



Centers for Medicare & Medicaid Services Federally Facilitated Marketplace

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FFM Plan Management Rating Module User Guide

Version 2

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Approvals

Submitting Organization's Approving Authority:

Signature	Printed Name	Date	Phone Number
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CMS's Approving Authority:

Signature	Printed Name	Date	Phone Number
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Revision History

Version	Date	Organization/Point of Contact	Description of Changes
1.0	2/13/15	Accenture / Plan Management Team	Development for 2016 Plan Management Templates & System Functionality
2.0	2/25/16	Accenture / Plan Management Team	Updated to 2017 Plan Management Templates & Module Screen Images

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1 Introduction

The Plan Management Rating Module of the Health Insurance Oversight System (HIOS) is a web application for issuers to enter data that can later be used to calculate the plans' premiums and benefits cost for consumers.

2 Referenced Documents

The Center for Consumer Information and Insurance Oversight (CCIIO) has provided additional information detailing specific policy and submission criteria for each section of the Rating Module on the CCIIO webpage. In addition, specific instructions are posted on the CMS zONE portal and CCIIO webpage to aid issuers in completing the templates. Please use the following link for more information: <http://cciio.cms.gov/programs/exchanges/qhp.html>.

3 Overview

The Rating business area consists of business processes for acquiring rating data information for plans offered by issuers for a given Marketplace. These areas are currently supported by a composite solution consisting of:

- User interfaces for issuers to submit, review, and modify the information uploaded or provided directly via the user interface to support the rating collection process for a given Marketplace or set of Marketplaces.
- Data submission templates (MS Excel-based) allowing issuers or their representatives to download, populate, validate, and upload into the Plan Management system various data sets detailing rating data and rating business rules.

The Plan Management application design is supported by a scalable, n-Tiered environment running on the CMS cloud environment and leveraging a MarkLogic (XML) database. The user interface design is based on the CMS.gov web brand. It is Section 508 compliant and uses a Progressive Enhancement approach.

3.1 Conventions

This document provides screenshots and corresponding narrative to describe how to use the Rating module system.

Fields or buttons to be acted upon are indicated in ***bold italics*** in the Action statement; links to be acted upon are indicated as links in [underlined blue text](#) in the Action statement.

NOTE: The term 'user' is used throughout this document to refer to a person who requires and/or has acquired access to the Rating module.

4 Getting Started

This section provides information about set-up and system access.

4.1 Set-Up Considerations

CMS screens are designed to be viewed at a minimum screen resolution of 1024 x 768 based on Health and Human Services (HHS) standards. To optimize your access to the Plan Management (PM) system:

1. Please **disable pop-up blockers** prior to attempting access to the Plan Management system.
2. Use the following browser for optimum usability:
 - Internet Explorer 11 (latest version available for Windows 7 and Windows 8 as of February, 2016)
 - Firefox 41.0.2
3. Recommended Excel Versions include 2007 and 2010.

4.2 User Access Considerations

Users of the Rating module are assigned one or both of the following user roles:

- **Issuer Submitter**

Users assigned the user access role of **Issuer Submitter** will submit the data necessary to complete the Rating module. Submitters can also cross validate Final Submission data elements to ensure consistency throughout an application.

- **Issuer Validator**

Users assigned the user access role of **Issuer Validator** will validate the data necessary to complete the Rating module. Validators can also cross validate Final Submission data elements to ensure consistency throughout an application and submit the application after cross validation has passed. Upon successful submission, the application will move to the next step in the Qualified Health Plan (QHP) certification process.

4.3 Accessing the System

All Federally-Facilitated Marketplace (FFM) users require a CMS Enterprise Portal ID and Health Insurance Oversight System (HIOS) user role to access the system.

4.4 System Organization and Navigation

This section describes the module organization and provides directions for navigating the system.

4.4.1 Rating Module

The Rating module allows issuers to submit all necessary information using a web-based user interface and Excel templates. The web-based application collects rates and business rule information.

Excel templates collect information that is related to:

- Medical Rates Data
- Dental Rates Data
- Business Rules Data

When a data submitter uploads the rates data and business rules data template XML file, the system validates the data on the template and the web-based sections of the application.

4.4.2 Final Submission

The Final Submission page allows issuers to ensure data integrity across templates and modules required for QHP submission and provides issuers with the current submission statuses of the following modules:

- Issuer Module
- Benefits and Service Area Module
- Rating Module

4.5 Exiting the System

To exit the system, click the **Logout** link located at the bottom right corner of the page header.

5 Using the System

This section provides information and instructions for using the Rating module.

5.1 Rating Module

The Rating Module is divided into various sections, and the tabs to navigate through the sections of the module are listed on top of each page.

Issuer Submitter Pages

- Summary: This is the first page of the Rating module, where Issuer Submitters can start a new application, resume working on a pending application or view an already submitted application.
- Upload/Download Data: This is where Issuer Submitters download both the **Rates Table** template (used for health and dental plans) and the **Business Rules** template. The templates contain macros that validate the completeness and accuracy of the data you entered. You can also upload the completed rates data template XMLs (for both health and dental plans) and the business rules data template to the system. This page provides you with information that the data was successfully uploaded and provides the ability to view history of the files that you or other users have uploaded.

NOTE: You must submit separate Rates Table templates for health and dental; however, the same Business Rules template must be used for all issuer products and plans.

- Final Submission: This is where Submitters cross validate the Final Submission data elements within a submission.

Issuer Validator Pages

- Summary: This is where Issuer Validators can start validating completed submissions or view already validated applications.
- Upload/Download Data: This is where Validators can download both the rates data and business rules data templates and validate the templates. Validators can validate that the information submitted in the rates data and business rules data templates is correct. It is also where you can view a history of the files that have been validated.
- Final Submission: This is where the Validator can cross validate Final Submission data elements within a submission and/or submit an application. Final Submission triggers cross validations and, if successful, submits completed applications for further evaluation to become a Qualified Health Plan (QHP).

Final Submission Page

The following sub-sections provide detailed, step-by-step instructions on how to use the various functions or features of the Final Submission page.

5.2 Final Submission

This page is where the Submitter and Validator cross validate Final Submission data elements within a submission. Both the Submitter and Validator can cross validate the Final Submission data. Only the Validator has the rights to submit an application, which will trigger cross validations and submit an application for further evaluation to become a QHP.

The following sub-sections provide detailed, step-by-step instructions on how to use the various functions or features of the Rating module system.

5.3 Issuer Submitter – Summary Page

The Summary page is displayed after you successfully log in to the Rating module. From the Summary page, shown in Figure 1, you can start a new submission, continue working on an existing application, or view an already submitted application. You must be assigned the role of **Issuer Submitter** to access this page.

