

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



Version 04.00.00

August 2017

## Table of Contents

Table of Contents.....	2
Table of Figures.....	5
Table of Tables.....	7
RBIS User Manual Change History.....	8
1 Introduction.....	11
2 Getting Started.....	12
2.1 Minimum Requirements.....	12
2.1.1 Macro Security Level Setting.....	12
2.1.2 Set-up Configurations.....	12
2.1.2.1 Excel Version 2003.....	13
2.1.2.2 Excel Version 2007.....	13
2.1.2.3 Excel Version 2010 or later.....	13
2.2 Exchange Operations Support Center.....	14
2.3 User Registration.....	14
2.4 Accessing the System.....	14
2.4.1 Log-In.....	14
3 Process Overview.....	16
3.1 Role Overview.....	16
3.2 Submitter Process.....	16
3.3 Validator Process.....	18
3.4 Attester Process.....	19
3.5 Resubmission Process.....	19
3.6 Finder.Healthcare.gov Refresh.....	19
3.6.1 Interim Refresh.....	20
3.6.2 Final Refresh.....	20
4 RBIS Home Page.....	21
4.1 RBIS Announcements.....	21
4.2 RBIS Related Links.....	21
4.3 User Association Table.....	21
5 Submission Summary.....	22
5.1 Submission Summary Search Criteria.....	22

5.2	Submission Summary Search Results .....	23
5.2.1	Submission Summary Results - Possible Values and their Meanings .....	23
6	Submission Materials .....	25
6.1	Instructions and Reference Materials .....	25
6.2	Download Submission Materials .....	25
7	Templates.....	27
7.1	Plans Benefits Template .....	27
7.1.1	Plans Benefits Template Add-In .....	29
7.1.2	AV Calculator.....	29
7.2	Service Area Template.....	29
7.3	Rates Template .....	30
7.4	Business Rules Template .....	31
7.5	Template Validation & Finalization Processes.....	32
8	Data upload.....	33
8.1	Data Upload – Small Group and Individual Market.....	33
8.1.1	Upload Files.....	34
8.2	View Uploaded Files for Small Group and Individual Markets .....	35
8.3	Submission Complete .....	35
8.3.1	Template Validations .....	36
8.3.2	Cross-Check Validations .....	36
9	Validate Data.....	38
9.1	Validate Data .....	39
9.1.1	View All Plans Views.....	39
9.1.1.1	View Issuer ID.....	39
9.1.1.2	No Data Received for Issuer ID(s).....	40
9.1.1.2.1	No Data to Report for Issuer ID(s) .....	40
9.1.1.3	Validation Status .....	43
9.1.2	Search by Scenario Views.....	44
9.1.2.1	Search Criteria Required Fields – Small Group.....	44
9.1.2.2	Search Criteria Required Fields -- Individual .....	46
9.1.2.3	Zip Code.....	47
9.1.2.4	Search Results .....	48
10	Attestation .....	50

10.1	Attestation Available .....	50
10.2	Attestation Unavailable .....	51
10.3	Attestation Complete .....	52
10.4	Manual Attestation.....	53
11	Resubmission .....	54
11.1	Resubmission Requirements .....	54
11.2	Resubmission Validation Requirements.....	54
11.3	Status Update email .....	54
12	Appendices.....	57
12.1	Appendix A – Template Data Validations .....	57
12.2	Appendix B - File Type Instructions .....	57
12.2.1	XML .....	57
12.2.2	ZIP.....	57
12.2.3	Saving Documents in .ZIP Format .....	58
12.3	Appendix C - Business Rules and Rates Template Integration .....	58
12.3.1	Business Rules Template Guidelines.....	59
12.3.2	Age Calculation for Eligibility and Quote Determination.....	59
12.3.3	Rates Template Guidelines .....	60
12.3.4	Sample Rate Calculations.....	63

## Table of Figures

Figure 1: Access the RBIS System Link on the RBIS Submissions Tab .....	15
Figure 2: RBIS Submitter Role Flowchart .....	16
Figure 3: RBIS Validator Role Flowchart.....	18
Figure 4: RBIS Attester Role Flowchart .....	19
Figure 5: RBIS Home Page .....	21
Figure 6: Submission Summary Page .....	22
Figure 7: Submission Summary Page Selection Examples .....	22
Figure 8: Submission Summary Page Search Results Table .....	23
Figure 9: Instructions and Reference Materials.....	25
Figure 10: Download Data Submission Materials .....	26
Figure 11: Plans Benefits Template for Individual and Small Group Plans .....	27
Figure 12: Invalid Data – Format is Invalid.....	28
Figure 13: Benefit Add-In Module Available Functions .....	29
Figure 14: Service Area Template for Individual and Small Group Plans.....	30
Figure 15: Rates Template for Individual and Small Group Plans.....	31
Figure 16: Business Rules Template for Individual and Small Group Plans .....	31
Figure 17: Data Upload Tab.....	33
Figure 18: HIOS Product Data Upload Confirmation – Individual Market Example.....	34
Figure 19: Files Selected to Upload – Small Group Market Example.....	34
Figure 20: View Uploaded Files.....	35
Figure 21: Validate Data tab – Individual Market Example .....	38
Figure 22: Select Issuer ID(s) – Individual Market Example .....	39
Figure 23: Issuer ID Multi-Select Example .....	40
Figure 24: No Data Received for Issuer ID(s) – Small Group Market Example .....	40
Figure 25: No Data to Report for Issuer ID(s) (Example from Small Group Market) .....	41
Figure 26: View Benefit Details for Individual Plans – Individual Market Example .....	42
Figure 27: Benefit Details for Individual Plans – Individual Market.....	43
Figure 28: Validation Status – Individual Market Example .....	44
Figure 29: Search Criteria – Small Group Market .....	45
Figure 30: Search Criteria – Individual Market .....	47
Figure 31: Zip Code Field.....	47

Figure 32: Search by Scenario Search Screen – Small Group Market Example ..... 48

Figure 33: Search by Scenario Results Table – Small Group Market Example..... 49

Figure 34: Attestation ..... 51

Figure 35: Attestation Unavailable ..... 52

Figure 36: Attestation Complete..... 53

Figure 37: Email Opt-Out Checkbox..... 56

Figure 38: Example Scenario 1 – Individual Rate Results..... 63

Figure 39: Example Scenario 1 – Group Rate Results ..... 64

Figure 40: Example Scenario 2 – Individual Rate Results..... 64

Figure 41: Example Scenario 2 – Group Rate Results ..... 65

Figure 42: Example Scenario 3 – Individual and Group Rate Results..... 66

## Table of Tables

Table 1: Submission Summary Detailed Result Values .....	24
Table 2: Subscriber Type Mapping for Individual Rate Calculations.....	60
<b>Table 3: Subscriber Type Mapping for Group Rate Calculations .....</b>	<b>61</b>
Table 4: Example Scenario 1 - Individual Rate Calculation .....	63
Table 5: Example Scenario 1 – Group Rate Calculator .....	64
Table 6: Example Scenario 2 - Individual Rate Calculation .....	64
Table 7: Example Scenario 2 - Group Rate Calculation No Plans Returned .....	65
Table 8: Example Scenario 2 - Group Rate Calculation Plans Returned .....	65
Table 9: Example Scenario 3 – Individual and Group Rate Calculation .....	66

## RBIS User Manual Change History

### August 2017 Revisions

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

Multiple Sections:

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

### July 2016 Revisions

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

Multiple Sections:

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

Section 5: Submission Summary

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

### April 2016 Revisions

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

Section 8: Validate Data

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

### August 2015 Revisions

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

Section 6: Templates

- 6 Updated template screenshots with 2016 templates

Section 11: Appendices

- 11.2 Added new email error messages for all templates

### September 2014 Revisions

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



## Section 6: Templates

- 6 Updated template screenshots with 2015 templates

## Section 11: Appendices

- 11.2 Added new email error messages for all templates

## May 2014 Revisions

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

## Section 2: Getting Started

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

## Section 3: Process Overview

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

## Section 6: Templates

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

## Section 7: Data Upload

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

## Section 8: Validate Data

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

## Section 11: Appendices

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

## February 2014 Revisions

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

- Section 10.1 – Updated Attestation agreement text.

