



Centers for Medicare & Medicaid Services
Federally Facilitated Exchange

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**FFE Plan Management
Rating Module
User Guide**

**Version 7.2
March 2020**

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1 Introduction

This document provides an overview and step-by-step guide for how to use the *Rating Module* system.

The Plan Management (PM) *Rating Module* is a web application within the Health Insurance Oversight System (HIOS) where Issuers can submit premium and business rules data associated with their Qualified Health Plan (QHP) Application.

2 Referenced Documents

The Center for Consumer Information and Insurance Oversight (CCIIO) provides additional information on policy and submission criteria for each section of the *Rating Module* on the CCIIO webpage. Please use the following link for more information:

<https://www.qhpcertification.cms.gov/s/QHP>.

3 Overview

Issuers can use the *Rating Module* to submit premium and business rules data that will be used to calculate plan premiums for consumers. Specifically, the module provides:

- Rates Table and Business Rules data collection templates (Microsoft Excel-based) that Issuers or their representatives can download, populate, validate, and finalize for upload into the *Rating Module*.
- A user interface for Issuers to submit, review, and modify premium or business rules information associated with a QHP Application by uploading the data collection templates.

3.1 Document Conventions

Modules or systems are indicated by *italics*. User roles or templates of the *Rating Module* are indicated in **bold**. Fields or buttons to be acted upon are indicated in ***bold italics***. Links to be acted upon are indicated as links in [underlined blue text](#).

NOTE: The term ‘user’ is used throughout this document to refer to a person who has acquired access to the *Rating Module*.

4 Getting Started

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

4.1 Set-Up Considerations

To optimize user experience within the *Rating Module*:

1. Please ***disable pop-up blockers*** prior to accessing the Plan Management system.

2. Use one of the following browsers for optimum usability:
 - Internet Explorer 11 (latest version available for supported operating systems as of 2/26/2020)
 - Firefox 73
3. Recommended Excel Versions include Excel 2013, Excel 2016, and Excel 2019.

NOTE: The Module complies with Health and Human Services (HHS) design standards: all associated webpages are designed for viewing at a minimum screen resolution of 1024 x 768.

4.2 User Access Considerations

All users must have a Centers for Medicare and Medicaid Services (CMS) Enterprise Portal Identifier (ID) and HIOS user role to access the system. To access the *Rating Module*, users are required to have a **Rating Submitter** and/or **Rating Validator** role:

- **Rating Submitter**

Users assigned the user access role of **Rating Submitter** will submit the data necessary to complete the *Rating Module*. **Rating Submitters** can also cross validate data elements to ensure consistency throughout a QHP application.

- **Rating Validator**

Users assigned the user access role of **Rating Validator** will validate the data necessary to complete the *Rating Module*. **Rating Validators** can also cross validate data elements to ensure consistency throughout a QHP application and submit the application after cross validation has passed. Upon successful submission, the application will move to the next step in the QHP certification process.

For further details on how to establish a CMS Enterprise Portal ID or how to request a Submitter or Validator role for the *Rating Module*, please contact the Help Desk (see section [6.1](#)).

4.3 Accessing the System

Users can access the module by logging into the CMS Enterprise Portal. The user will be directed to the “My Portal” page and should then select the **HIOS** application. Once in the HIOS portal, choose the **QHP Rating Module** and select **Launch this Module**. Then, select the [Access QHP Rating Module](#) link on the **QHP Rating Module** landing page.

4.4 System Organization and Navigation

The *Rating Module* consists of the Summary, Data Submitter, Data Validator, and Final Submission pages:

- The Summary page is the first page users see when navigating to the *Rating Module*. It provides the user with the ability to start a new application, resume working on a pending application or view a submitted application for Issuer IDs they have access to.

- The Data Submitter page allows users to upload completed **Rates Table** template XMLs (for both health and dental plans) and **Business Rules** template XMLs to the system for validation.
- The Data Validator page allows users to download and view submitted **Rates Table** or **Business Rules** templates in order to validate that the data is correct.
- The Final Submission page allows users to cross validate data elements within a QHP Application, as well as submit a completed application for further evaluation.

These pages are further described in section 5.

4.5 Exiting the System

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

5 Using the System

The following sections provide instructions about using the *Rating Module*.

5.1 Rating Submitter – Summary Page

The Summary page, shown in Figure 1, is the first page displayed after the user with the **Rating Submitter** role successfully logs in to the *Rating Module*. From the Summary page, the user can start a new submission, continue working on an existing application, or view an already submitted application.