PLAN MANAGEMENT Text Size: A A A

PLAN YEAR : 2017
Welcome, TEST116@FFTEST.COM | Logout

Rating Module

Data Submitter Data Validator

Summary

Start the Rating Data Submission

Fields marked with an asterisk (*) are required.

*Issuer:
13137 GA Globe Life and Accident Insurance Co [v] **Start the Rating Module**

Resume an Existing Submission

Issuer ID:	Issuer:	Issuer State:	Last Update:	Status:	Action:
No data available in table					

Showing 0 to 0 of 0 entries

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Figure 1 – Issuer Submitter Summary Page – Start the Rating Module

To resume an existing application, click the **Resume** button that corresponds to the Issuer ID and the Issuer name; you will be directed to the Rates and Business Rules Data section to resume the application, shown in Figure 2.

Issuer ID:	Issuer:	Issuer State:	Last Update:	Status:	Action:
17489	FFE PM Test Issuer 124	NV	Tue, 19 Feb 2013 09:28:51 EST	Validation Completed	View
23939	FFE PM Test Issuer 102	GA	Mon, 18 Feb 2013 20:50:24 EST	Pending Submission	Resume
32899	FFE PM Test Issuer 123	MN		Pending Submission	Resume
38927	FFE PM Test Issuer 125	ID	Sun, 17 Feb 2013 17:28:05 EST	Validation Completed	View
46038	FFE PM Test Issuer 128	MA	Sun, 17 Feb 2013 19:15:59 EST	Pending Submission	Resume
54858	FFE PM Test Issuer 105	NY	Tue, 19 Feb 2013 10:42:56 EST	Pending Validation	View
56917	FFE PM Test Issuer 127	VT	Mon, 18 Feb 2013 20:59:04 EST	Pending Submission	Resume
60467	FFE PM Test Issuer 128	NV	Tue, 19 Feb 2013 08:51:00 EST	Pending Validation	View
63569	FFE PM Test Issuer 125	GA	Mon, 18 Feb 2013 18:06:42 EST	Returned for Changes	Resume
65868	FFE PM Test Issuer 126	OR	Tue, 19 Feb 2013 09:58:49 EST	Pending Submission	Resume

Showing 1 to 10 of 11 entries

« First » 1 2 » Last »

Figure 2 – Issuer Submitter – Resume Application Page

To start a new submission, select an issuer from the Issuer drop-down list that appears, and click the **Start the Rating Module** button (seen in Figure 3).

Rating Module

[Instructions and Reference Material \(PDF\)](#)
[1.68 MB]

Data Submitter

Data Validator

Summary

Start the Rating Data Submission

Fields marked with an asterisk (*) are required.

Issuer:

87296 NC FFE Test Issuer 346

Start the Rating Module

Figure 3 – Issuer Submitter Page – Begin Working on an Application

You are directed to the Upload/Download Rates and Business Rules Data section, shown in Figure 4.

You will only be able to start the Rating module with an Issuer ID that is associated with your HIOS account. If you need to add a new Issuer ID to your HIOS account, contact the Marketplace Operation Support Desk at 1-855-267-1515.

5.3.1 Issuer Submitter – Rates and Business Rules Data

On the Data Upload/Download page, shown in Figure 4, you can download the **Rates Table** template and **Business Rules** templates to complete. Click on the template link to open the file and save it to your machine locally.

Rating Module

[Instructions and Reference Material \(PDF\)](#)
 [1.68 MB]

[Technical Guidance \(PDF\)](#) [111 KB]

[Data Submitter](#) | [Data Validator](#) | [Final Submission](#)

Upload/Download Rates & Business Rules

Download Templates

- [BusinessRules.xls](#)
- [Rates.xls](#)

Upload File(s)

Fields marked with an asterisk (*) are required.

Document Type:

Upload File(s): No file selected.

Uploaded File History

Document Type:	File Name	Submission Date	Status
You have not uploaded any documents			

By clicking "Submit" you attest that all of the issuer and plan-level information submitted is correct, and a) any revisions submitted after the application window closed are only to address an application deficiency noted by HHS or the State; or b) any data corrections submitted that are not in response to a deficiency have been approved by HHS; or c) if you have previously submitted a QHP Application and are now submitting additional information for certification of stand-alone dental plans, you are making no changes to your previously submitted QHPs.

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Figure 4 – Issuer Submitter – Upload/Download Rates and Business Rules Data Page

To upload the completed **Rates Table** and **Business Rules** templates, select the document type (Rates, Dental Rates or Business Rules) from the drop-down, click the **Browse** button, and select the completed template generated **.xml** file. Each subsequent upload version of a template will replace the previous version. Figure 5 shows the Upload Template page.

Rating Module

 Instructions and Reference Material (PDF)
[1.68 MB]

 Technical Guidance (PDF) [111 KB]

[Data Submitter](#) | [Data Validator](#) | [Final Submission](#)

 You have successfully uploaded the template

Upload/Download Rates & Business Rules

Download Templates

-  [BusinessRules.xls](#)
-  [Rates.xls](#)

Upload File(s)

Fields marked with an asterisk (*) are required.

 Please note that uploading a second version of the template will replace the previously uploaded version.

***Document Type:**
Upload File(s): No file selected.

Uploaded File History

Document Type:	File Name	Submission Date	Status
Business Rules	07296_NC_2016_BusinessRules.xls	02/17/2015 2:48:22 PM	Complete
Rates	07296_NC_2016_Med_Rates.xls	02/17/2015 2:48:33 PM	Pending

By clicking "Submit" you attest that all of the issuer and plan-level information submitted is correct; and a) any revisions submitted after the application window closed are only to address an application deficiency noted by HHS or the State; or b) any data corrections submitted that are not in response to a deficiency have been approved by HHS; or c) if you have previously submitted a CHIP Application and are now submitting additional information for certification of stand-alone dental plans, you are making no changes to your previously submitted CI's.

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Figure 5 – Upload Template Page

Upon successful upload of the Rates Table and/or the Business Rules template, you will receive a message that reads, “You have successfully uploaded the template.”

Upload File(s)

Fields marked with an asterisk (*) are required.

 Please note that uploading a second version of the template will replace the previously uploaded version.

***Document Type:**
Rates

Upload File(s):

Uploaded File History

Document Type:	File Name	Submission Date	Status
Rates	RateTables.xls	02/15/2013 2:26:50 PM	Pending
Business Rules	RateBusinessRule.xls	02/15/2013 2:27:11 PM	Pending

By clicking "Submit" you attest that a) all of the Issuer and plan-level information submitted is correct; b) any revisions submitted after the application window closed are only to address an application deficiency noted by HHS or the State; and, c) any data corrections submitted during the plan preview period were approved by HHS or the State for which you are applying.

Figure 6 – Issuer Submitter – Submit Data Page

The template is displayed in the Uploaded File History as shown in Figure 6, above. To complete the section, click the **Submit** button. A Successful Submission page displays, “You have submitted this section” as shown in Figure 7, below.