## 1 Introduction

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

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

## 2 Getting Started

### 2.1 Minimum Requirements

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#### Supported Applications

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

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

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

#### 2.1.1 Macro Security Level Setting

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

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

#### 2.1.2 Set-up Configurations

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Configuration on the computer must be set to satisfy the following requirements for the Issuer Data Form to work properly:

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

### 2.1.2.1 Excel Version 2003

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

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

Select **Macro** on the dropdown menu.

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

### 2.1.2.2 Excel Version 2007

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

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

### 2.1.2.3 Excel Version 2010 or later

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

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

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

## **2.2 Exchange Operations Support Center**

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If you need assistance with registering as a user, submitting data, reviewing and validating data, or other technical website functions, please contact the Exchange Operations Support Center (XOSC).

- Phone Number: 1-855-267-1515
- Email Address: [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov)

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

## **2.3 User Registration**

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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 XOSC. Any access requests outside of the normal HIOS process must be submitted for CCIIO approval via the XOSC at 1-855-267-1515 or via email at [CCIIOPlanFinder@cms.hhs.gov](mailto:CCIIOPlanFinder@cms.hhs.gov).

## **2.4 Accessing the System**

### **2.4.1 Log-In**

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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

The screenshot displays the user interface for the Health Insurance Oversight System Rates & Benefits Information System. At the top, the title "Health Insurance Oversight System Rates & Benefits Information System" is shown in a green header. Below the title, the date "Wednesday, November 09, 2016" is displayed on the left, and navigation buttons for "HIOS MAIN PAGE", "HOME", "FAQ", "CONTACT US", and "SIGN OUT" are on the right. A "Welcome Rxxxx Pxxxx" message is positioned in the upper right corner. The main navigation area features three tabs: "RBIS Submissions" (highlighted in green), "Blank Templates for Small Group", and "Blank Templates for Individual". The "RBIS Submissions" tab is active, showing the heading "Rate & Benefits Information System (RBIS)" and a link labeled "Access the RBIS System". At the bottom of the page, there are links for "Accessibility", "Rules of Behavior", "Web Policies", and "File Formats and Plug-Ins", followed by the footer text "U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201".

### 3 Process Overview

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

#### 3.1 Role Overview

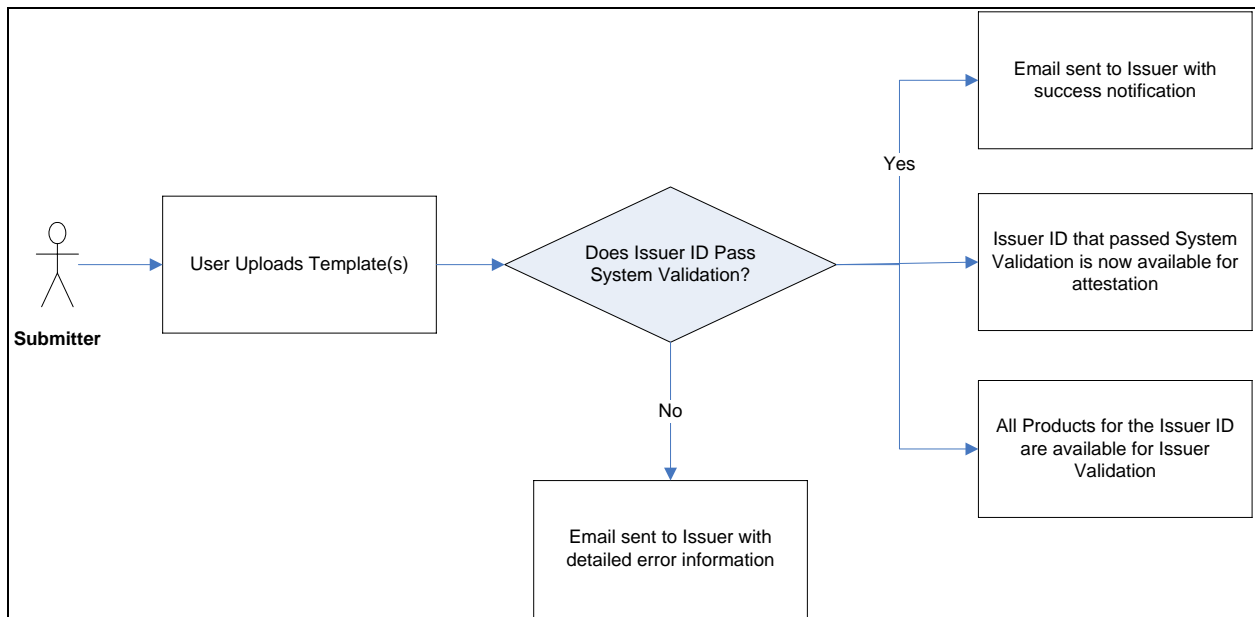
There are three different User roles that can be assigned in RBIS:

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

#### 3.2 Submitter Process

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

**Figure 2: RBIS Submitter Role Flowchart**





The Submission process starts with downloading the blank templates. 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.

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

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

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

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

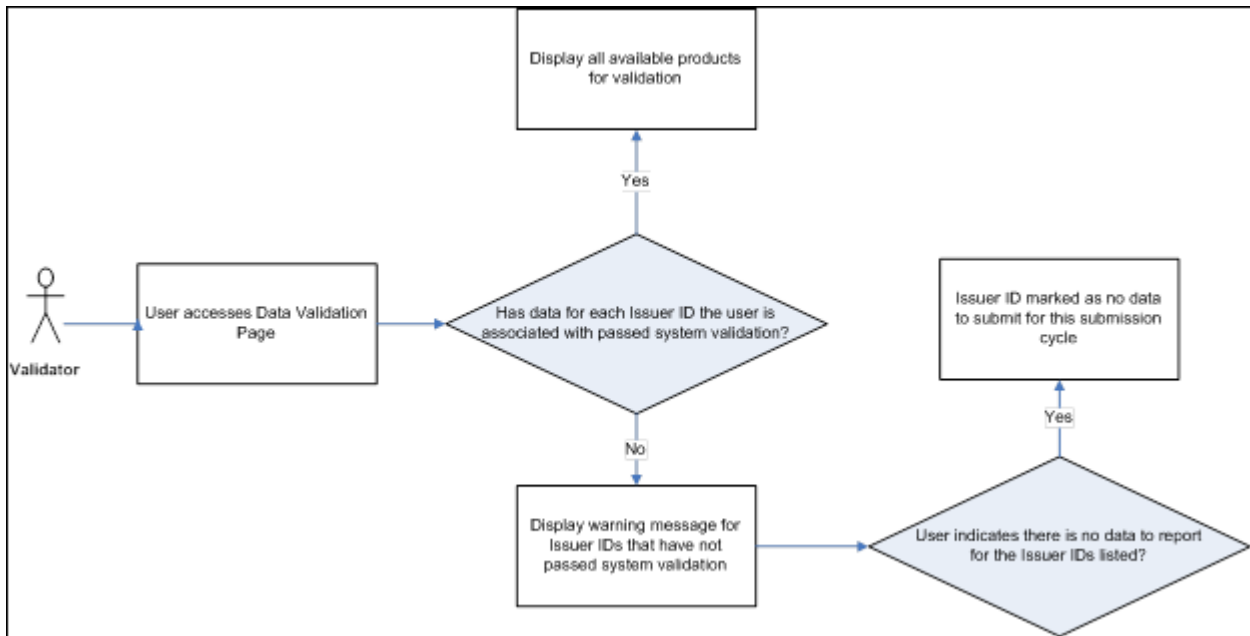
- The template(s) fail template Validation(s).
- The template(s) fail cross-check Validations.
- The template(s) pass both sets of Validations.

If there are any issues with data, Submitters may resubmit their template(s). Resubmissions will overwrite previous submissions, but will not remove any data during the interim refresh, which will occur every two weeks. If you need a submitted Plan Benefit, Service Area, Rate or Business Rule row removed, please contact the XOSC. Any data that is resubmitted must be revalidated.