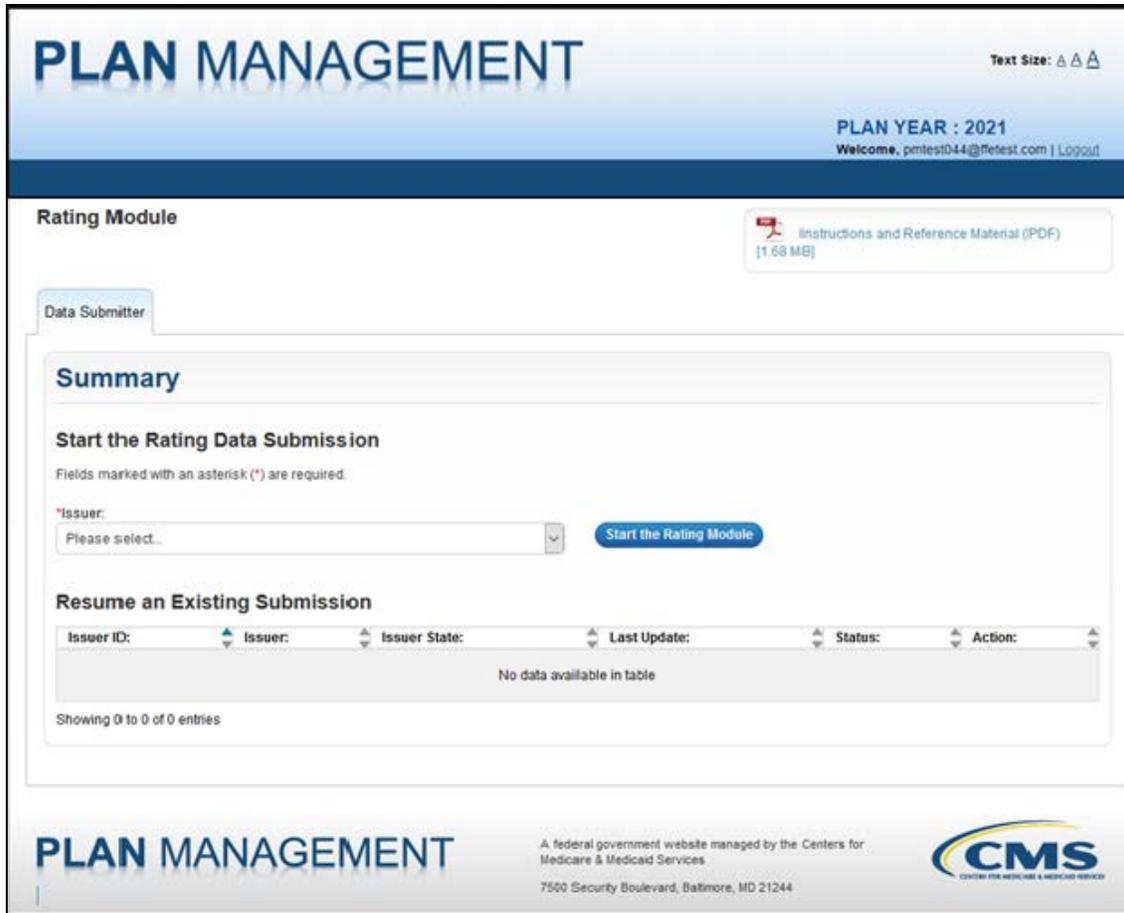


Figure 1 – Rating Submitter Summary Page – Start the Rating Module

To start a new submission, select an issuer from the Issuer drop-down list that appears, and press the *Start the Rating Module* button (seen in Figure 2).



Figure 2 – Rating Submitter Page – Begin Working on an Application

To resume an existing application, select the *Resume* button that corresponds to the Issuer ID and the Issuer name as shown in Figure 3.

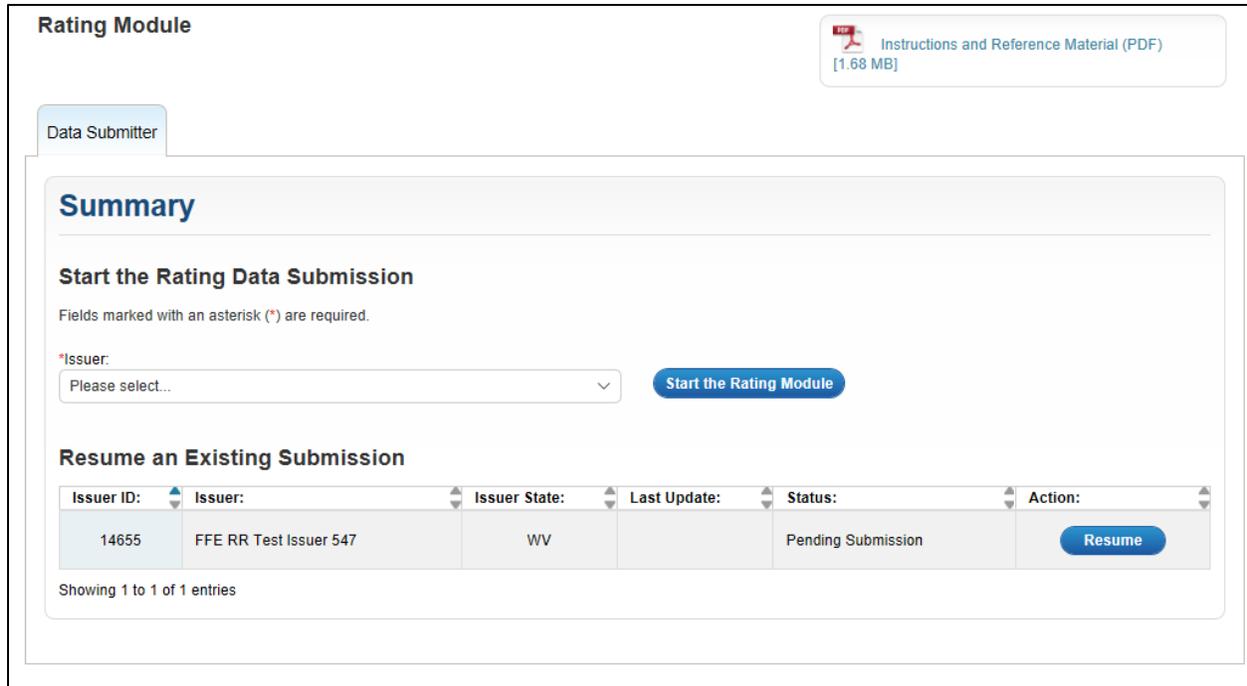


Figure 3 – Rating Submitter – Resume Application Page

The user will be directed to the Upload/Download Rates & Business Rules section, which is described in further detail in section 5.1.1.

5.1.1 Rating Submitter – Upload/Download Rates & Business Rules Page

On the Upload/Download Rates & Business Rules page, shown in Figure 4, the user can download the **Rates Table** and **Business Rules** templates to complete. Press the template link to open the file and save locally.