Rating Module

 Instructions and Reference Material (PDF) [1.68 MB]
 Technical Guidance (PDF) [111 KB]

[Data Submitter](#) | [Data Validator](#) | [Final Submission](#)

 You have successfully submitted this section

Upload/Download Rates & Business Rules

Download Templates

-  [BusinessRules.xls](#)
-  [Rates.xls](#)

Upload File(s)

Fields marked with an asterisk (*) are required.

 Please note that uploading a second version of the template will replace the previously uploaded version.

***Document Type:** **Upload File(s):** No file selected.

Uploaded File History

Document Type:	File Name	Submission Date	Status
Business Rules	87296_NC_2016_BusinessRules.xls	02/17/2015 2:48:22 PM	Complete
Rates	87296_NC_2016_Med_Rates.xls	02/17/2015 2:48:40 PM	Complete

By clicking "Submit" you attest that all of the Issuer and plan-level information submitted is correct; and a) any revisions submitted after the application window closed are only to address an application deficiency noted by HHS or the State; or b) any data corrections submitted that are not in response to a deficiency have been approved by HHS; or c) if you have previously submitted a QHP Application and are now submitting additional information for certification of stand-alone dental plans, you are making no changes to your previously submitted QHPs.

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Figure 7 – Issuer Submitter Page- Successful Submission

5.3.2 Issuer Submitter - Rates Table and Business Rules Templates

You will use the Rates Table and Business Rules templates to provide important rate calculation information. You must navigate to the Rates and Business Rules Data page to download the Rates Table and Business Rules templates.

Click the link to download the Rates Table Template and save a copy of the template on your machine locally. The Rates Table template is shown in Figure 8.

When you first open the Rates Table or Business Rules Templates, you may see a screen that prompts you to enable macros before you are able to view the content of the template. See **Appendix A** for instructions on enabling macros.

Complete the Rates Table and Business Rules Templates, making sure to complete all required fields (marked with an asterisk (*)) and validate the workbook by clicking the **Validate** button at the top of the worksheet.

If the worksheet has any errors, they will be displayed in a text box, with a list of cell locations and reasons for the errors. After correcting any errors, **Validate** the workbook again. When the workbook has no errors, you will receive a message saying, “This Template is Valid!”

You may validate the workbook as many times as necessary until you receive the valid message. Once the template has been validated, click **Finalize** to create an XML extraction of the Rates Table and Business Rules templates. The system will first check that the template is valid; if there are errors, they will be displayed in a text box with the cell location and reason. If the template is valid, the xml extract file, named **rates.xml**, will be created in the same folder in which the template was saved. **This is the file you will upload into the system.**

NOTE: You must submit separate Rates Table templates for health and dental; however, the same **Business Rules template** must be used for all issuer products and plans.

2017 Rates Table Template v6.0

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 a community rating state, select Family Option under Age and fill in all columns.

If you are not community rating state, select 0-20 under Age 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.

Buttons: Validate, Finalize, Add Sheet

Metadata fields:

- HIOS Issuer ID*: 12345
- Federal TIN*: 12-1234567
- Rate Effective Date*: 1/1/2017
- Rate Expiration Date*: 12/31/2017

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
12345VA1234567	Rating Area 1	Tobacco User/Non-Tobacco User	0-20		
12345VA1234567	Rating Area 1	Tobacco User/Non-Tobacco User	21		
12345VA1234567	Rating Area 1	Tobacco User/Non-Tobacco User	22		
12345VA1234567	Rating Area 1	Tobacco User/Non-Tobacco User	23		
12345VA1234567	Rating Area 1	Tobacco User/Non-Tobacco User	24		
12345VA1234567	Rating Area 1	Tobacco User/Non-Tobacco User	25		
12345VA1234567	Rating Area 1	Tobacco User/Non-Tobacco User	26		
12345VA1234567	Rating Area 1	Tobacco User/Non-Tobacco User	27		
12345VA1234567	Rating Area 1	Tobacco User/Non-Tobacco User	28		

Figure 8 – Issuer Submitter – Rates Table Template

Table 1, below, displays the field names, description, and template list of values in the Rates Table template.

Table 1 – Issuer Submitter – Rates Table Template Fields

Field Name	Field Description	Template List of Values
Issuer ID	Five digit number that identifies the Issuer.	Numeric: (xxxxx) (HIOS 5 digits Issuer ID 5).
Federal TIN	A Tax Identification Number (TIN) is used to identify a tax entity.	Numeric: TINs are formatted as "xx-xxxxxxx"
Rate Effective Date	Date when the rates go into effect for the plan.	Date: (mm/dd/yyyy)
Rate Expiration Date	Date when the rates last apply to a plan(s).	Date: mm/dd/yyyy

Field Name	Field Description	Template List of Values
Plan ID	A specific value conveying an understanding of identification of an insurance plan within the state.	Alphanumeric: Consists of an Issuer ID (xxxxx) plus state (xx) plus Product ID number (xxx) and a Plan Unique Identifier number (xxxx). (e.g. 12442CA7032600)
Rating Area ID	Identifies a specific geographic rate area as defined by a State.	Drop-down: (e.g. Rating Area 1 Rating Area 2 Rating Area 3 Rating Area 4 Rating Area 5 Rating Area 6 Rating Area 7)
Tobacco	Identifies if the Issuer takes tobacco use into account for rating purposes.	Drop-down: Tobacco User/Non-Tobacco User No Preference
Age	Subscriber Age Bands.	Drop-down: Family Option, 0-20, ages between 21-64 and 65 and over.
Individual Rate	Identifies the rate for an individual subscriber on a plan.	Numeric: Dollar amount.
Individual Tobacco Rate	Identifies the rate for an individual that uses tobacco.	Numeric: Dollar amount.

If your state allows family tiering, you must complete the Family Tier section of the Rates Table template. Figure 9, below, shows the Family Tier section.

Family Tier						
Couple *	Primary Subscriber and One Dependent*	Primary Subscriber and Two Dependents*	Primary Subscriber and Three or More Dependents*	Couple and One Dependent*	Couple and Two Dependents*	Couple and Three or More Dependents*
Required: Enter the rate of a couple based on the pairing of a primary enrollee and a secondary subscriber (e.g. husband and spouse)	Required: Enter the rate of a family based on a single parent with one dependent	Required: Enter the rate of a family based on a single parent with two dependents	Required: Enter the rate of a family based on a single parent with three or more dependents	Required: Enter the rate of a family based on a couple with one dependent	Required: Enter the rate of a family based on a couple with two dependents	Required: Enter the rate of a family based on a couple with three or more dependents

Figure 9: Issuer Submitter – Rates Table Template Family Tier Section

Table 2, below, displays the field names, description, and template list of values in the Rates Table template for family tier options.