### 3.3 Validator Process

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

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

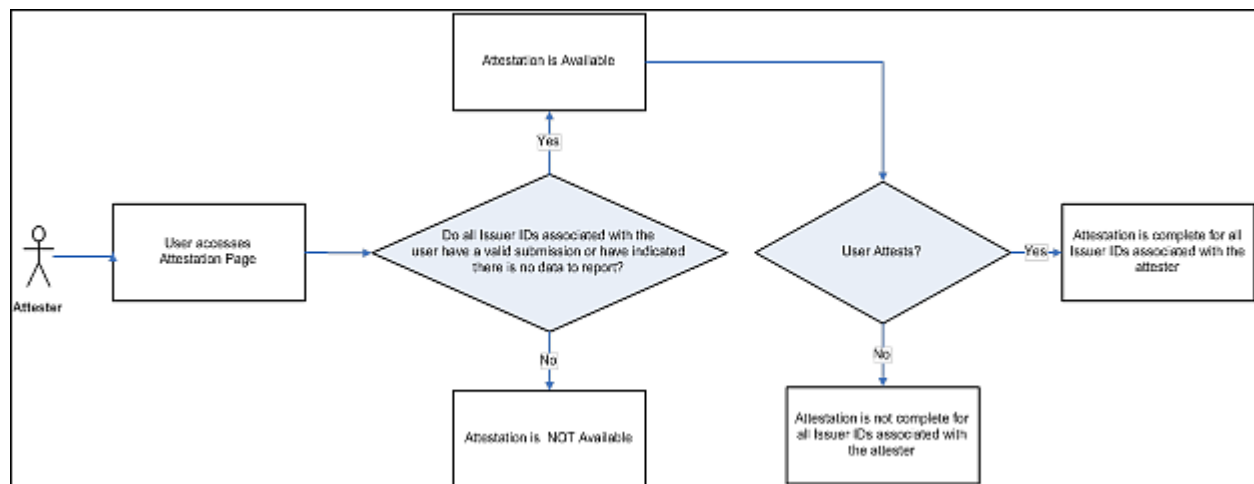
Issuer IDs must be validated to appear on Finder.Healthcare.gov.

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

### 3.4 Attester Process

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

**Figure 4: RBIS Attester Role Flowchart**



The Attestation Contact’s role in RBIS begins when Attestation becomes available for **all** Issuer ID(s) for which the user is associated. Attestation will not be available until all Issuer IDs associated with the user have a valid submission or it is indicated that there is no data to report. Once Attestation is available, the Attester must read the Attestation agreement and provide an electronic signature confirming that they attest to the accuracy of the submitted data. Users should use caution when completing Attestation, as it can only be completed **one time per submission window**.

### 3.5 Resubmission Process

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

The resubmission process allows the Issuer to change or update any data currently in the RBIS system. The Issuer may also add new data or correct any previously failed data during this time.

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

### 3.6 Finder.Healthcare.gov Refresh

During the submission window, there will be updates to the data displayed on Finder.Healthcare.gov. During this time, the Issuer is able to review data submitted during the submission window on Finder.Healthcare.gov. There are interim refreshes and a single final refresh during each submission window. The behavior of the refreshes is detailed below.

### **3.6.1 Interim Refresh**

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This occurs every two weeks during the submission window.

- This is a scheduled process which occurs every two weeks during the submission window.
- No Plans currently on Finder.Healthcare.gov will be removed.
- All Issuer and Product data for plans that meet the following criteria will move to Finder.Healthcare.gov:
  - Validated
  - Attested
  - Open in HIOS
  - Not Suppressed in HIOS
  - Not CCIO suppressed
  - Not Expired

### **3.6.2 Final Refresh**

---

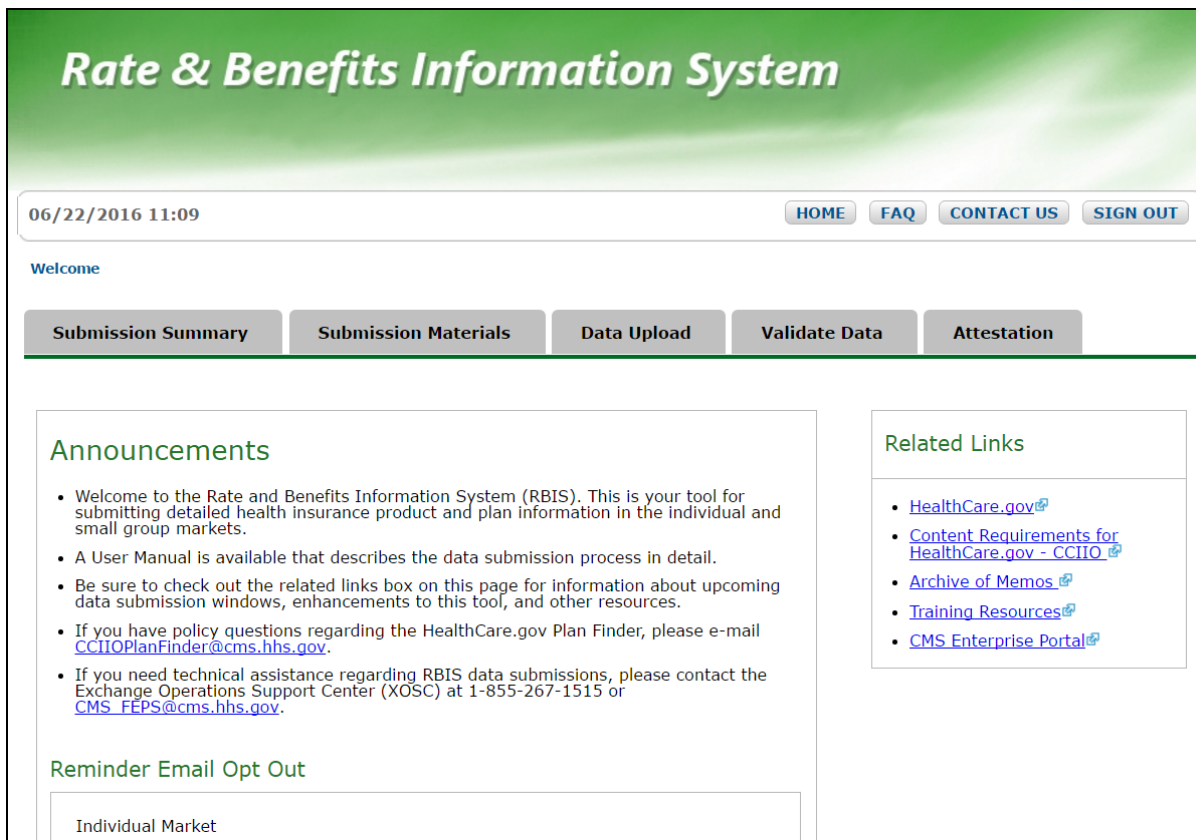
This occurs at the end of each submission window.

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

## 4 RBIS Home Page

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

Figure 5: RBIS Home Page



### 4.1 RBIS Announcements

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

### 4.2 RBIS Related Links

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

### 4.3 User Association Table

The home page of the RBIS web site contains a table at the bottom of the page. This provides a convenient opportunity to view and confirm all Issuers and roles for which your 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. The user, with any valid RBIS role, will be able to see a list of all the issuer IDs associated to them.

**Figure 6: Submission Summary Page**

**Rate & Benefits Information System**

06/22/2016 12:15 [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

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

### Summary Status for Submissions

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

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

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

Select Issuer ID(s):

Market Type:

Issuer	Market Type	RBIS Submission Status	Template Submission Status	Number of Plans Validated	Attestation Status
--------	-------------	------------------------	----------------------------	---------------------------	--------------------

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

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### 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 for examples.