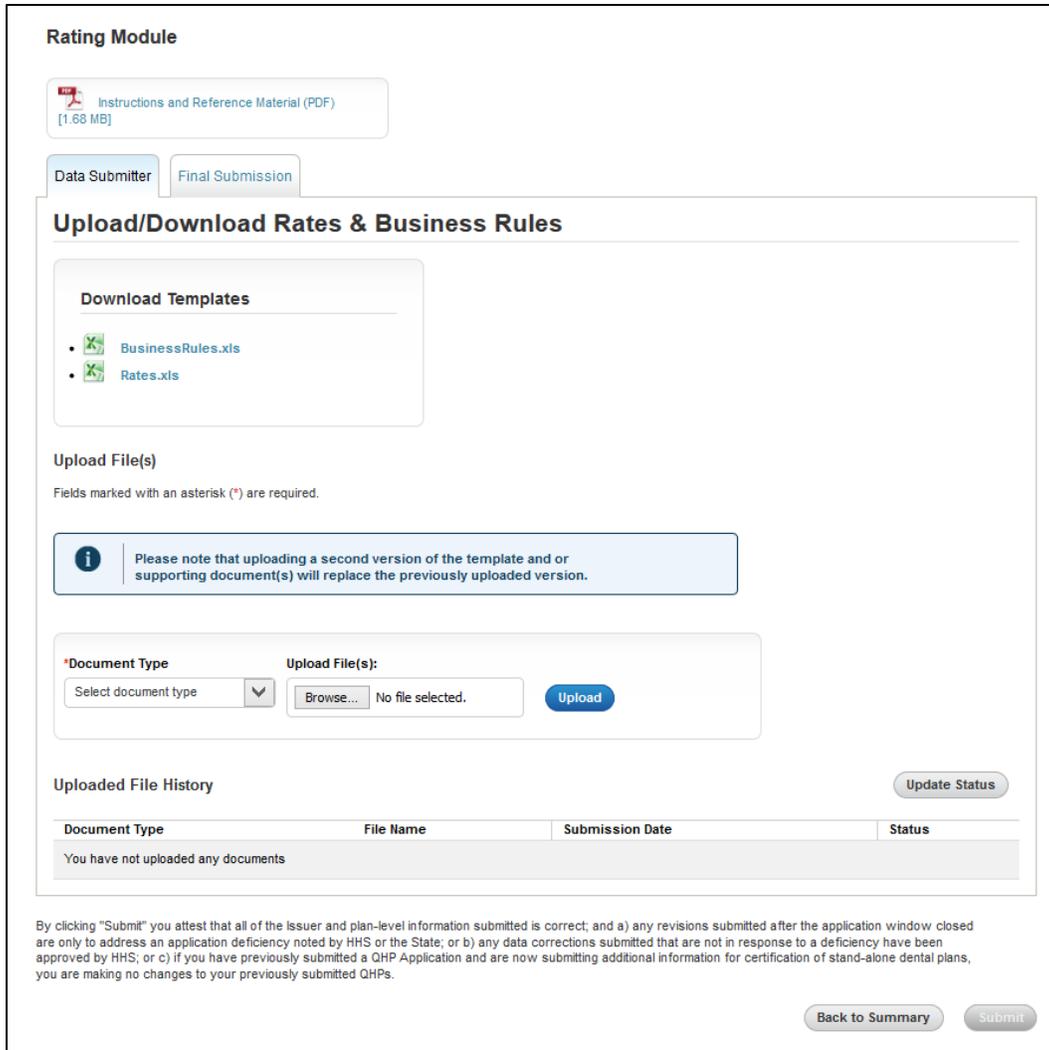


Figure 4 – Rating Submitter – Upload/Download Rates and Business Rules Data Page

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

Rating Module

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

Data Submitter

Final Submission

✔
You have successfully uploaded the template

Upload/Download Rates & Business Rules

Download Templates

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

Upload File(s)

Fields marked with an asterisk (*) are required.

i Please note that uploading a second version of the template and or supporting document(s) will replace the previously uploaded version.

*** Document Type**

Select document type
▼

Upload File(s):

Browse...
No file selected.

Upload

Uploaded File History

Update Status

Document Type	File Name	Submission Date	Status
Rates	39364_ND_RatesMedical.xls	02/26/2020 02:03:38 PM	Pending

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

Back to Summary

Submit

Figure 5 – Upload Template Page

Upon successful upload of the **Rates Table** and/or the **Business Rules** template, the following message will display: “You have successfully uploaded the template”.

Upload File(s)

Fields marked with an asterisk (*) are required.

i Please note that uploading a second version of the template and or supporting document(s) will replace the previously uploaded version.

*** Document Type** **Upload File(s):**

Select document type ▼

Browse... No file selected.

Upload

Uploaded File History Update Status

Document Type	File Name	Submission Date	Status
Rates	39364_ND_RatesMedical.xls	02/26/2020 02:03:42 PM	Complete
Business Rules	39364_ND_BusinessRules.xls	02/26/2020 02:07:47 PM	Pending

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

Back to Summary
Submit

Figure 6 – Rating Submitter – Submit Data Page

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

Rating Module

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

Data Submitter

Final Submission

 You have successfully submitted this section

Upload/Download Rates & Business Rules

Download Templates

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

Upload File(s)

Fields marked with an asterisk (*) are required.

 Please note that uploading a second version of the template and or supporting document(s) will replace the previously uploaded version.

* Document Type

Select document type ▼

Upload File(s):

No file selected.

Uploaded File History Update Status

Document Type	File Name	Submission Date	Status
Dental Rate Template	39364_ND_RatesDental.xls	02/26/2020 02:08:51 PM	Complete
Rates	39364_ND_RatesMedical.xls	02/26/2020 02:03:42 PM	Complete
Business Rules	39364_ND_BusinessRules.xls	02/26/2020 02:07:51 PM	Complete

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

Figure 7 – Rating Submitter Page – Successful Submission

5.1.2 Rating Submitter – Populating the Rates Table and Business Rules Template

The user will utilize the Rates Table and Business Rules templates to provide rate calculation information. The user must navigate to the Rates and Business Rules Data page to download the Rates Table and Business Rules templates.

The user may be prompted with a screen to enable macros before viewing the content of the template when first opening the Rates Table or Business Rules template. See **Appendix A** for instructions on enabling macros.