Table 2: Issuer Submitter – Rates Table Template Family Tier Fields

Field Name	Field Description	Template List of Values
Couple	Identifies the rate for a primary subscriber and a secondary subscriber (e.g. husband and spouse).	Numeric: Dollar amount.

Field Name	Field Description	Template List of Values
Primary Subscriber and One Dependent	Identifies the rate for a single parent/primary subscriber with one dependent.	Numeric: Dollar amount.
Primary Subscriber and Two Dependents	Identifies the rate for a single parent (primary subscriber) with two dependents.	Numeric: Dollar amount.
Primary Subscriber and Three or More Dependents	Identifies the rate for a single parent (primary subscriber) with three or more dependents.	Numeric: Dollar amount.
Couple and One Dependent	Identifies the rate for a couple with one dependent.	Numeric: Dollar amount.
Couple and Two Dependents	Identifies the rate for a couple with two dependents.	Numeric: Dollar amount.
Couple and Three or More Dependents	Identifies the rate for a couple with three or more dependents.	Numeric: Dollar amount.

Figure 10, below, shows the Issuer Submitter – Business Rules template.

2017 Business Rules Template v6.0

All fields with an asterisk (*) are required. To validate the template, press Validate button or Ctrl + Shift + I. To finalize the template, press Finalize button.

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.

Buttons: Validate, Finalize

Fields: HIOS Issuer ID*, TIN*

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 treated as secondary?

Figure 10 – Issuer Submitter – Business Rules Template

Table 3 below displays the field names, descriptions, and template values in the Business Rules template.

Table 3 – Issuer Submitter – Business Rules Data Template Fields

Field Name	Field Description	Template List of Values
Issuer ID	Five digit number that identifies the Issuer.	Numeric: (xxxxx) (HIOS 5 digits Issuer ID 5).
Federal TIN	A Tax Identification Number (TIN) is used to identify a tax entity.	Numeric: TINs are formatted as "xx-xxxxxxx"
Product ID	A specific value Identifying an insurance product within the HIOS system.	Alphanumeric: Consists of an Issuer ID (xxxxx) plus state (xx) along with a 3-digit unique product identifier number (xxx).
Plan ID (Standard Component)	A specific value conveying an understanding of identification of an insurance plan within the state.	Alphanumeric: Consists of an Issuer ID (xxxxx) plus state (xx) plus Product ID number (xxx) and a Plan Unique Identifier number (xxxx).

Field Name	Field Description	Template List of Values
How are rates for contracts covering two or more enrollees calculated?	Identifies if rates are family tier rates (e.g. rates specifically for couples and their families) or individual age banded rates (e.g. a different rate for each enrollee is added together)	Drop-down: 1 - There are rates specifically for couples and for families (not just addition of individual rates) 2 - A different rate (specifically for parties of two or more) for each enrollee is added together
What are the maximum number of under age (under 21) dependents used to quote a two parent family?	A specific value conveying the maximum number of dependents used to quote a two parent family.	1 2 3 or more
What are the maximum number of under age (under 21) dependents used to quote a single parent family?	A specific value conveying the maximum number of dependents used to quote a single parent family.	1 2 3 or more
Is there a maximum age for a dependent?	A specific value conveying the maximum age for a dependent.	Drop-down: Yes Not Applicable Pop-up: Enter Age greater than 20.
What is the maximum number of children used to quote a children-only contract?	A specific value conveying the maximum number of children used to quote a children-only contract.	1 2 3 or more
Are domestic partners treated the same as secondary subscribers?	Identifies if domestic partners are treated the same as secondary subscribers.	Yes No
Are same-sex partners treated the same as secondary subscribers?	Identifies if same-sex partners are treated the same as secondary subscribers.	Yes No
How is age determined for rating and eligibility purposes?	Identifies how age is determined for rating and eligibility purposes.	1 - Age on effective date 2 - Age on January 1st of the effective date year 3 - Age on insurance date (age on birthday nearest the effective date) 4 - Age at January 1st or July 1st.
How is tobacco status determined for subscribers and dependents?	Defines the rules for determining whether a subscriber or dependent are considered tobacco users.	1 - No tobacco use for at least months 2 - Not Applicable

Field Name	Field Description	Template List of Values
What relationships between primary and dependent are allowed, and is the dependent required to live in the same household as the primary subscriber?	Identifies which relationships between primary and dependent are allowed. If the relationship is allowed it will identify if the dependent is required to live in the same household as the primary subscriber.	Spouse - Yes/No Father or Mother - Yes/No Grandfather or Grandmother - Yes/No Grandson or Granddaughter - Yes/No Uncle or Aunt - Yes/No Nephew or Niece - Yes/No Cousin - Yes/No Adopted Child - Yes/No Foster Child - Yes/No Son-in-law or daughter-in-law - Yes/No Brother-in-law or sister-in-law - Yes/No Mother-in-law or father-in law - Yes/No Brother or sister - Yes/No Ward - Yes/No Stepparent - Yes/No Stepson or stepdaughter - Yes/No Self - Yes/No Child - Yes/No Sponsored dependent - Yes/No Dependent of a Minor Dependent - Yes/No Ex-Spouse - Yes/No Guardian - Yes/No Court Appointed Guardian - Yes/No Collateral Dependent - Yes/No Life Partner - Yes/No Annuitant - Yes/No Trustee - Yes/No Other Relationship - Yes/No Other Relative - Yes/No

5.4 Issuer Validator - Summary Page

From the Validator Summary page, shown in Figure 11, you can start to validate a submission, continue working on an existing/pending validation, or view/edit a validation completed or cross validation completed submission. You must be assigned the role of Validator to access this page.

Rating Module

[Instructions and Reference Material \(PDF\)](#)
[1.68 MB]

Data Submitter Data Validator

Summary

Validate a Submission

Issuer ID:	Issuer:	Issuer State:	Last Update:	Status:	Action:
87296	FFE Test Issuer 346	NC	Tue, 17 Feb 2015 14:50:24 EST	Submission Completed	Start Validation

Showing 1 to 1 of 1 entries

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Figure 11 – Issuer Validator - Summary Page

To a start validation, click **Start Validation** corresponding to the Issuer ID and Issuer; the validation submission section displays.

5.4.1 Issuer Validator Validation Page

Figure 12, below, shows the Validator - Validated Submission page.

Rating Module

Instructions and Reference Material (PDF)
[1.68 MB]

Data Submitter Data Validator Final Submission

Validate The Rates & Business Rules Submission

Please review and validate the completed submissions.
Fields marked with an asterisk (*) are required.

Uploaded File(s)

Document Type:	File Name	Upload Date
Business Rules	87296_NC_2016_BusinessRules.xls	02/17/2015 2:48:22 PM
Rates	87296_NC_2016_Med_Rates.xls	02/17/2015 2:48:40 PM

*Do you validate that the information submitted for this section is correct?