**Figure 7: Submission Summary Page Selection Examples**

Select Issuer ID(s):

Select Issuer ID(s):

Select Issuer ID(s):

## 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

The screenshot shows the 'Rate & Benefits Information System' interface. At the top, there is a header with the date '07/11/2016 13:18' and navigation buttons for 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. Below the header is a navigation bar with tabs for 'Submission Summary', 'Submission Materials', 'Data Upload', 'Validate Data', and 'Attestation'. The main content area is titled 'Summary Status for Submissions' and includes a note: '\*Indicates Required Field'. The note explains that the Submission Summary page displays the submission status for the current window and lists three requirements for a 'Completed' status: RBIS templates must be successfully submitted, plan data must be validated, and plan data must be attested. Below the note are two input fields: '\*Select Issuer ID(s):' with a dropdown menu showing options like 10029, 11082, 12627, 13039, and 28163; and '\*Market Type:' with a dropdown menu set to 'Both' and an 'Enter' button. At the bottom of the screenshot is a table with the following data:

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

### 5.2.1 Submission Summary Results - Possible Values and their Meanings

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

**Table 1: Submission Summary Detailed Result Values**

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



## 6 Submission Materials

The Submission Materials tab has the following:

- Instructions and Reference Materials
- Templates for Submitting Plan data

### 6.1 Instructions and Reference Materials

---

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

**Figure 9: Instructions and Reference Materials**



The screenshot displays the 'Rate & Benefits Information System' interface. At the top, there is a green header with the system name. Below the header, a navigation bar contains a timestamp '06/12/2017 13:59' and four buttons: 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. A secondary navigation bar features five tabs: 'Submission Summary', 'Submission Materials' (which is highlighted in green), 'Data Upload', 'Validate Data', and 'Attestation'. Below the tabs, the main content area is titled 'Download Submission Materials for RBIS'. It includes a note: '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.' Underneath this note, the section is titled 'Instructions and Reference Materials' and contains two bullet points with hyperlinks: 'User Manual (PDF - 4.90MB)' and 'Plans Benefits Template Instructions (PDF - 1.09MB)'.

### 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.

Figure 10: Download Data Submission Materials

**Rate & Benefits Information System**

08/07/2017 11:39 [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

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

**Individual** [Small Group](#)

### Download Submission Materials for Individual Market

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

#### Instructions and Reference Materials

- [User Manual \(PDF - 4.90MB\)](#)
- [Plans Benefits Template Instructions \(PDF - 1.24MB\)](#)

#### Blank Templates for Submitting New Individual Plans

##### Benefits

- [Plan Benefits Template \(Blank\) - Excel Format \(XLSM - 0.24MB\)](#)
- [Plan Benefits Template Add-In \(XLAM - 0.46MB\)](#)
- [Standardized Plan Design Template Add-In \(XLAM - 0.09MB\)](#)
- [AV Calculator \(XLSM - 1.23MB\)](#)

##### Service Area

- [Service Area Template \(Blank\) - Excel Format \(XLS - 0.25MB\)](#)

##### Rates

- [Rates Template \(Blank\) - Excel Format \(XLS - 0.29MB\)](#)

##### Business Rules

- [Business Rules Template \(Blank\) - Excel Format \(XLS - 0.18MB\)](#)

#### Next Steps

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

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

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## 7 Templates

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

- Plans Benefits Template
- Service Area Template
- Rates Template
- Business Rules Template

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

### 7.1 Plans Benefits Template

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

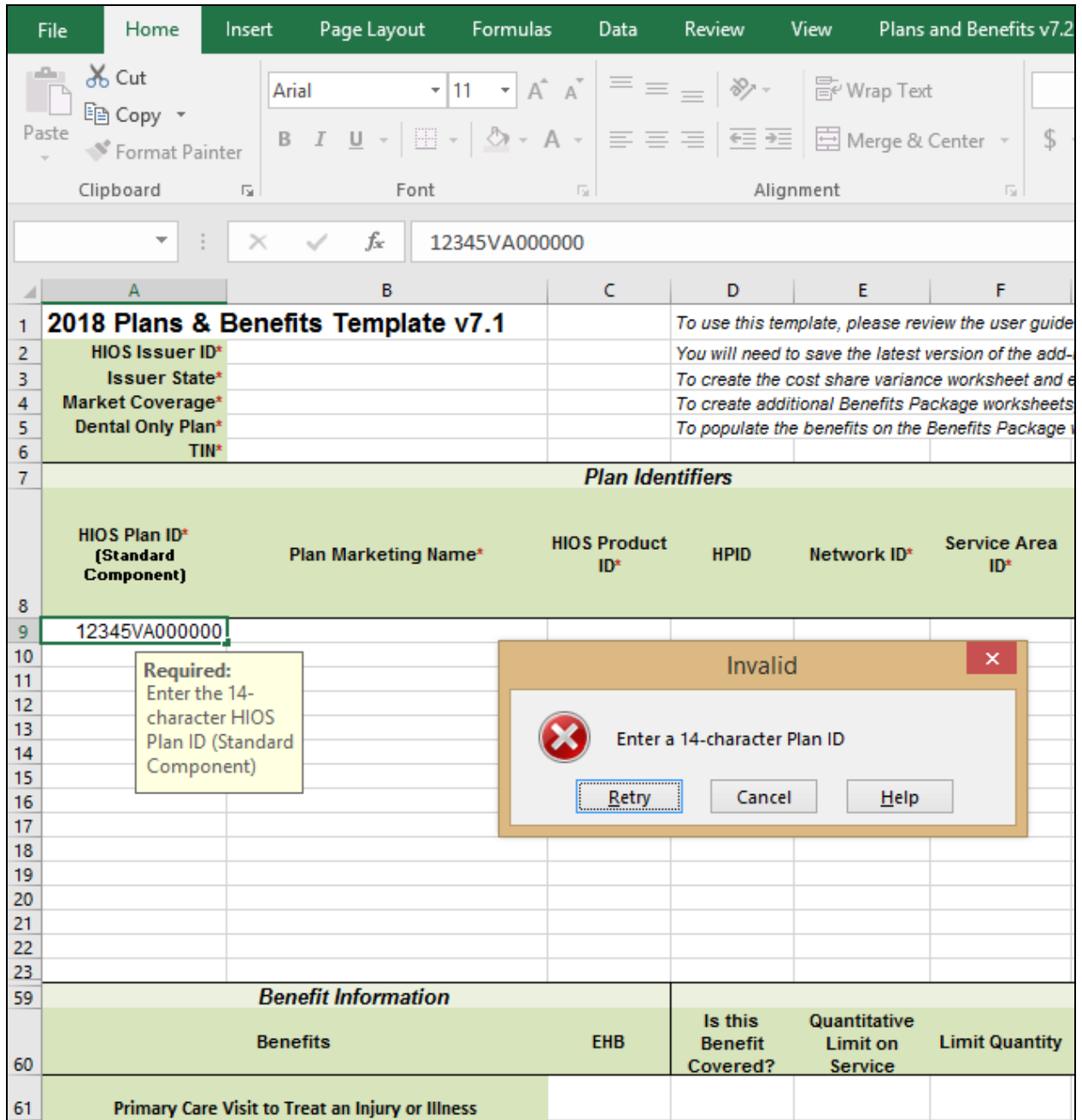
The Plans Benefits template is displayed below in Figure 11.

**Figure 11: Plans Benefits Template for Individual and Small Group Plans**

2018 Plans & Benefits Template v7.1											
To use this template, please review the user guide and instructions. All fields with an asterisk (*) are required											
You will need to save the latest version of the add-in file (PlansBenefitsAddin.xlam) on your machine.											
To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.											
To create additional Benefits Package worksheets, use the Create New Benefits Package macro.											
To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.											
Plan Identifiers											
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID	HPID	Network ID*	Service Area ID	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Design Type*	Unique Plan Design?*
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	
Primary Care Visit to Treat an Injury or Illness											
Specialist Visit											
Other Practitioner Office Visit (Nurse, Physician Assistant)											
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)											
Outpatient Surgery Physician/Surgical Services											
Hospice Services											
Routine Dental Services (Adult)											
Infertility Treatment											

If the user enters an invalid character or value, the template will produce an error similar to that displayed in Figure 12. Selecting “Retry” will redirect the user back to the cell with the invalid entry and allow the user to re-enter the correct value. Selecting “Cancel” will redirect the user back to the cell with the invalid entry and clear the data. Selecting “Help” will open the Microsoft Office Excel Help screen.

