

Qualified Health Plan Issuer Application Instructions

2018

April 13, 2017

Version 1

Section 3A: Rates Table

1. Introduction

In the Rates Table section, issuers must define the premium rate that the issuer charges for each type of subscriber that a plan covers. These instructions apply to QHP and SADP issuers.

2. Data Requirements

To complete this section, issuers will need the following:

1. HIOS Issuer ID;
2. Federal Taxpayer Identification Number (TIN); and
3. Plan IDs.

3. Quick Reference

Key Changes for 2018

- ◆ In the Rating Method variable, issuers indicate whether all plans on a worksheet use age-based rates or family-tier rates.
- ◆ For plans using age-based rates, there are child age bands for ages 0–14, 15, 16, 17, 18, 19, and 20. These replace the 0–20 child age band found in previous template versions.
- ◆ For plans using age-based rates, there is a 64 and over age band. This replaces the 64 and 65 and over age bands found in previous template versions.

Tips for the Rates Section

- ◆ SADPs should be entered on a separate Rates Table Template from QHPs.
- ◆ Issuers are encouraged to use separate sheets for individual plans and SHOP plans.
- ◆ For individual market plans, the rate effective date must be January 1, 2018.
- ◆ For SHOP plans with trended quarterly rates, the rate effective date must correspond with the calendar quarters (January 1st, April 1st, July 1st, or October 1st). Each worksheet in the Rates Table Template is bound to a separate effective date range. An issuer submitting SHOP trended quarterly rates should submit a separate worksheet for each date range that a set of rates will be in effect.

4. Detailed Section Instructions

Rates Table Template	Steps
HIOS Issuer ID	Enter the five-digit HIOS Issuer ID.
Federal TIN	Enter the 9-digit (xx-xxxxxxx) TIN.
Rate Effective Date	<p>Enter the rate effective date as mm/dd/yyyy.</p> <p>For individual market plans, the rate effective date must be January 1, 2018.</p> <ul style="list-style-type: none"> ◆ For SHOP plans with trended quarterly rates, the rate effective date must correspond with the calendar quarters (January 1st, April 1st, July 1st, and October 1st). Each worksheet in the Rates Table Template is bound to a separate effective date range. An issuer submitting SHOP trended quarterly rates should submit a separate worksheet for each date range that a set of rates will be in effect. ◆ An issuer submitting a SHOP quarterly rate change should submit the entire template with updated worksheets for the effective date range of the quarterly rate change during the applicable quarterly rate change submission window. An issuer may submit rate changes that would apply for the next quarter and/or any subsequent quarter in the remaining plan year. An issuer should not change or delete rates for any current or previous quarter during the submission window. For example, during the submission for updated second quarter SHOP rates, the first quarter rates should match the original submission. For SHOP medical plans, the changes must be consistent with the revised index rates that are submitted in the corresponding Unified Rate Review Template.
Rate Expiration Date	<p>Enter the rate expiration date as mm/dd/yyyy.</p> <ul style="list-style-type: none"> ◆ For individual market plans, the rate expiration date must be December 31, 2018. ◆ For SHOP plans, the rate expiration date must correspond with the calendar quarters (March 31st, June 30th, September 30th, or December 31st).
Rating Method	<p>Select whether the plans on the worksheet use age-based rates or family-tier rates.</p> <p>Note: Only issuers in states that do not permit rating for age or tobacco use and that establish uniform family tiers and corresponding multipliers or issuers entering rates for individual market SADPs are eligible to select "Family-Tier Rates." A list of states that use family-tier rating is available here: http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/state-rating.html#family</p>
Add Sheets	<p>Use the Add Sheet button to add additional worksheets for the following:</p> <ul style="list-style-type: none"> ◆ If the issuer has SHOP plans with different rate effective and expiration dates. All plans on a single worksheet <u>must</u> have the same effective and expiration dates. ◆ To separate individual market plans and SHOP plans. ◆ If the issuer offers individual market SADPs that use individual and family-tier rating. Note that FF SHOP and SP SHOP (State Partnership Small Group Health Options Program) SADPs can only use individual rating. ◆ To separate by rating area.
Plan ID	Enter the 14-character alphanumeric HIOS-generated plan ID (xxxxxAxxxxxxx) that identifies the plan associated with the rates in that row.
Rating Area	Select the rating area from the list. The rating area is the geographic area where the rates in the row are valid. Rating areas are defined by each state. A list of rating areas for each state is available here: http://cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/state-gra.html .