☐ Yes ☐ No

Back to Summary Submit Section

Figure 12 – Issuer Validator - Validated Submission Page

The data validation section is where you can validate a submission. You can select a template and view the content of the template.

If the template is accurate, validate the submissions by checking the “**Yes**” radio button to the question, “Do you validate that the information submitted is correct?” Click **Submit Section** to finalize the validation, as shown in Figure 13 below.

5.4.2 Issuer Validator – Successful Validation

The Validator Submission page displays the validation successful message, as shown in Figure 13.

Rating Module

Instructions and Reference Material (PDF)
[1.68 MB]

Data Submitter Data Validator Final Submission

You have successfully submitted this application

Validate The Rates & Business Rules Submission

Please review and validate the completed submissions.
Fields marked with an asterisk (*) are required.

Uploaded File(s)

Document Type:	File Name	Upload Date
Business Rules	87296_NC_2016_BusinessRules.xls	02/17/2015 2:48:22 PM
Rates	87296_NC_2016_Med_Rates.xls	02/17/2015 2:48:40 PM

*Do you validate that the information submitted for this section is correct?

☒ Yes ☐ No

Back to Summary Submit Section

Figure 13 – Issuer Validator – Successful Validation Page

Upon successful validation, you will receive a message that reads, “You have successfully submitted this application.”

If you select “**No**” to the validation question, the submission is sent back to the submitter’s page for review and correction, and you will receive a message that reads, “This submission has been returned for changes” (see Figure 14). Please note that there is no way to send a notification within the system. You must tell your data submitter offline that the submission has been rejected in order for them to correct the submission.

The screenshot displays the 'Rating Module' interface. At the top, there is a link for 'Instructions and Reference Material (PDF)' with a file size of 1.68 MB. Below this are three tabs: 'Data Submitter', 'Data Validator' (which is active), and 'Final Submission'. A green banner with a checkmark icon states 'This submission has been returned for changes'. The main section is titled 'Validate The Rates & Business Rules Submission'. It includes instructions to review and validate completed submissions, noting that fields marked with an asterisk (*) are required. Under 'Uploaded File(s)', there is a table with two rows: 'Business Rules' and 'Rates'. Each row lists a file name and its upload date. At the bottom, there is a question: '*Do you validate that the information submitted for this section is correct?' with radio buttons for 'Yes' and 'No'. The 'No' button is selected. At the very bottom, there are two buttons: 'Back to Summary' and 'Submit Section'.

Document Type:	File Name	Upload Date
Business Rules	87296_NC_2016_BusinessRules.xls	02/17/2015 2:48:22 PM
Rates	87296_NC_2016_Med_Rates.xls	02/17/2015 2:48:40 PM

Figure 14 – Issuer Validator - Submission Returned for Changes

5.5 Final Submission

This section describes the Final Submission process.

5.5.1 Final Submission Access from the Modules

You can access the Final Submission page from the Final Submission tab that is integrated within the Rating module by Issuer Submitters (QHP, Rates, and Benefits Submitters) and Issuer Validators (QHP, Rates, and Benefits Submitters).

Example: From the Rating Module, shown in Figure 15, click the **Final Submission** tab to access the Final Submission page and view the statuses of modules throughout an application.

Rating Module

Instructions and Reference Material (PDF)
[1.68 MB]

Data Submitter Data Validator **Final Submission**

Validate The Rates & Business Rules Submission

Please review and validate the completed submissions.
Fields marked with an asterisk (*) are required.

Uploaded File(s)

Document Type:	File Name	Upload Date
Business Rules	87296_NC_2016_BusinessRules.xls	02/17/2015 2:48:22 PM
Rates	87296_NC_2016_Med_Rates.xls	02/17/2015 2:48:40 PM

*Do you validate that the information submitted for this section is correct?

☒ Yes ☐ No

Back to Summary Submit Section

Figure 15 – Accessing the Final Submission Page from the Rating Module

Depending on your access level, you can perform two distinct functions using the Final Submission Page, as shown in Figure 15. Submitters and Validators can cross validate data among modules by clicking the **Cross Validate** button. Validators can submit the application by clicking the **Submit** button.

The **Back** button returns you to the last page accessed prior to navigating to the Final Submission page.

Figure 16 shows the Final Submission page.

Final Submission

Instructions and Reference Material (PDF)
[3.21 MB]

Data Submitter Data Validator **Final Submission**

To qualify for QHP Certification, Cross Validation must be passed. To cross validate template data within a submission, click the Cross Validate or Submit Button. A submission must pass cross validation prior to the submission window closing in order to be a certified QHP.

Please Note: The Rate Review module submission(s) are required in order to successfully complete cross-validation.

Module	Submission Date	Status
Issuer Module	02/16/2015 3:23:27 PM	Pending Submission
Benefits and Service Area Module		Pending Submission
Rating Module	02/17/2015 2:54:42 PM	Returned for Changes

Back Cross Validate Submit

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Figure 16 – Final Submission Page

When inconsistencies are detected during cross validation, an error report will be generated and an error message will appear on screen (see Figure 17). The error message instructs you to download the Final Submission Error Report to view inconsistent data elements across the modules. You must download the Final Submission Error Report (see Figure 18) by clicking on the ErrorReport.csv link and correcting the listed errors.

NOTE: Error report generation will not trigger a status change for any module. You are responsible for coordinating with users from other modules to resolve discrepancies within the application. Once discrepancies are resolved, you must rerun cross validation to verify consistency across the Final Submission data elements.

NOTE: The Error report will be deleted once you refresh or leave the page.

Final Submission

Instructions and Reference Material (PDF) [3.21 MB]

Data Submitter Data Validator Final Submission

Please correct the following errors
1. There were errors identified during cross-validation between templates. Please download the error report below for details.

Download Final Submission Error Report
ErrorReport.csv

To qualify for QHP Certification, Cross Validation must be passed. To cross validate template data within a submission, click the Cross Validate or Submit Button. A submission must pass cross validation prior to the submission window closing in order to be a certified QHP.

Please Note: The Rate Review module submission(s) are required in order to successfully complete cross-validation.

Module	Submission Date	Status
Issuer Module	02/16/2015 3:23:27 PM	Pending Submission
Benefits and Service Area Module		Pending Submission
Rating Module	02/17/2015 2:54:42 PM	Returned for Changes

Back Cross Validate Submit

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Figure 17 – Final Submission Page - Errors

	A	B	C	D	E	F	G	H
1	URAC template has not been uploaded							
2	NCQA template has not been uploaded							
3	Rate Table template has not been uploaded							
4	Admin template has not been uploaded							
5	Prescription Drug template has not been uploaded							
6	PlanBenefit-Small Group template has not been uploaded							
7	PlanBenefit-Individual template has not been uploaded							
8	ECP template has not been uploaded							
9	Network template has not been uploaded							
10	Service Area template has not been uploaded							
11	Rate Business Rules template has not been uploaded							
12	The following NetworkId's exist in Benefit but not in Network templates []							
13	Not yet checking RateTable dates for PlanBenefit-Individual PlanId's							
14	Not currently checking URR planId's							
15	Issuer Module is not complete and validated							
16								

Figure 18 – Final Submission Error Report

Figure 19 shows the Final Submission page displaying a cross-validation success message.