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

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

The user may validate the workbook as many times as necessary until the valid message appears. Once the template has been validated, select **Finalize** to create an XML extraction of the Rates Table and Business Rules templates. The system will first check that the template is valid; if there are errors, they will be displayed in a text box with the cell location and reason. If the template is valid, the template will prompt the user to choose a file directory and name the xml file. The user can access the xml extract file by navigating to the chosen file directory. **This is the file used for upload into the system.**

5.1.3 Rating Submitter – Rates Table Template

Select the link to download the Rates Table template and save a copy of the template locally. The Rates Table template is shown in Figure 8.

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

	A	B	C	D	E
1	2021 Rates Table Template v10.0	All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.			
2	Validate	If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.			
3		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.			
4	Finalize	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
5		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.			
6		HIOS Issuer ID*	12345		
7		Rate Effective Date*	1/1/2021		
8		Rate Expiration Date*	12/31/2021		
9		Rating Method*	Age-Based Rates		
10	Add Sheet				
11					
12	Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
13	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
14	12345AL0010001	Rating Area 1, Rating Area 2		0-14	
15	12345AL0010001	Rating Area 1, Rating Area 2		15	
16	12345AL0010001	Rating Area 1, Rating Area 2		16	
17	12345AL0010001	Rating Area 1, Rating Area 2		17	
18	12345AL0010001	Rating Area 1, Rating Area 2		18	
19	12345AL0010001	Rating Area 1, Rating Area 2		19	
20	12345AL0010001	Rating Area 1, Rating Area 2		20	
21	12345AL0010001	Rating Area 1, Rating Area 2		21	
22	12345AL0010001	Rating Area 1, Rating Area 2		22	
23	12345AL0010001	Rating Area 1, Rating Area 2		23	

Figure 8 – Rates Table Template – Age-Based Rates

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

Table 1 – Rating Submitter – Rates Table Template Fields

Field Name	Field Description	Template List of Values
HIOS Issuer ID	Five-digit number that identifies the Issuer.	Numeric: (xxxxx) (HIOS 5 digits Issuer ID 5).
Rate Effective Date	Date when the rates go into effect for the plan.	Date: mm/dd/yyyy
Rate Expiration Date	Date when the rates last apply to a plan(s).	Date: mm/dd/yyyy
Rating Method*	Identifies which type of rating method will be used and displays the corresponding fields required.	Drop-down: Age-Based Rates Family-Tier Rates
Plan ID	A specific value identifying an insurance plan within the state.	Alphanumeric: Consists of an Issuer ID (xxxxx) plus state (xx) plus Product ID number (xxx) and a Plan Unique Identifier number (xxxx). e.g. 12345AL0010001

Field Name	Field Description	Template List of Values
Rating Area ID	Identifies the specific geographic rating area(s) as defined by a State. Field can contain multiple Rating Area IDs if applicable.	Drop-down: (e.g. Rating Area 1 Rating Area 2 Rating Area 3 Rating Area 4 Rating Area 5 Rating Area 6 Rating Area 7)
Tobacco	Identifies if the Issuer takes tobacco use into account for rating purposes.	Drop-down: Tobacco User/Non-Tobacco User No Preference
Age	Subscriber Age Bands.	Auto-populated with 0-14, ages between 15-63, and 64 and over when the template reflects an age-based rating method and a valid Plan ID is entered.
Individual Rate	Identifies the rate for an individual subscriber on a plan.	Numeric: Dollar amount.
Individual Tobacco Rate	Identifies the rate for an individual that uses tobacco. (Template will auto populate the individual tobacco rate with the user entered individual rate for ages under 18 if the tobacco field indicates 'Tobacco User/Non-Tobacco User' in the corresponding 'Individual Tobacco Rate' cells.)	Numeric: Dollar amount.

*If a user has entered age-based rates and changes the rating method to indicate family-tier rates, then a warning message will inform the user that proceeding with the change will delete all age-based rates entered in the template worksheet. A similar pop-up will warn the user that changing from family-tier rates to age-based rates will delete the rates entered for each family-tier.

If a state uses a family-tier Rating Method, then the user must complete the Family Tier section of the Rates Table template. Figure 9, below, shows the Family Tier section.

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*	Couple and One Dependent*	Couple and Two Dependents*	Couple and Three or More Dependents*
12345AL0010001	Rating Area 1, Rating Area 2								

Figure 9 – Rates Table Template – Family-Tier Rates

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

Table 2 – Rates Table Template Family Tier Fields

Field Name	Field Description	Template List of Values
Individual Rate	Identifies the rate for an individual subscriber on a plan.	Numeric: Dollar amount.
Couple	Identifies the rate for a primary subscriber and a secondary subscriber (e.g. husband and spouse).	Numeric: Dollar amount.
Primary Subscriber and One Dependent	Identifies the rate for a single parent/primary subscriber with one dependent.	Numeric: Dollar amount.
Primary Subscriber and Two Dependents	Identifies the rate for a single parent (primary subscriber) with two dependents.	Numeric: Dollar amount.
Primary Subscriber and Three or More Dependents	Identifies the rate for a single parent (primary subscriber) with three or more dependents.	Numeric: Dollar amount.
Couple and One Dependent	Identifies the rate for a couple with one dependent.	Numeric: Dollar amount.
Couple and Two Dependents	Identifies the rate for a couple with two dependents.	Numeric: Dollar amount.
Couple and Three or More Dependents	Identifies the rate for a couple with three or more dependents.	Numeric: Dollar amount.

5.1.4 Rating Submitter – Business Rules Template

Figure 10, below, shows the Business Rules template.