Rates Table Template	Steps
Tobacco	<p>If using age-based rates, select from the following options in the drop-down menu to indicate whether rates vary on the basis of tobacco use:</p> <ul style="list-style-type: none"> ◆ Tobacco User/Non-Tobacco User—if rates are different for tobacco and non-tobacco users. If this option is selected, rates must be entered for non-tobacco and tobacco users. Market rules require tobacco rates to be no more than 1.5 times higher than the corresponding non-tobacco rate within a single age band.¹⁰ <p>Note: Small group market medical plans (including SHOP QHPs) with tobacco rating <u>must</u> offer a wellness program designed to prevent or reduce tobacco use in accordance with Section 2705 of the PHS Act, and indicate the wellness program on their Plans & Benefits Template. If the plan does not offer such a wellness program, the plan cannot rate for tobacco use.</p> <p>Note: For FF SHOP and SP SHOP, if an enrollee indicates that he or she will complete a tobacco cessation program offered by the plan, the non-tobacco rate will be used.</p> ◆ No Preference—if the rate applies to tobacco and non-tobacco users. No separate rates should be submitted for tobacco and non-tobacco users.
Age	<p>If using age-banded rates, the template will automatically generate a row for each age band 0–14 through 64 and over.</p> <ul style="list-style-type: none"> ◆ If the issuer elects to rate by tobacco use, then tobacco rates for the child age bands of 0–14, 15, 16, and 17 will be auto-populated with the non-tobacco rates of the corresponding child age bands if the non-tobacco rates are first entered in the template. The issuer will have the option of editing the auto-populated non-tobacco rates. ◆ For dental plans only: Individual market SADPs that meet the definition of excepted benefits are not subject to the market rating rules. These plans may adjust for rating age bands that are not present in this template. In the <i>Plan Attributes</i> section of the Plans & Benefits Template, individual market SADP issuers have the option to elect whether they are voluntarily complying with the rating rules in this template (“Guaranteed”), or if the issuer reserves the right to make further premium adjustments (“Estimated”). The plan display will then indicate to consumers whether the displayed SADP premium is a guaranteed rate or an estimated rate. Please note that to be offered on the Marketplace, FF SHOP and SP SHOP SADPs must provide guaranteed rates. <p>If the issuer is in a state that does not permit rating for age or tobacco use and establishes uniform family tiers (and corresponding multipliers), or is entering rates for an individual market SADP using “Family-Tier Rates” as the rating method, skip to <i>Family Tier</i>.</p>

¹⁰ 42 U.S. Code 300 gg – Fair Health Insurance Premiums.

Rates Table Template	Steps
Individual Rate	<ul style="list-style-type: none"> ◆ Enter the individual rate that applies to that row. Market rules require individual rates to vary on the basis of age by not more than 3 times the age-21 rate. In addition, QHPs may not have a 0–20 age rate higher than the 21-age rate and must follow the federal age-rating curve, or state age-rating curve for issuers in states with state age-rating curves within the 1:3 market rule. A list of states using state-specific age curve variations is available here: https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/Downloads/state_specific_age_curve_variations_021317.pdf <p>Note: QHPs and SADPs must enter a value above \$0.00 for all age bands under the <i>Individual Rate</i> column unless the QHP or SADP has a value of “Allows Child-Only” under the <i>Child-only Offering</i> column of the Plans & Benefits Template. QHP child-only offerings must enter a positive non-zero value for the 0–14, 15, 16, 17, 18, 19 and 20 age bands and are allowed to enter a value of \$0.00 for adult age bands 21 through 64 and over. SADP child-only offerings must enter a positive non-zero value for the 0–14, 15, 16, 17 and 18 age bands and are allowed to enter a value of \$0.00 for adult age bands 19 through 64 and over.</p> <ul style="list-style-type: none"> ◆ QHPs and SADPs that rate by tobacco use should enter a positive non-zero value under the <i>Individual Tobacco Rate</i> column for age bands 18 through 64 and over. QHPs and SADPs are allowed to enter a value of \$0.00 as the tobacco rate for child age bands 0–14, 15, 16 and 17. QHP child-only offerings are allowed to enter a value of \$0.00 as the tobacco rate for adult age bands 21 through 64 and over. SADP child-only offerings are allowed to enter a value of \$0.00 as the tobacco rate for adult age bands 19 through 64 and over.
Family Tier	<p>Issuers in states that do not permit rating for age or tobacco use and that establish uniform family tiers and corresponding multipliers, or individual market SADP issuers that selected “Family-Tier Rates” in the rating method field will enter the individual rate in the individual rate field. Selecting “Family-Tier Rates” will also generate the following family tier columns:</p> <ul style="list-style-type: none"> ◆ Individual Rate (required): Enter the rate of an individual non-tobacco or no preference enrollee on a plan. ◆ Couple (required): Enter the rate for a couple. A couple is defined as a primary subscriber and his or her spouse. A couple may also be a domestic partnership or same-sex partnership if allowed by the issuer in the Business Rules Template. ◆ Primary Subscriber and One Dependent (required): Enter the rate for a primary subscriber with one dependent. ◆ Primary Subscriber and Two Dependents (required): Enter the rate for a primary subscriber with two dependents. ◆ Primary Subscriber and Three or More Dependents (required): Enter the rate for a primary subscriber with 3 or more dependents. ◆ Couple and One Dependent (required): Enter the rate for a couple with one dependent. ◆ Couple and Two Dependents (required): Enter the rate for a couple with two dependents. ◆ Couple and Three or More Dependents (required): Enter the rate for a couple with 3 or more dependents. <p>In the family tier option defined above, a dependent is defined as any dependent relationship allowed by the issuer that falls under the maximum age of a dependent as defined in the Business Rules Template. If any member of the enrollment group is determined to be ineligible, no rate will be returned for that plan.</p>

