
 - **Adopted Child**

² 45 CFR 147.102(a)(I)(iii).

³ 45 CFR 147.102(a)(I)(iv).

- **Foster Child**
- **Son-in-Law or Daughter-in-Law**
- **Brother-in-Law or Sister-in-Law**
- **Father-in-Law or Mother-in-Law**
- **Brother or Sister**
- **Ward**
- **Stepparent**
- **Stepson or Stepdaughter**
- **Self**
- **Child**
- **Sponsored Dependent**
- **Dependent on a Minor Dependent**
- **Ex-Spouse**
- **Guardian**
- **Court Appointed Guardian**
- **Collateral Dependent**
- **Life Partner**
- **Annuitant**
- **Trustee**
- **Other Relationship**
- **Other Relative**

- b. For each relationship, select “Yes” or “No” if the dependent is required to live in the same household:
- i. **Yes**—The dependent must live in the same household in order to be eligible to be on the same plan and included in the rate calculation when the relationship is allowed.
 - ii. **No**—The dependent may live in or outside of the same household to be eligible to be on the same plan and included in the rate calculation when the relationship is allowed.
 - iii. Market rules require QHP issuers that make available dependent coverage of children to make such coverage available for children until attainment of age 26, regardless of support, residency or dependency factors.

- c. Select the relationship “Life Partner” to cover all unmarried partnership relationships, such as life partnerships and domestic partnerships. Please note that relationships are not differentiated by sex. If an individually rated plan covers Spouses and Life Partners, same-sex and opposite sex Spouses and Life Partners are covered.
14. Click the **Validate** button in the upper left hand corner of the template. If validation errors occur, a Validation Report appears showing the data element and cell location of each error. You must correct these errors in order for the Rates Table Template to be accepted. Resolve any identified errors and click Validate again. Repeat until all errors are resolved.
15. Once the validation is successful, click the **Finalize** button to save the template as an XML file. Upload the saved file in the QHP Application system. Before closing the template, it is also recommended to save a version of the Excel file to your hard drive as an XLSM for future reference.