	A	B	C	D	E	F	G	H
1	2021 Business Rules Template v10.1		<i>All fields with an asterisk (*) are required. To validate the template, press Validate button or Ctrl + Shift + I. To finalize the template, press Finalize button or Ctrl + Shift + F.</i>					
2	Validate		<i>Enter the Issuer Rule on the first row (no Product ID or Plan ID).</i>					
3			<i>For each Product rule, enter only the Product ID and the business rules that differ from the Issuer Rule.</i>					
4	Finalize		<i>For each Plan rule, enter only the Plan ID and the business rules that differ from the Product or Issuer Rule.</i>					
5			<i>Issuer level rule will apply only to plan type indicated in cell C10.</i>					
6	HIOS Issuer ID*							
7	Medical, Dental, or Both?*							
8	Product ID	Plan ID (Standard Component)	Medical or Dental Rule?*	What is the maximum number of rated underage dependents on this policy?*	Is there a maximum age for a dependent?*	How is age determined for rating and eligibility purposes?*	How is tobacco status determined for subscribers and dependents?*	What relationships between primary and dependent are allowed, and is the dependent required to live in the same household as the primary subscriber?*
9								
10								
11								
12								

Figure 10 – Rating Submitter – Business Rules Template

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

Table 3 – Business Rules Data Template Fields

Field Name	Field Description	Template List of Values
HIOS Issuer ID	Five-digit number that identifies the Issuer.	Numeric: (xxxxx) (e.g. 12345)
Medical, Dental, or Both?	Identifies if the Issuer offers Medical plans, Stand-Alone Dental Plans, or Both types of plans.	Drop-down: Medical Dental Both
Product ID	A specific value identifying an insurance product within the HIOS system.	Alphanumeric: Consists of an Issuer ID (xxxxx) plus state (xx) along with a 3-digit unique product identifier number (xxx). (e.g. 12345AL001)
Plan ID (Standard Component)	A specific value identifying an insurance plan within the state.	Alphanumeric: Consists of an Issuer ID (xxxxx) plus state (xx) plus Product ID number (xxx) and a Plan Unique Identifier number (xxxx). (e.g. 12345AL0010001)
Medical or Dental Rule?	Identifies if the row contains a medical or dental product/plan rule.	Drop-Down: Medical Dental
What is the maximum number of rated underage dependents on this policy?	A specific value conveying the maximum number of dependents used to quote a policy.	Drop-down: If 'Medical or Dental Rule?' is populated to Medical: 1 2 3 If 'Medical or Dental Rule?' is populated to Dental: 1 2 3 Not Applicable
Is there a maximum age for a dependent?	A specific value conveying the maximum age for a dependent.	Drop-down: Yes Not Applicable If 'Medical or Dental Rule?' is populated to Medical: Pop-up: Enter Age greater than 24. If 'Medical or Dental Rule?' is populated to Dental: Pop-up: Enter Age greater than 17.

Field Name	Field Description	Template List of Values
How is age determined for rating and eligibility purposes?	Identifies how age is determined for rating and eligibility purposes.	Drop-down: 1 - Age on effective date 2 - Age on January 1st of the effective date year 3 - Age on insurance date (age on birthday nearest the effective date) 4 - Age at January 1st or July 1st.
How is tobacco status determined for subscribers and dependents?	Defines the rules for determining whether a subscriber or dependent are considered tobacco users.	Drop-down: 1 - Applicable [__] months 2 - Not Applicable
What relationships between primary and dependent are allowed, and is the dependent required to live in the same household as the primary subscriber?	Identifies which relationships between primary and dependent are allowed. If the relationship is allowed it will identify if the dependent is required to live in the same household as the primary subscriber.	Self - Yes/No Spouse - Yes/No Child - Yes/No Stepson or Stepdaughter - Yes/No Grandson or Granddaughter - Yes/No Brother or Sister - Yes/No Life Partner - Yes/No Nephew or Niece - Yes/No Collateral Dependent - Yes/No Ex-Spouse - Yes/No Foster Child - Yes/No Ward - Yes/No Sponsored Dependent - Yes/No Other Relationship - Yes/No Other Relative - Yes/No

5.2 Rating Validator – Summary Page

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

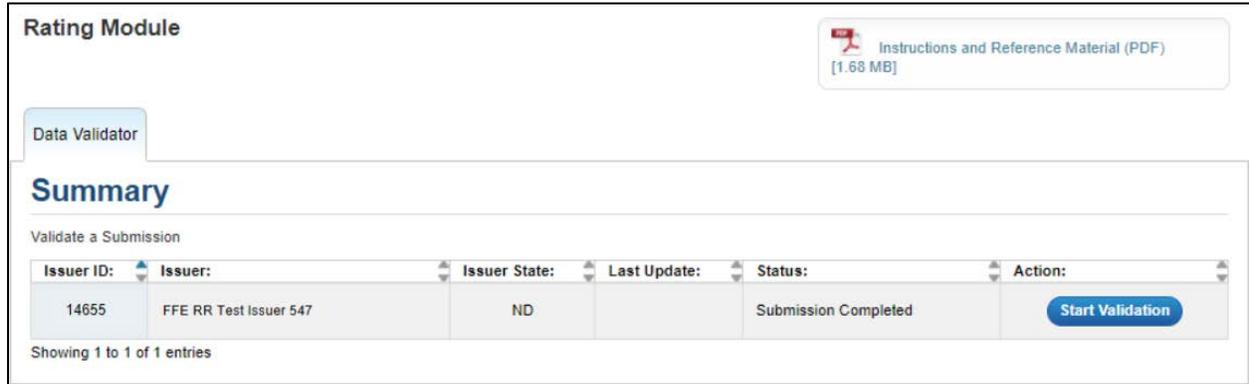


Figure 11 – Rating Validator – Summary Page

To start validation for an Issuer, the user can press the **Start Validation** button in the corresponding row; the user will then be directed to the Validate The Rates & Business Rules Submission page.

5.2.1 Rating Validator – Validate The Rates & Business Rules Submission Page

Figure 12, below, shows the Rating Validator – Validate The Rates & Business Rules Submission page.