Final Submission

[Instructions and Reference Material \(PDF\)
\[3.21 MB\]](#)

[Data Submitter](#)
[Data Validator](#)
[Final Submission](#)

Issuer ID 87296 has been Cross Validated.

To qualify for QHP Certification, Cross Validation must be passed. To cross validate template data within a submission, click the Cross Validate or Submit Button. A submission must pass cross validation prior to the submission window closing in order to be a certified QHP.

Please Note: The Rate Review module submission(s) are required in order to successfully complete cross-validation.

Module	Submission Date	Status
Issuer Module	02/17/2015 3:32:53 PM	Validation Completed
Benefits and Service Area Module	02/17/2015 4:09:42 PM	Validation Completed
Rating Module	02/17/2015 3:05:11 PM	Validation Completed

[Back](#)
[Cross Validate](#)
[Submit](#)

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Figure 19 – Final Submission Page – Cross Validations Successful

Once all module statuses show as “Validation Completed”, the Validator can submit the application by clicking the **Submit** button.

Once the application has been successfully submitted (see Figure 20), the Module statuses read “Cross Validation Completed,” and the **Submit** button becomes disabled.

If there are modifications to a module, you must repeat the Final Submission Cross Validation process. If changes are made, the module statuses will no longer read “Cross Validation Completed.”

Final Submission

Instructions and Reference Material (PDF)
[3.21 MB]

Data Submitter Data Validator **Final Submission**

✓ Issuer ID 87296 has been Submitted

To qualify for QHP Certification, Cross Validation must be passed. To cross validate template data within a submission, click the Cross Validate or Submit Button. A submission must pass cross validation prior to the submission window closing in order to be a certified QHP.

Please Note: The Rate Review module submission(s) are required in order to successfully complete cross-validation.

Module	Submission Date	Status
Issuer Module	02/17/2015 4:11:26 PM	Cross Validations Completed
Benefits and Service Area Module	02/17/2015 4:11:26 PM	Cross Validations Completed
Rating Module	02/17/2015 4:11:26 PM	Cross Validations Completed

Back Cross Validate Submit

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Figure 20 – Final Submission Page - Submitted

5.6 Resubmission

Validators can use the Resubmission functionality (see Figure 22) to initiate the resubmission of the application to address deficiencies noted by HHS or the State; to submit a data correction during the plan preview period; and/or to submit additional information for certification of stand-alone dental plans.

NOTE: Entering the resubmission process invalidates the previously submitted QHP application in order to allow information to be modified and resubmitted.

You may only resubmit applications with a “Cross Validation Completed” status. Initiating the resubmission process may occur from any QHP Application module and **may impact data entries and validation previously completed in other QHP Application modules**. Once you begin the resubmission process, the module status will change to “Return for Changes” for the application undergoing resubmission, and all other modules will change to “Validation Completed.” See section 5.4 for instructions on selecting “No” as the validation answer.

Once the resubmission process has been successfully completed, you must follow the original submission process (Submission, Validation, Cross Validation) previously outlined within this guide.

5.6.1 Resubmission Rating Validator: Summary Page

The Rating Validator Summary Page is where the Validator can select an application and initiate the resubmission process. You can also select **Edit** for any submissions with the status of “Cross Validation Completed,” as seen in Figure 21. You must be assigned the role of Rating Validator to access this page.

Rating Module

[Instructions and Reference Material \(PDF\) \[1.68 MB\]](#)

Data Submitter **Data Validator**

Summary

Validate a Submission

Issuer ID:	Issuer:	Issuer State:	Last Update:	Status:	Action:
87296	FFE Test Issuer 346	NC	Tue, 17 Feb 2015 16:11:07 EST	Cross Validations Complete	Edit

Showing 1 to 1 of 1 entries

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Figure 21 – Rating Validator - Summary Page

5.6.2 Resubmission Rating Validator: Upload/Download Page

You can use the Rating Validator Upload/Download Page to review the validated data and information provided by the Rating Submitter. You must Select **Resubmission** from the alert box (see Figure 22).

A confirmation pop-up appears in order to ensure that the resubmission process is triggered only to address justifications outlined by CMS (see Figure 23). Selecting “**No**” will close the pop-up screen with no changes made to the module/application. Selecting “**Yes**” will close the pop-up screen, and a confirmation message will display stating that the module status has changed to “Return to Submitter” and that the module has been routed back to the submitter (see Figure 24).

i The Submission is currently locked; select "Resubmission" to update this module.

[Resubmission](#)

Figure 22 – Resubmission Alert box

The screenshot shows the 'Rating Module' interface. A modal dialog box is open in the center, asking for confirmation to submit for specific reasons. The background interface includes tabs for 'Data Submitter' and 'Data Validator', a 'Validate The Rates' section with a 'Resubmission' button, and a table of uploaded files.

Rating Module

Are you submitting for one of the following reasons?

- (a) to address an application deficiency noted by HHS or the State;
- (b) to submit a data correction during the plan preview period; and/or
- (c) to submit additional information for certification of stand-alone dental plans, the plan information must be added as directed in the stand-alone dental plan instructions.

By selecting "Yes", you are temporarily invalidating your previously submitted QHP application. This will allow you to enter the necessary information related to one or more of the above reasons for resubmission.

Yes **No**

Validate The Rates

Please review and validate the completed submissions.

Fields marked with an asterisk (*) are required.

Uploaded File(s)

Document Type:	File Name	Upload Date
Rates	17569-RateTable-2family.xls	04/22/2013 11:03:07 AM
Business Rules	17569-RateBR.xls	04/22/2013 11:02:36 AM

*Do you validate that the information submitted for this section is correct?

☒ Yes ☐ No

Figure 23 – Confirmation Pop-Up

The screenshot shows the 'Rating Module' interface with the 'Final Submission' tab selected. A blue message box at the top confirms the resubmission. Below it is the 'Validate The Rates & Business Rules Submission' section, which includes a table of uploaded files and a validation question.

Data Submitter **Data Validator** **Final Submission**

You have successfully initiated the resubmission of the Rating Module. The status has been changed to "Returned For Changes" and the module has been returned for changes to the Submitter.

Validate The Rates & Business Rules Submission

Please review and validate the completed submissions.

Fields marked with an asterisk (*) are required.

Uploaded File(s)

Document Type:	File Name	Upload Date
Rates	17569-RateTable-2family.xls	04/22/2013 11:03:07 AM
Business Rules	17569-RateBR.xls	04/22/2013 11:02:36 AM

*Do you validate that the information submitted for this section is correct?