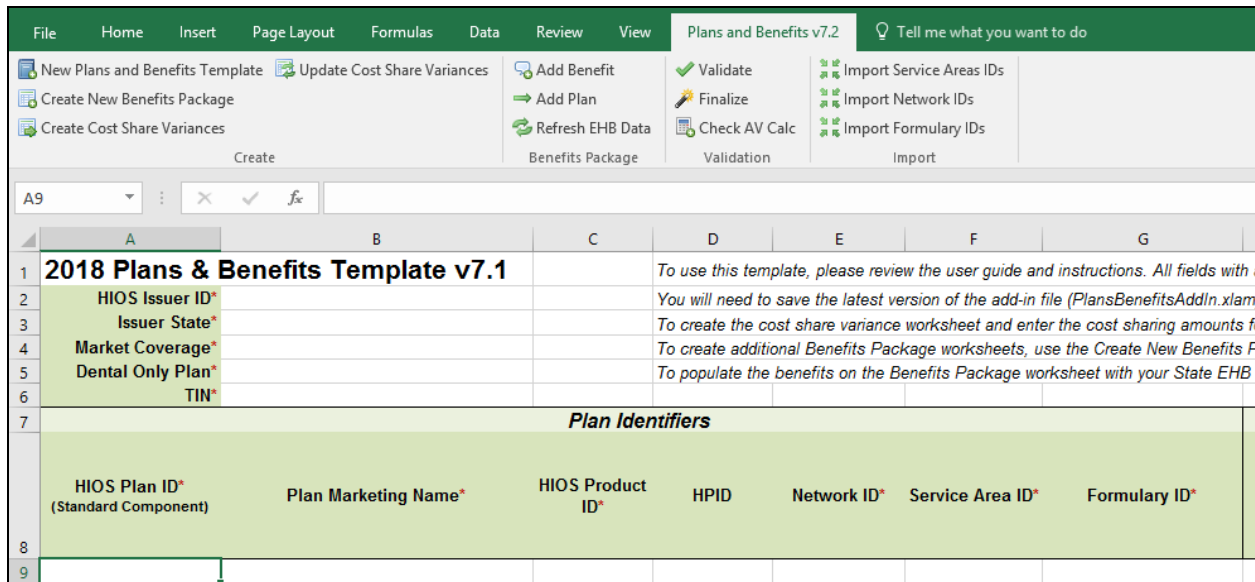
**Figure 12: Invalid Data – Format is Invalid**



### 7.1.1 Plans Benefits Template Add-In

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

**Figure 13: Benefit Add-In Module Available Functions**



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

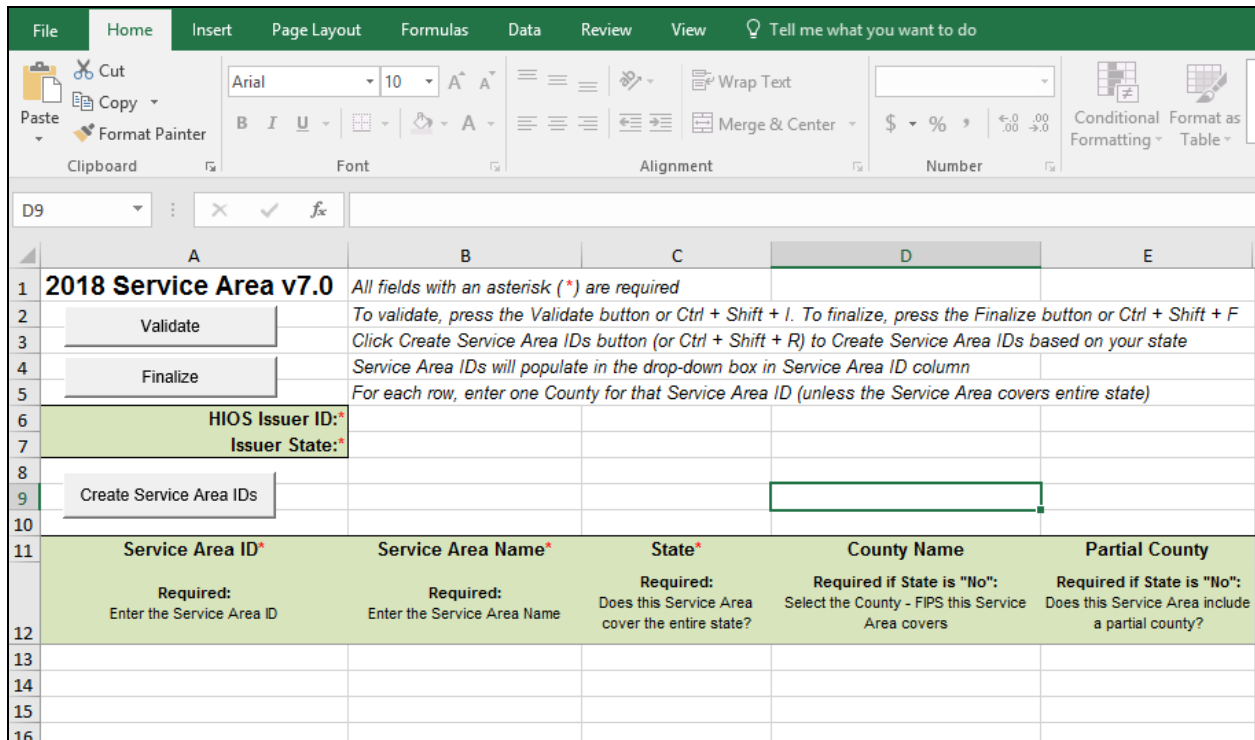
### 7.1.2 AV Calculator

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

## 7.2 Service Area Template

The Service Area Template provides the capability for users to submit data that defines the service areas in which the Issuers operate. The Service Area Template requires that the Service Area ID, Service Area Name, and State fields be completed for each Service Area. The Template also provides the capability to generate Service Area IDs. 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.

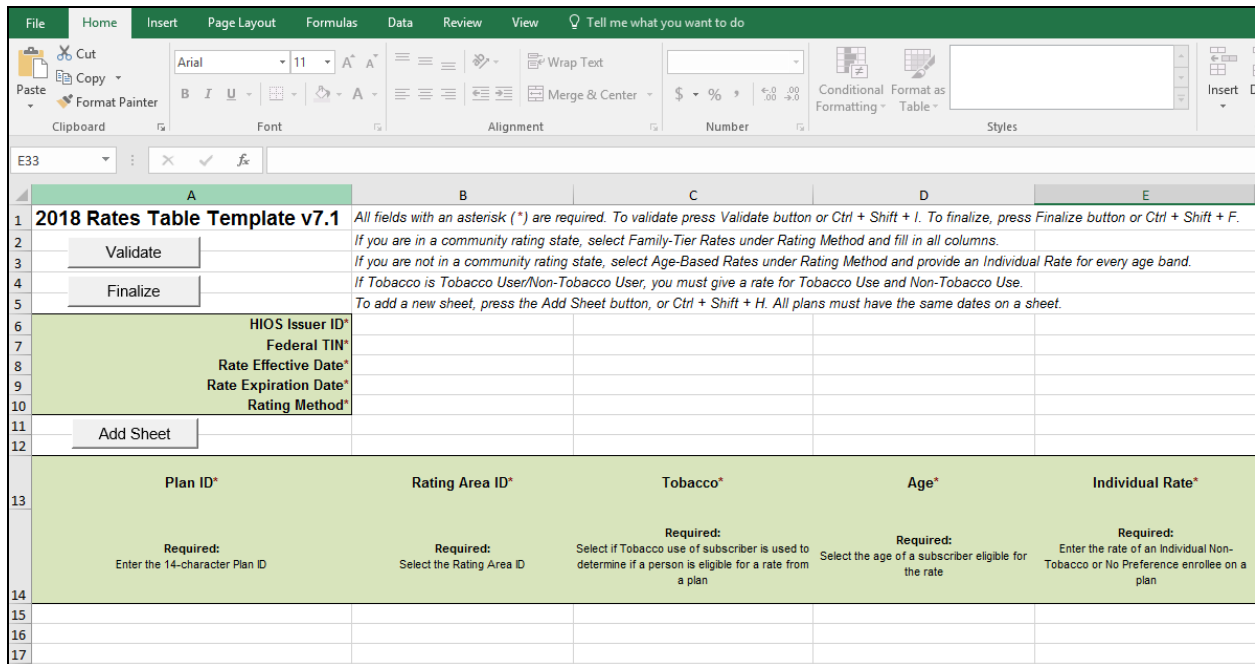
**Figure 14: Service Area Template for Individual and Small Group Plans**