Rating Module

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

Data Validator
Final Submission

Validate The Rates & Business Rules Submission

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

Uploaded File(s)

Document Type	File Name	Upload Date
Dental Rate Template	39364_ND_RatesDental.xls	02/26/2020 02:08:51 PM
Rates	39364_ND_RatesMedical.xls	02/26/2020 02:03:42 PM
Business Rules	39364_ND_BusinessRules.xls	02/26/2020 02:07:51 PM

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

Yes No

Back to Summary
Submit Section

Figure 12 – Rating Validator – Validated Submission Page

The data validation section is where the user can validate a submission. The user can download the stored templates to view the contents.

If the templates are accurate, the user can validate the submission by selecting the “**Yes**” radio button to the question, “Do you validate that the information submitted is correct?” Select **Submit Section** to finalize the validation, as shown in Figure 13 below.

5.2.2 Rating Validator – Successful Validation

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

Rating Module

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

Data Validator
Final Submission


You have successfully submitted this application

Validate The Rates & Business Rules Submission

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

Uploaded File(s)

Document Type	File Name	Upload Date
Dental Rate Template	39364_ND_RatesDental.xls	02/26/2020 02:08:51 PM
Rates	39364_ND_RatesMedical.xls	02/26/2020 02:03:42 PM
Business Rules	39364_ND_BusinessRules.xls	02/26/2020 02:07:51 PM

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

Yes No

Back to Summary
Submit Section

Figure 13 – Rating Validator – Successful Validation Page

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

If the user selects “**No**” to the validation question, the submission is sent back to the Rating Submitter’s page for review and correction, and the following message is displayed: “This submission has been returned for changes” (see Figure 14). Please note it is not possible to send a notification to the Rating Submitter within the system. The user must inform the **Rating Submitter** offline that the submission has been rejected and corrections need to be submitted.

Rating Module

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

Data Validator
Final Submission

✔
This submission has been returned for changes

Validate The Rates & Business Rules Submission

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

Uploaded File(s)

Document Type	File Name	Upload Date
Dental Rate Template	39364_ND_RatesDental.xls	02/26/2020 02:08:51 PM
Rates	39364_ND_RatesMedical.xls	02/26/2020 02:03:42 PM
Business Rules	39364_ND_BusinessRules.xls	02/26/2020 02:07:51 PM

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

Yes No

Back to Summary
Submit Section

Figure 14 – Rating Validator – Submission Returned for Changes

5.3 Final Submission

This section describes the Final Submission process.

5.3.1 Final Submission Access from the Modules

The user can access the Final Submission page from within the *Rating Module* for the **Rating Submitter** and **Rating Validator** roles.

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

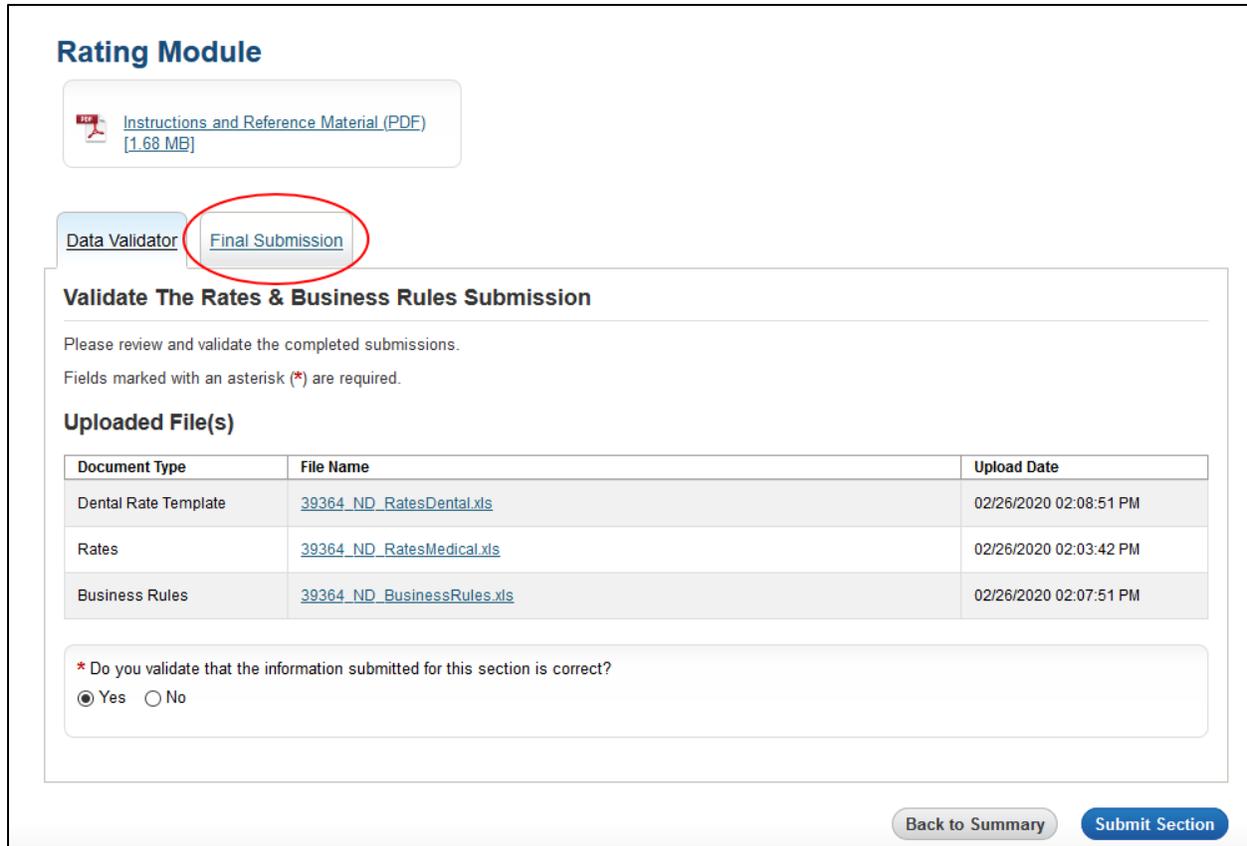


Figure 15 – Accessing the Final Submission Page from the Rating Module

Two distinct functions can be performed using the Final Submission Page depending on the user’s access level, as shown in Figure 16. **Rating Submitters** and **Rating Validators** can cross validate data across modules by selecting the *Cross Validate* button. Only **Rating Validators** can submit the application by selecting the *Submit* button.