☒ Yes ☐ No

Back to Summary **Submit Section**

Figure 24 – Resubmission Confirmation Message

6 Error Messages

Table 4 provides a list of error messages in the Rating module of the Plan Management system.

Table 4 – Plan Management System Error Messages

Error Message	Corrective Action
Incorrect File Format	The user will receive this error message when the document uploaded is in the incorrect format. The allowable format for templates is xml.
Please select a valid document type	The user did not select the document type.
Please select an issuer	The User did not select Issuer ID from the dropdown.
There were errors identified during cross-validation between the templates. Please download the error report below for details.	Validators are responsible for coordinating with users from other modules to resolve discrepancies within the application.
Invalid Template version uploaded. Please upload the current template version. Check with the CMS helpdesk for directions on how to access the correct versions of the templates.	The user will receive this error message when uploading an invalid template year version.

6.1 Support

Table 5 provides list of contacts

Table 5 – Points of Contact

Contact	Organization	Phone	Email	Role	Responsibility
Marketplace Operation Support Desk (XOSC)	CMS	855-CMS-1515 (855-267-1515)	CMS_FEPS@cms.hhs.gov	Help desk support	1st level user support & problem reporting

7 Acronyms and Abbreviations

Table 6 provides a list of acronyms used in this document.

Table 6 – Acronyms

ACRONYM	Literal Translation
CCIO	Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare & Medicaid Services
HHS	Health and Human Services
HIOS	Health Insurance Oversight System
FFM	Federally-Facilitated Marketplace
PM	Plan Management
QHP	Qualified Health Plan

Appendix A: Enabling Macros in Microsoft Excel 2007-2010

In order to properly view and use the Excel templates for the QHP Application, macros need to be enabled. It is recommended that the user enable macros before downloading any templates.

