DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-15
Baltimore, Maryland 21244-1850

DATE: February 27, 2012

TO: Issuers of Health Insurance

FROM: Brian James

CCIIO Data Collection and Management Division

SUBJECT: RBIS IFP Template Changes and Small Group Average Cost Calculation

As discussed on the issuer call on Wednesday, February 22, this memo includes a description of the changes made to the RBIS Individual and Family templates, as well as the range of average cost values that will display on Healthcare.gov for the refresh on March 1. There will be trainings for the next Individual and Family data collection on Wednesday, March 7 at 10 AM, and Friday, March 9 at 2PM. In the next week, a memo containing the specifics for those trainings will be distributed.

Enhancements by Individual and Family Template

1. **Benefits Template**
    a. Annual Deductible, Annual Out-of-Pocket Limit and Annual Max Benefit fields
        i. In the current experience, a pop-up displays, allowing the user to enter the Family and/or Individual amount.
            1. The fields are required, but issuers may enter both or just one of the fields, leaving the other field blank.
            2. The prescribed work around for plans with No Maximum was to enter nine 9's.
        ii. In the new experience:
            1. An updated pop-up will allow user to select "No Maximum", "Not Applicable" or enter the amount.
            2. Both the Individual and Family fields must be entered. With the changes, users cannot leave one field blank. If one field is not applicable, please select "Not Applicable."

        3. For the pre-populated templates, if nine 9's were entered in the previous submission, this will be replaced with "No Maximum."
  b. Cost Benefit Fields (e.g. Primary Care Visit to Treat Injury or Illness (IN))
     i. In the previous collection, there were 6 options in the drop down (Not Covered, No Charge, No Charge after deductible, $X Copay, X% Coinsurance after deductible, and X% before deductible).
     ii. For this collection, 3 options have been added to the drop down (X% Coinsurance, $X Copay after deductible and $X Copay before deductible).
     iii. **CCIIO Guidance:** With the changes to the template, cost sharing for these benefits should be reported as follows:
        1. The deductible referenced in the drop down refers to the **medical deductible**, and the coinsurance and copay either before or after the deductible is met should be reported in reference to the medical deductible.
        2. If a benefit has a **benefit-specific deductible**, such as a prescription deductible, the appropriate cost sharing should be reported as $X Copay or %X Coinsurance, along with Limitations and Exceptions to indicate that there is a benefit-specific deductible.

2. **Business Rules Template**
  a. Updates to 2 Questions:
     i. "When a family size rate factor is applied to contracts with 2+ enrollees, who is eligible for the family size rate factor?" – the additional option added is "If there are 2 or more enrollees apply the family size rate factor to all enrollees."
     ii. "How is age determined for rating and eligibility purposes?" – the text on one option has changed to match updates to the pricing engine logic made during the last cycle.
        1. Previous – "Age on January 1st of the current year."
        2. Current – "Age on January 1st of the effective date year."
  b. 3 New Questions Added:
     i. A new field was added to allow the issuer to set rules at the Product Level as well as the Issuer level.
        1. Each row in the template can only contain one Product ID; however this field may be blank.
        2. If ALL products for the Issuer use the same rules, then user enters one row of rules as in the last individual submission. The issuer will then leave the Product ID field blank.
        3. If the Issuer has 1 or more Products that have their own set of rules, then they will need to complete the following:

        a. It is required that the issuer enter one row where the Product ID field is blank.
        b. The issuer will then enter a second row with everything filled in, including Issuer ID and ONE Product ID. All rules on this row apply only to that given Product ID
        c. Repeat the above steps for each Product ID that has its own rules.
    ii. "If there are rates for dependents, which age is used?"
        1. The questions, "What is the maximum number of dependents used to quote a two parent family?" and "What is the maximum number of dependents used to quote a single parent family?" will now apply to the group and individual rate calculation.
        2. These options will let the Pricing Engine know which dependent(s) to use for rate calculation (older, younger, highest, lowest, order from healthcare.gov)
    iii. "How are rates for 2 or more children on a Child-Only policy calculated?"
        1. There is an option to choose individual or group.
        2. The Pricing Engine will use this in combination with the other Child-Only policy questions to determine which rates to return.

3. **Rates Template**
    a. Adding 3 new subscriber Types to be used if, per the Business Rule Template, rates for Child only policies are based on groups.
        i. Two Children Only.
        ii. Three Children Only.
        iii. Four or More Children.

Range of Average Costs Displayed on Healthcare.gov

For this Small Group data refresh, the calculation for determining Average Cost Per Enrollee remains the same as the previous refresh. Due to changes in the mean Average Cost, we have adjusted the upper and lower bounds on when to display the average cost on Healthcare.gov. For the March 1 refresh, we will display Average Costs that fall within $116 and $1042 per month; values outside that range will display the disclaimer.

For policy questions regarding the HealthCare.gov Plan Finder, please email CCIIOPlanFinder@cms.hhs.gov.

For technical assistance regarding product-level data submissions, please contact the HIOS Help Desk at 1-877-343-6507 or insuranceoversight@hhs.gov.