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

Figure 16 shows the Final Submission page.

Final Submission

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

i As of Plan Year 2021, Issuers should submit as needed URLs for Qualified Health Plans via the QHP Supplemental Submission Module for the following: Summary of Benefits and Coverage (SBC), Network, Transparency in Coverage, Formulary, Plan Brochure, and Enrollment Payment.

Data Validator
Final Submission

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

Please Note: The Unified Rate Review module submission(s) are required for QHP certification which is necessary for plans to be displayed on the Exchange.

Module	Submission Date	Status
Issuer Module	05/17/2019 02:46:09 PM	Pending Submission
Benefits and Service Area Module	04/12/2018 04:51:28 PM	Pending Submission
Rating Module	02/26/2020 02:15:03 PM	Validation Completed

Back
Cross Validate
Submit

Figure 16 – Final Submission Page

When inconsistencies are detected during cross validation, an error report will be generated, and an error message will appear on screen (see Figure 17), instructing the user to download the Final Submission Error Report to view the inconsistencies across the modules. The user must download the Final Submission Error Report (see Figure 18) by selecting on the ErrorReport.csv link and correct the listed errors.

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

NOTE: The error report will be deleted once the user refreshes or leaves the page.

Final Submission

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

i As of Plan Year 2021, Issuers should submit as needed URLs for Qualified Health Plans via the QHP Supplemental Submission Module for the following: Summary of Benefits and Coverage (SBC), Network, Transparency in Coverage, Formulary, Plan Brochure, and Enrollment Payment.

Data Validator
Final Submission

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

Download Final Submission Error Report

[ErrorReport.csv](#)

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

Please Note: The Unified Rate Review module submission(s) are required for QHP certification which is necessary for plans to be displayed on the Exchange.

Module	Submission Date	Status
Issuer Module	05/17/2019 02:46:09 PM	Pending Submission
Benefits and Service Area Module	04/12/2018 04:51:28 PM	Pending Submission
Rating Module	02/26/2020 02:15:03 PM	Validation Completed

Back
Cross Validate
Submit

Figure 17 – Final Submission Page – Errors

	A	B	C	D	E	F	G	H
1	ServiceAreald's do not exist for Benefit template							
2	PlanBenefit-Individual or PlanBenefit-Small Group template has not been uploaded							
3	NetworkId's do not exist for Network template							
4	Either Serv Network or Business Rules template not uploaded							
5	PlanId's do not exist for Benefit template							
6	NetworkId's do not exist for Benefit template							
7	ServiceAreald's do not exist for Service Area template							

Figure 18 – Final Submission Error Report

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

Final Submission

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

i As of Plan Year 2021, Issuers should submit as needed URLs for Qualified Health Plans via the QHP Supplemental Submission Module for the following: Summary of Benefits and Coverage (SBC), Network, Transparency in Coverage, Formulary, Plan Brochure, and Enrollment Payment.

Data Validator
Final Submission

✓ **Issuer ID 39364 has been Cross Validated.**

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

Please Note: The Unified Rate Review module submission(s) are required for QHP certification which is necessary for plans to be displayed on the Exchange.

Module	Submission Date	Status
Issuer Module	02/26/2020 02:42:43 PM	Validation Completed
Benefits and Service Area Module	02/26/2020 02:42:28 PM	Validation Completed
Rating Module	02/26/2020 02:15:03 PM	Validation Completed

Back
Cross Validate
Submit

Figure 19 – Final Submission Page – Cross Validations Successful

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

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

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

Final Submission

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

i As of Plan Year 2021, Issuers should submit as needed URLs for Qualified Health Plans via the QHP Supplemental Submission Module for the following: Summary of Benefits and Coverage (SBC), Network, Transparency in Coverage, Formulary, Plan Brochure, and Enrollment Payment.

Data Validator
Final Submission

✓
Issuer ID 39364 has been Submitted

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

Please Note: The Unified Rate Review module submission(s) are required for QHP certification which is necessary for plans to be displayed on the Exchange.

Module	Submission Date	Status
Issuer Module	02/26/2020 02:44:25 PM	Cross Validations Completed
Benefits and Service Area Module	02/26/2020 02:44:25 PM	Cross Validations Completed
Rating Module	02/26/2020 02:44:25 PM	Cross Validations Completed

Back
Cross Validate
Submit

Figure 20 – Final Submission Page – Submitted

5.4 Resubmission

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

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

The user may only resubmit applications with a “Cross Validations Complete” status. Initiating the resubmission process can occur from another QHP Application module and **may impact data entries and validation previously completed in other QHP Application modules**. Once the user begins the resubmission process, the module status will change to “Returned for Changes” for the application undergoing resubmission, and the statuses for all the other modules will change to “Validation Completed” in the table on the Final Submission tab. See section 5.2.2 for instructions on selecting “No” as the validation answer.

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

5.4.1 Resubmission Rating Validator: Summary Page

The Rating Validator Summary Page is where the **Rating Validator** can select an application and initiate the resubmission process. The user can also select *Edit* for any submission with the status of “Cross Validations Complete,” as seen in Figure 21.

Issuer ID:	Issuer:	Issuer State:	Last Update:	Status:	Action:
49364	Medica Company Company	ND		Cross Validations Complete	Edit

Showing 1 to 1 of 1 entries

Figure 21 – Rating Validator – Summary Page

5.4.2 Resubmission Rating Validator: Upload/Download Page

The **Rating Validator** user can use the Validate The Rates & Business Rules Submission Page to review the validated data and information provided by the Rating Submitter. The user must select the *Resubmission* button from the alert box (see Figure 22).