### 7.3 Rates Template

The Rates Template provides the ability to enter plan-specific rate values for combinations of rating areas, date, tobacco use, 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**

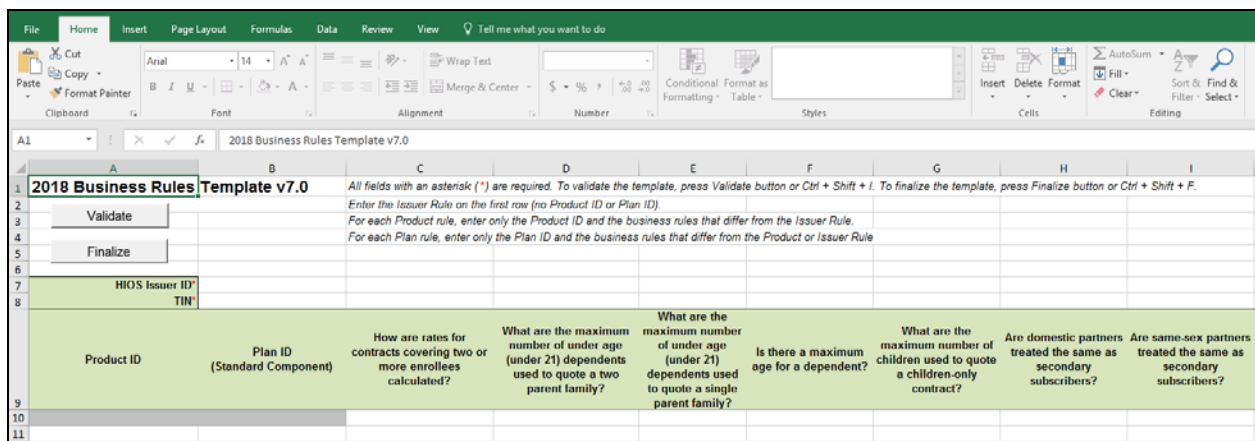


We recognize that there may be a very significant number of rate combinations for an Issuer’s plans. As such, the template has the ability to create additional sheets to add more rates. Select the **Add Sheet** button to create an additional sheet in the workbook.

## 7.4 Business Rules Template

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

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



## 7.5 Template Validation & Finalization Processes

---

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

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



## 8 Data upload

The Data Upload tab is broken up into three subsections:

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

Figure 17: Data Upload Tab

The screenshot shows the 'Rate & Benefits Information System' interface. At the top, there is a header with the system name and a navigation bar with buttons for HOME, FAQ, CONTACT US, and SIGN OUT. Below this is a secondary navigation bar with tabs for Submission Summary, Submission Materials, Data Upload (which is active), Validate Data, and Attestation. Under the Data Upload tab, there are three sub-links: Upload Files-Individual, Upload Files-Small Group, and View Uploaded Files. The main content area is titled 'Upload Data Submissions for Individual Market' and contains instructions for users, including a note that the upload button will not be accessible until a checkbox is checked to confirm that HIOS product data has already been uploaded. Below the instructions is a table with five rows, each containing a 'Choose File' button, a 'No file chosen' status, and a '- Select Template Type' dropdown menu. An 'Upload' button is located below the table. The section concludes with 'Next Steps' instructions regarding plan validation.

### 8.1 Data Upload – Small Group and Individual Market

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

### 8.1.1 Upload Files

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

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

**Upload Instructions for Individual Market**

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

**The following file formats are accepted:**

- XML
- ZIP

**Upload Files for Individual Market**

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

	Browse...	- Select Template Type
	Browse...	- Select Template Type
	Browse...	- Select Template Type
	Browse...	- Select Template Type
	Browse...	- Select Template Type

Upload

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

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

**Upload Files for Small Group Market**

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

C:\Data\RBIS\RBIS Benefits Template.zip	Browse...	- Select Template Type
	Browse...	- Select Template Type
	Browse...	- Select Template Type
	Browse...	- Select Template Type
	Browse...	- Select Template Type

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 View Uploaded Files for Small Group and Individual Markets

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

Figure 20: View Uploaded Files

**Rate & Benefits Information System**

07/06/2016 10:57 [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

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

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

### Uploaded Files History

Individual

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

Details displayed in the Uploaded Files History table include:

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

## 8.3 Submission Complete

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

### **8.3.1 Template Validations**

---

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

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

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

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

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

### **8.3.2 Cross-Check Validations**

---

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

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

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

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

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

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

## 9 Validate Data

The Validate Data tab is broken up into four subsections

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

The layout of this tab is shown in below.

**Figure 21: Validate Data tab – Individual Market Example**

**Rate & Benefits Information System**

07/06/2016 11:06 [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

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

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

### Validate Data for Individual Market

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

**WARNING:**

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

- 48421
- 50318
- 97356

**Issuer Benefits for Individual Market**

Select Issuer ID(s):

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

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

Plan ID	Product ID	Plan Name	Production Status	Deductible	Benefit and Cost Share Information	Validation Status
						<a href="#">Select All [Yes, Display]</a> <a href="#">Select All [No]</a>

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

## 9.1 Validate Data

Issuers 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 users to validate data by viewing all Plans available for a given Issuer ID. If users would like to run scenarios, please see the instructions in 9.1.2 *Search by Scenario* for additional information.

#### 9.1.1.1 View Issuer ID

To validate data on the View All Plans page, 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 22.

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

Issuer Benefits for Individual Market

11082

Select Issuer ID(s):

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

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

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

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

**Figure 23: Issuer ID Multi-Select Example**

**9.1.1.2 No Data Received for Issuer ID(s)**

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

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

**Validate Data for Small Group**

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

**WARNING:**

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

No data has been received for the following issuer IDs:

- 10029

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

**9.1.1.2.1 No Data to Report for Issuer ID(s)**

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



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

**Rate & Benefits Information System**

11/09/2016 15:42 [HOME](#) [FAQ](#) [CONTACT US](#) [SIGN OUT](#)

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

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

### Validate Data for Individual Market

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

**WARNING:**  
You have indicated that there is no data to report for the following issuer IDs:

- 10029
- 12627
- 28163

### Issuer Benefits for Individual Market

Select Issuer ID(s):

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

Plan ID	Product ID	Plan Name	Production Status	Deductible	Benefit Information	Validation Status <span>?</span>
						<a href="#">Select All [Yes, Display]</a> <a href="#">Select All [No]</a>

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When plan information is available and is displayed in the results table, the 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 26.

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

Issuer Benefits for Individual Market

Select Issuer ID(s):

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

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

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

Figure 27: Benefit Details for Individual Plans – Individual Market

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

### 9.1.1.3 Validation Status

Using the radio buttons in the Validation Status column, users must decide between the three Validation Status options, “Yes, Display”, “Yes, Do not Display” or “No”, for each plan. By selecting “Yes, Display” the user indicates that all data for the given plan is valid and correct. In doing so, the plan passes Issuer Validation. By selecting “Yes, Do not Display” the user indicates that all data for the given plan is valid, but they do not want the plan to be visible to the consumer on Finder.Healthcare.gov. By selecting “No,” the user indicates that all data for the given plan is **not** valid. In doing so, the plan fails Issuer Validation. Users 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. 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 28.