1. From the Office button in the top left corner (refer to Figure 25), choose **Excel Options**.

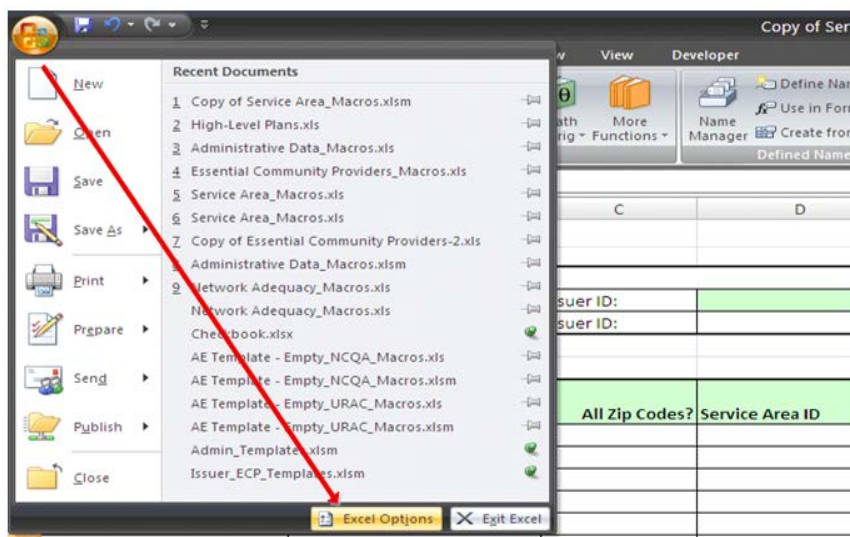


Figure 25 – Choosing Excel Options

2. From Excel Options (refer to Figure 26), Choose “Trust Center”

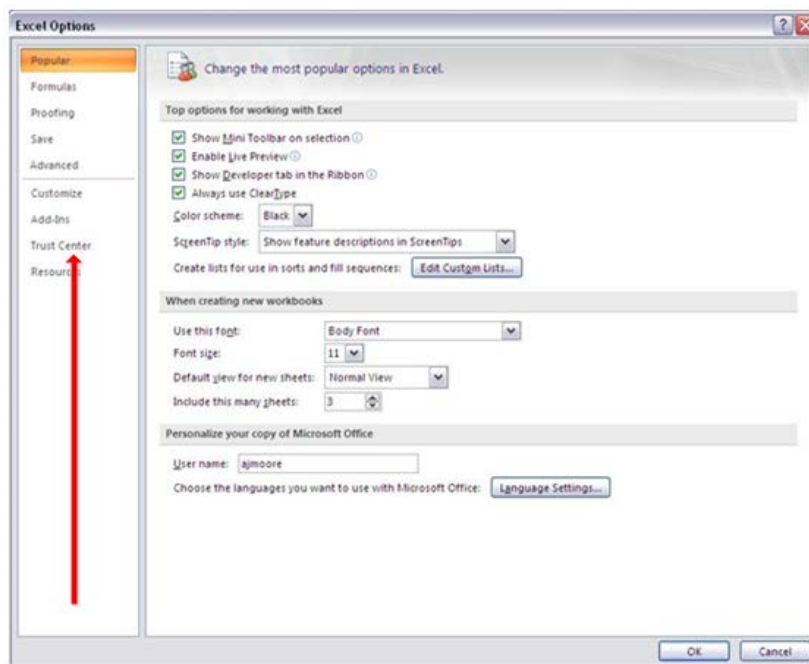


Figure 26 – Choosing Trust Center

3. Choose “Trust Center Settings” (refer to Figure 27),

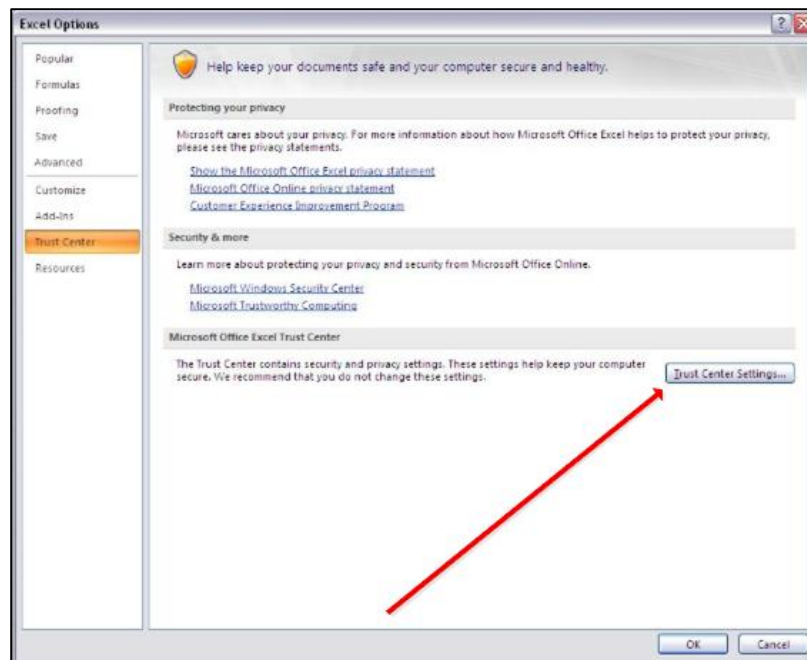


Figure 27 – Choosing Trust Center Settings

4. Choose “Macro Settings” (refer to Figure 28),

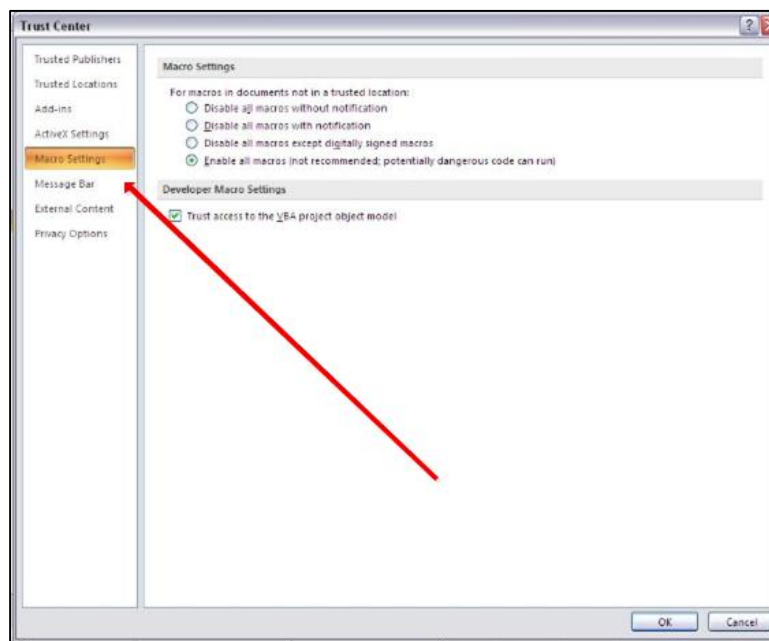


Figure 28 – Choosing Macro Settings

5. Choose “Disable all macros with notification” (refer to Figure 29),

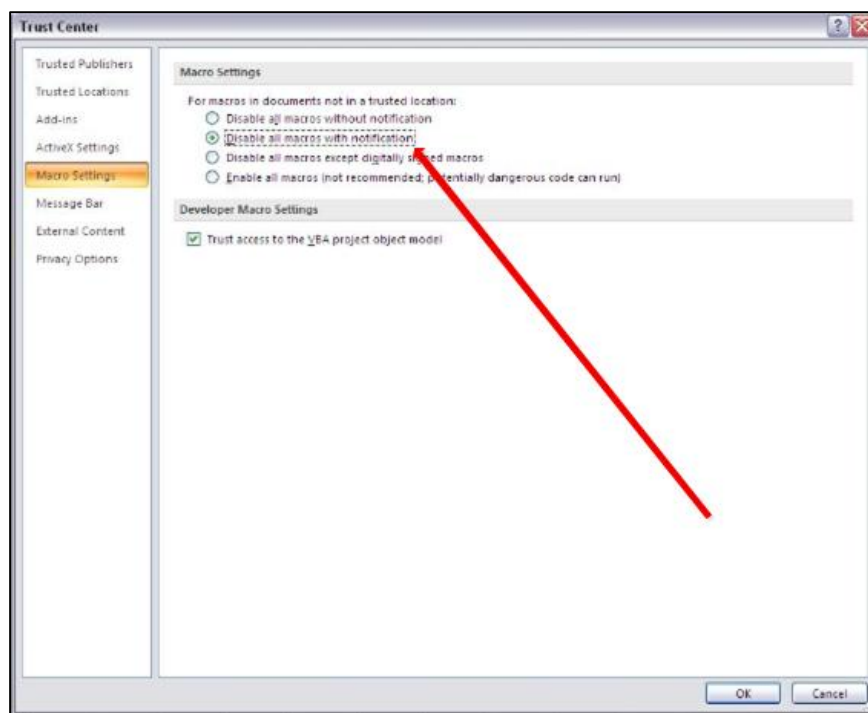


Figure 29 – Choosing Disable all macros with notification

6. When opening any of the templates downloaded from the site, you see the following prompt at the top of the spreadsheet (refer to Figure 30). Click “Options...”

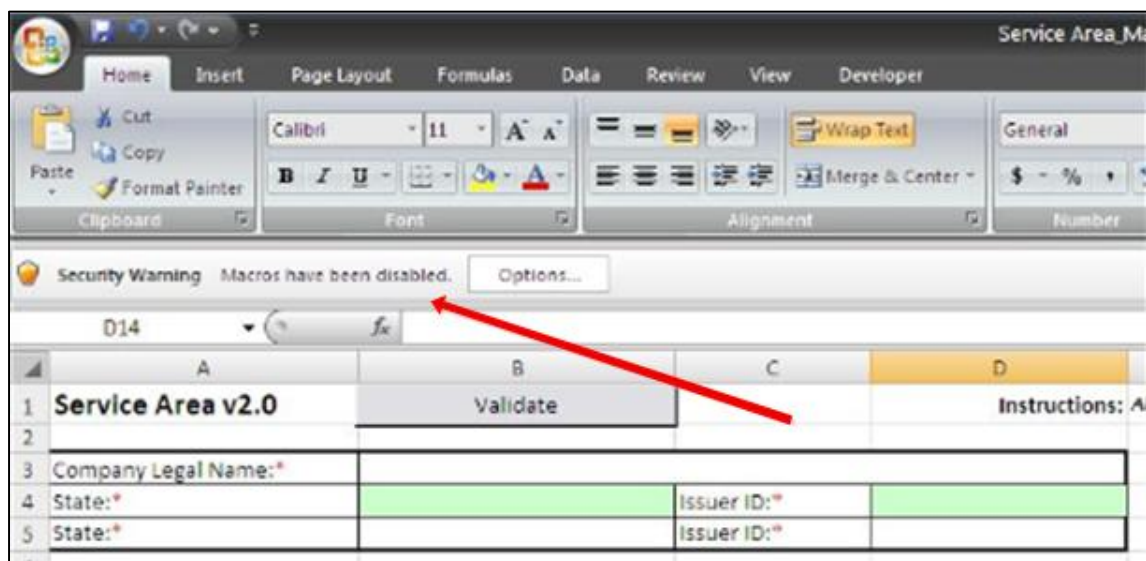


Figure 30 – Security Warning on Downloaded Template

7. Choose “Enable this content” (refer to Figure 31),



Figure 31 – Choosing Enable this content

8. Macros are now enabled for the open workbook. Repeat steps 6 & 7 every time a new template is downloaded.