Figure 3A-1 shows an example of a completed Rates Table Template when “Age-Based Rates” is selected.

Figure 3A-1. Rates Table Template (Age-Based Rates)

2018 Rates Table Template v7.1		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.		
Validate		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.		
Finalize		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.		
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.		
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.		
HIOS Issuer ID*	12345			
Federal TIN*	12-3456789			
Rate Effective Date*	1/1/2018			
Rate Expiration Date*	12/31/2018			
Rating Method*	Age-Based Rates			
Add Sheet				
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
12345AB1234567	Rating Area 1	No Preference	0-14	10.00
12345AB1234567	Rating Area 1	No Preference	15	11.00
12345AB1234567	Rating Area 1	No Preference	16	12.00
12345AB1234567	Rating Area 1	No Preference	17	13.00

Figure 3A-2 shows an example of a completed Rates Table Template when “Family-Tier Rates” is selected.

Figure 3A-2. Rates Table Template (Family Tier Rates)

2018 Rates Table Template v7.1		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.				
Validate		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.				
Finalize		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.				
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	12345					
Federal TIN*	12-3456789					
Rate Effective Date*	1/1/2018					
Rate Expiration Date*	12/31/2018					
Rating Method*	Family-Tier Rates					
Add Sheet						
Plan ID*	Rating Area ID*	Individual Rate*	Couple *	Primary Subscriber and One Dependent*	Primary Subscriber and Two Dependents*	Family Tier Primary Subscriber and Three or More Dependents*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of a couple based on the pairing of a primary enrollee and a secondary subscriber (e.g. husband and spouse)	Required: Enter the rate of a family based on a single parent with one dependent.	Required: Enter the rate of a family based on a single parent with two dependents	Required: Enter the rate of a family based on a single parent with three or more dependents
12345AB1234567	Rating Area 1	10.00	20.00	15.00	25.00	30.00

Once the Rates Table Template is completed, issuers must validate, finalize, and upload it into HIOS.

Template Validation	Steps
Validate Template	Click the Validate button in the top left of the template. The validation process identifies any data issues that need to be resolved. If no errors are identified, finalize the template.
Validation Report	If the template has any errors, a Validation Report will appear in a pop-up box showing the data element and cell location of each error. Correct any identified errors, and click Validate again. Continue this process until all errors are resolved.
Finalize Template	Click the Finalize button in the template. The Finalize function creates the .XML file of the template that will need to be uploaded in the Rates section of the Rating Module in HIOS.
Save Template	Save the XML Template. CMS recommends saving the validated template on the computer as a standard Excel .XLSM file and the finalized .XML file in the same folder.
Upload Template	Upload the saved file in the Rates section of the Rating Module in HIOS. Refer to the Rating Module User Guide for details on how to complete this.