**Figure 28: Validation Status – Individual Market Example**

Issuer Benefits for Individual Market

Select Issuer ID(s):

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

Plan ID	Product ID	Plan Name	Production Status	Deductible	Benefit and Cost Share Information	Validation Status
						<a href="#">Select All [Yes, Display]</a> <a href="#">Select All [No]</a>
11082AK0160001	11082AK016	("SpecialCharacters"@_~!#\$%^&*~+<>.,?/:;:\ []{})	+ In production	\$1000.00 Individual / \$1200 per person   per group not applicable Family	<a href="#">Download Plan Benefits - Excel Format (XLSX - 120.79 KB)</a>	<input type="radio"/> Yes, Display <input checked="" type="radio"/> Yes, Do not Display <input type="radio"/> No
11082AK0160002	11082AK016	IFP CompSite Plan	+ In production	\$250.00 Individual / \$250 per person   \$1500 per group Family	<a href="#">Download Plan Benefits - Excel Format (XLSX - 120.79 KB)</a>	<input type="radio"/> Yes, Display <input checked="" type="radio"/> Yes, Do not Display <input type="radio"/> No
11082AK0160003	11082AK016	Thisisatesttotest1,000charactersintheplaintextfieldsforthePlans&Benefitstemplate&theServiceAreaTemplate.Thisistestoverthatiftherearemorethan1,000charactersintheplaintextfieldsthatthetemplatewillstillupload	+ In production	\$1300.00 Individual / per person not applicable   \$5000 per group Family	<a href="#">Download Plan Benefits - Excel Format (XLSX - 120.81 KB)</a>	<input type="radio"/> Yes, Display <input checked="" type="radio"/> Yes, Do not Display <input type="radio"/> No

**9.1.2 Search by Scenario Views**

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

**9.1.2.1 Search Criteria Required Fields – Small Group**

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

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

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

Please refer to Figure 29 for the Search by Scenario for Small Group Market screen.

**Figure 29: Search Criteria – Small Group Market**

### Search Criteria for Small Group Market

*\*Indicates Required Field*

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

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

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

Who do you want to get insured?

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

### 9.1.2.2 Search Criteria Required Fields -- Individual

---

In order to run an individual scenario and view plan information, the following fields must be completed:

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

Please refer to Figure 30 for the Search Criteria for Individual Market screen.

Figure 30: Search Criteria – Individual Market

### Search Criteria for Individual Market

*\*Indicates Required Field*

**\*Select Issuer ID(s):** 40064

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

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

Who do you want to get insured?

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

### 9.1.2.3 Zip Code

After a zip code has been entered, users must select the **Verify ZIP** button. The County field will appear and users must select the appropriate county before selecting the Search button. Please refer to Figure 31.

Figure 31: Zip Code Field

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

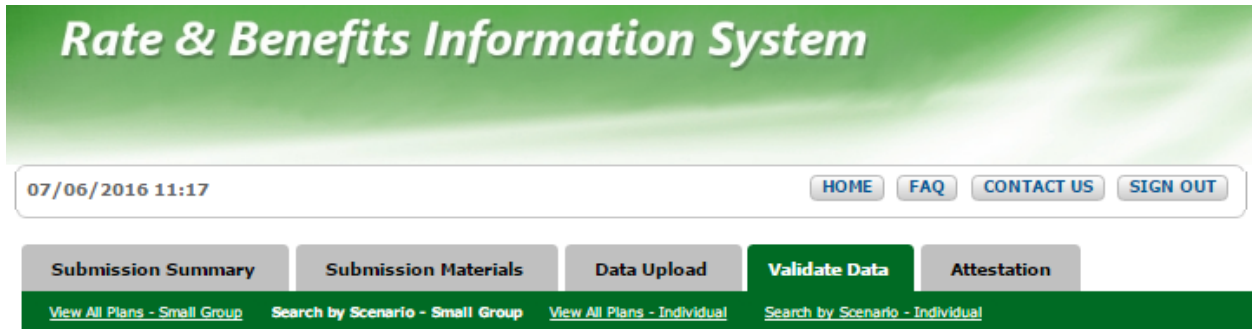
**\*Select County:**

**ARLINGTON**
 **FAIRFAX**
 **ALEXANDRIA CITY**

### 9.1.2.4 Search Results

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

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



#### Search Criteria for Small Group Market

*\*Indicates Required Field*

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

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

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

Who do you want to get insured?

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

#### Search Results for Small Group Market:


<sup>+</sup> Indicates data has been updated since last refresh to healthcare.gov

Issuer ID	Product ID	Plan ID	Plan Name	Production Status	Deductible	Total Monthly Premium	Validation Status <sup>?</sup> <a href="#">Select All [Yes, Display]</a> <a href="#">Select All [No]</a>



**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 healthcare.gov

Issuer ID	Product ID	Plan ID	Plan Name	Production Status	Deductible	Total Monthly Premium	Validation Status 
11082	11082AK023	<b>11082AK0230003</b>	2015 Start & End Date Plan	Current submission	\$1000.00 Individual / \$1200 per person   per group not applicable Family	\$83.44	<a href="#">Select All [Yes, Display]</a> <a href="#">Select All [No]</a> <input checked="" type="radio"/> Yes, Display <input type="radio"/> Yes, Do not Display <input type="radio"/> No

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

## 10 Attestation

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

### 10.1 Attestation Available

---

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

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

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

By selecting **Attest**, the CEO/CFO agrees that they have examined the product/plan benefit and pricing data submission and that to the best of their information, knowledge, and belief it completely and accurately represents the required product/plan benefit and estimated pricing data based on current template parameters. The CEO/CFO further attests that their submission as a whole represents product/plan benefit information for all products/plans that are offered by their organization that are open for enrollment and subject to reporting requirements. Please refer to Figure 34.

Figure 34: Attestation

## Rate & Benefits Information System

11/10/2016 09:01

HOME
FAQ
CONTACT US
SIGN OUT

Submission Summary
Submission Materials
Data Upload
Validate Data
Attestation

Please review attestation agreement and sign below.

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

\*Indicates Required Field

\*Electronic Signature (First Name Last Name):

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

Issuer IDs Available for Attestation - Small Group

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

Issuer IDs Available for Attestation - Individual Market

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

\*Electronic Signature (First Name Last Name):

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

## 10.2 Attestation Unavailable

Data Attestation is unavailable when a complete submission has not been received for all Issuer IDs associated to the User ID. Please refer to Figure 35. A complete submission must be made for every Issuer ID a user is associated to before Attestation will become available. To upload data, users should navigate to Section 8. In the event that there is no data to report for the current submission window for one or more Issuer IDs associated with the User ID, users may indicate under the Validate Data tab that no data will be submitted. Please see Section 9.1.1.2 for further instructions.

**Figure 35: Attestation Unavailable**

**Rate & Benefits Information System**

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

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

### Attestation Unavailable

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

**Status of Data - Small Group**

Issuer ID	Status
55957	No Data Available

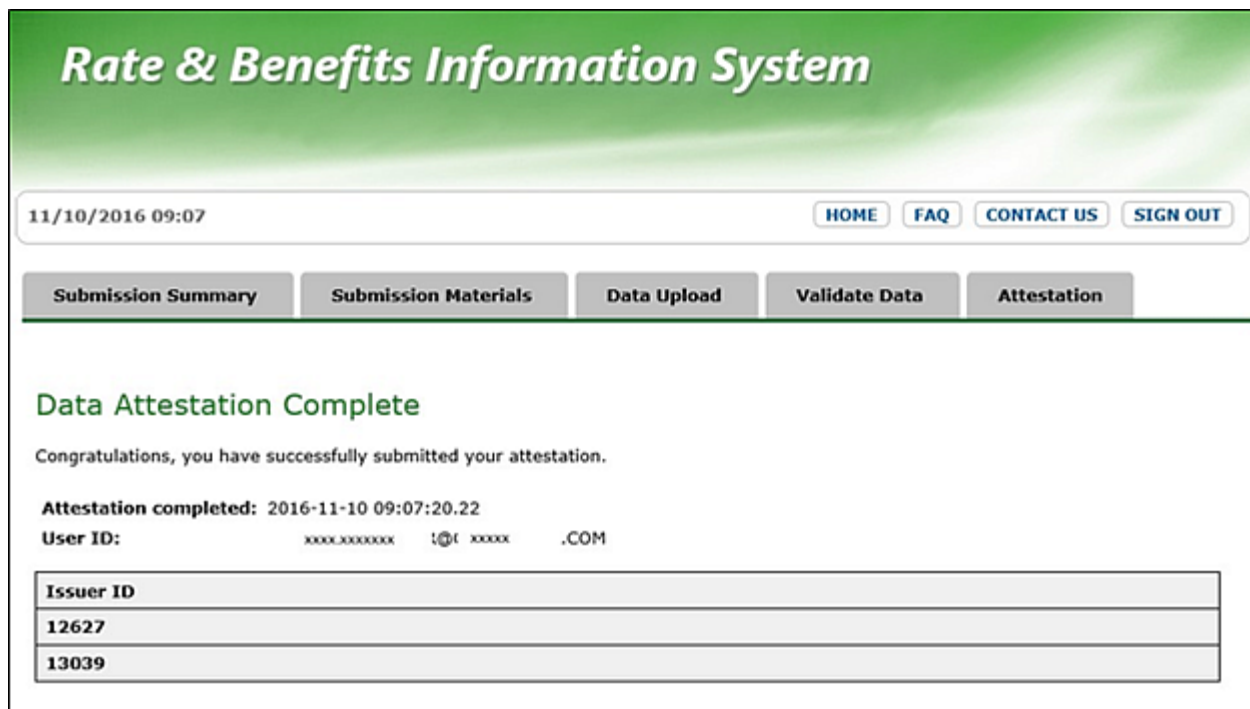
**Status of Data - Individual**

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

### 10.3 Attestation Complete

Once Attestation has been completed, the user will be redirected to the Attestation Complete page displayed in Figure 36.

Figure 36: Attestation Complete



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

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

#### 10.4 Manual Attestation

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

## 11 Resubmission

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

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

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

### 11.1 Resubmission Requirements

---

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

Plans currently in production can only be updated and cannot be removed from the Validate Data tab through submission. If no updates are needed, then the Issuer may just remove them from the template.

If no changes or updates need to be made, then resubmission is not necessary. The plan will still require Validation and Attestation in order to be displayed on Healthcare.gov. The Issuer will need to indicate there is no data to submit and then Attestation will become available. Validation and Attestation are required in order to be displayed on Healthcare.gov.

### 11.2 Resubmission Validation Requirements

---

All plans will require Validation and Attestation even if there are no updates from the previous submission. The Issuer will need to confirm there is no data to submit, and then validate and attest. All plans in RBIS will have a default Validation status of “No”. All submissions must successfully pass System Validation.

### 11.3 Status Update email

---

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

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

If all Issuers associated to the Primary Data Submitter have successful submissions and have had all of their plans validated and attested, no email will be sent. Users will be able to turn off email reminders via a checkbox on the RBIS home page. This opt-out selection will only apply to the email reminders and not to any other system generated emails. Refer to Figure 37.

Figure 37: Email Opt-Out Checkbox

The screenshot displays the 'Rate & Benefits Information System' interface. At the top, there is a green header with the system name. Below the header, a navigation bar includes buttons for 'HOME', 'FAQ', 'CONTACT US', and 'SIGN OUT'. A user greeting 'Welcome Rocky' is visible. A secondary navigation bar contains tabs for 'Submission Summary', 'Submission Materials', 'Data Upload', 'Validate Data', and 'Attestation'. The main content area is divided into two columns. The left column features an 'Announcements' section with a bulleted list of system updates and a 'Reminder Email Opt Out' section. The 'Reminder Email Opt Out' section lists market identifiers for 'Individual Market' (10029, 28163, 33995, 48421, 50318, 52744, 58330, 97356) and 'Small Group Market' (10029). At the bottom of this section, there is a checkbox labeled 'Opt Out' which is highlighted with a red box, and a 'Submit' button next to it. The right column contains a 'Related Links' section with several hyperlinks: 'testtest', 'Content Requirements for HealthCare.gov - CCIIO', 'Archive of Memos', 'Training Resources', 'CMS Enterprise Portal', and 'test'.

All plans that have been validated and attested will be displayed on Finder.Healthcare.gov after the interim refresh has been completed. Refer to section 3.6.1 for the interim refresh process.




## 12 Appendices

### 12.1 Appendix A – Template Data Validations

---

To trigger the Validation Process:

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

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

2. Select the **Validate** button.

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

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

### 12.2 Appendix B - File Type Instructions

---

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

- XML
- ZIP

#### 12.2.1 XML

---

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

#### 12.2.2 ZIP

---

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

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

### **12.2.3 Saving Documents in .ZIP Format**

---

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

To compress a file or folder using Windows:

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

To compress files and folders using Mac OS:

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

## **12.3 Appendix C - Business Rules and Rates Template Integration**

---

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

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

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

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

### 12.3.1 Business Rules Template Guidelines

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

### 12.3.2 Age Calculation for Eligibility and Quote Determination

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The subscriber's age is used for determining:

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

There are three factors that influence the age calculation:

1. The subscribers date of birth
2. The insurance effective date
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 1<sup>st</sup> 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 at 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 the determined as  $12 * \text{“age in years”} + \text{“months that have passed since the last birthday”}$

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

### 12.3.3 Rates Template Guidelines

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

**Table 2: Subscriber Type Mapping for Individual Rate Calculations**

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

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

- b. **Group Rates** – When determining group rates, the relationships between the primary subscriber and dependent(s) specified on Business Rules template must be considered. Issuers can define permissible relationship types and whether the dependent must live with the primary subscriber. See Table 10 for a list of all acceptable relationship types.

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

**Table 3: Subscriber Type Mapping for Group Rate Calculations**

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

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

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

### 12.3.4 Sample Rate Calculations

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	80
Wife	36	Non-tobacco	Secondary Subscriber	50
Child	12	Non-tobacco	Dependent	25
Child	14	Non-tobacco	Dependent	25

**Figure 38: Example Scenario 1 – Individual 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	38	Tobacco User	80								
12345678912345	Rating Area 1	36	Non-Tobacco User	50								
12345678912345	Rating Area 1	0-20	Non-Tobacco User	25								

Three rows are populated: The first row displays the husband, 38 years old, who is a tobacco user with a rate of \$80.00. The second row displays the wife, 36 years old, who is a non-tobacco user with a rate of \$50.00. The third row displays the rate for the two children (both under 20 years of age) of \$25.00 per person. The total rate would be the sum of \$80 + \$50 + \$25 + \$25 = \$180.

**Table 5: Example Scenario 1 – Group Rate Calculator**

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

**Figure 39: 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
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 40: Example Scenario 2 – Individual 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	38	Non-Tobacco User	80							
12345678912345	Rating Area 1	36	Tobacco User	50							
12345678912345	Rating Area 1	0-20	Non-Tobacco User	25							
12345678912345	Rating Area 1	65 and over	Non-Tobacco User	65							



Four rows are populated: The first row displays the husband, 38 years old, who is a non-tobacco user with a rate of \$80.00. The second row displays the wife, 36 years old, who is a tobacco user with a rate of \$65.00. The third row displays the rate for the two children (both under 20 years of age) of \$25.00 per person. The fourth row displays the grandmother, 65 years old, who is a non-smoker with a rate of \$65.00 per person. The total rate would be the sum of \$80 + \$50 + \$25 + \$25 + \$65 = \$245.

**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 41: 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
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 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			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	50
Child 2	18	Tobacco use within 1 month*	Individual	50
Child 3	16	Non-tobacco	Individual	25
Child 4	14	Non-tobacco	Individual	0 (Based on business rules, only three oldest children are taken into account)

**Figure 42: Example Scenario 3 – Individual and 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 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	0-20	Non-Tobacco User	25							
12345678912345	Rating Area 1	0-20	Tobacco User	50							

There are two rows populated. The first row displays Child 3, 16 years old, who is a non-tobacco user with a rate of \$25.00. The second row displays the rates for children 1 & 2, 20 and 18 years old respectively, who are tobacco users with a rate of \$50.00 each. The total rate would be the sum of \$50 + \$50 + \$25 = \$125.