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

[Resubmission](#)

Figure 22 – Resubmission Alert box

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

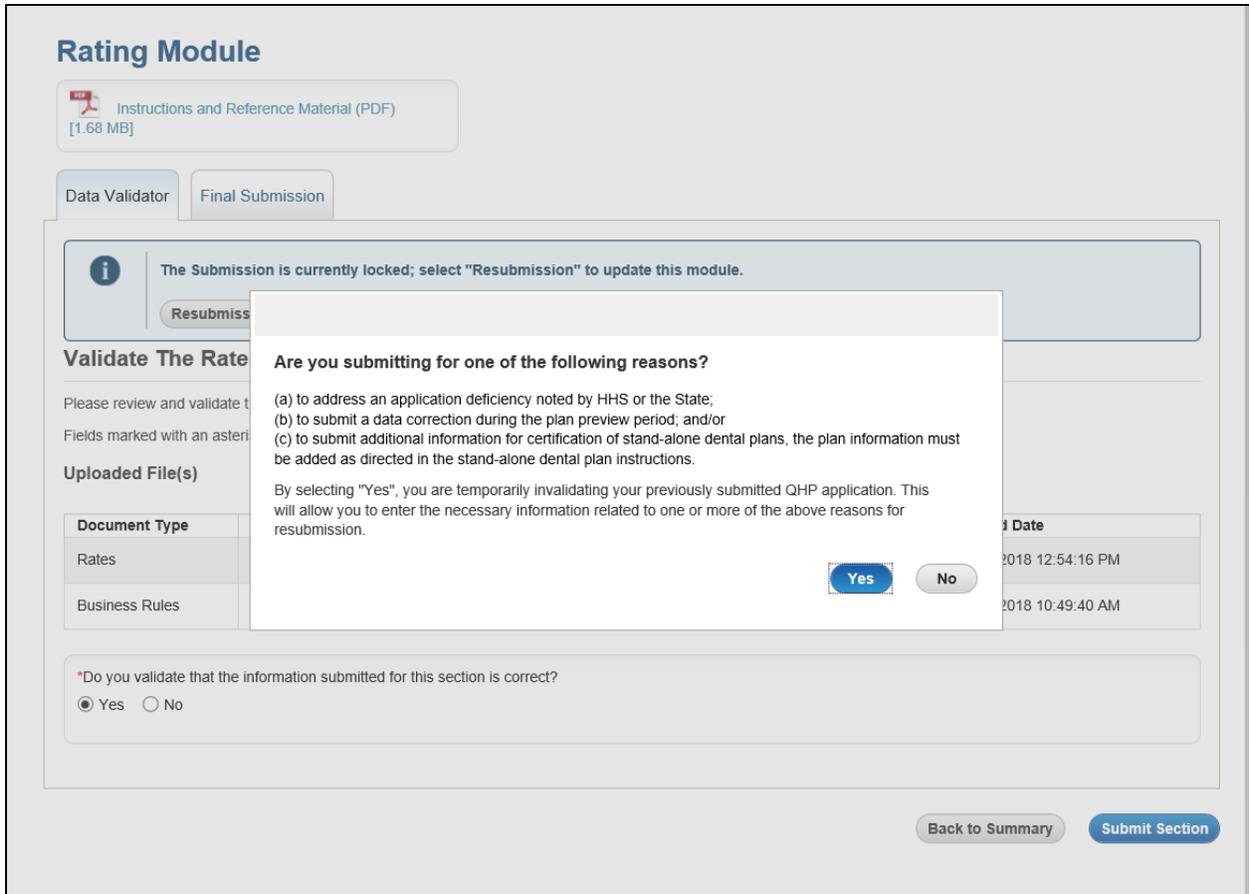


Figure 23 – Confirmation Pop-Up

Rating Module

Instructions and Reference Material (PDF)
[1.68 MB]

Data Validator
Final Submission

i

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

Validate The Rates & Business Rules Submission

Please review and validate the completed submissions.

Fields marked with an asterisk (*) are required.

Uploaded File(s)

Document Type	File Name	Upload Date
Rates	2019_Rates.xls	02/22/2018 12:54:16 PM
Business Rules	2019_BusinessRules.xls	02/22/2018 10:49:40 AM

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

Yes No

Back to Summary
Submit Section

Figure 24 – Resubmission Confirmation Message

6 Error Messages

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

Table 4 – Plan Management System Error Messages

Error Message	Corrective Action
Incorrect File Format	The user will receive this error message when the document uploaded is in the incorrect format. The user should upload an xml file for the templates.
Please select a valid document type	The user should select the document type.
Please select an issuer	The user should select an Issuer ID from the dropdown.
There were errors identified during cross-validation between the templates. Please download the error report below for details.	The user should download/review the error report and coordinate with users from other modules to resolve discrepancies within the application.
Invalid Template version uploaded. Please upload the current template version. Check with the CMS helpdesk for directions on how to access the correct versions of the templates.	The user will receive this error message when uploading an invalid template year version. The user should verify the uploaded template is from the current plan year.
The selected Issuer is located in a state that performs plan management functions.	The user should submit QHP data through SERFF, after which the state will transfer the application data to HIOS.
Save Failed, please retry in a few minutes. If the error persists, please contact the CMS Helpdesk	The user will receive this error message if a system issue occurred. The user should retry uploading their document.

6.1 Support

Table 5 provides details to contact the Help Desk should users require further assistance.

Table 5 – Points of Contact

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

7 Acronyms and Abbreviations

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

Table 6 – Acronyms

ACRONYM	Literal Translation
CCIIO	Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare & Medicaid Services
FFE	Federally-Facilitated Exchange
HHS	Health and Human Services
HIOS	Health Insurance Oversight System
MSD	Marketplace Service Desk
PM	Plan Management
QHP	Qualified Health Plan
XML	eXtensible Markup Language

Appendix A: Enabling Macros in Microsoft Excel

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

1. From the File button in the top left corner, choose *Options*.

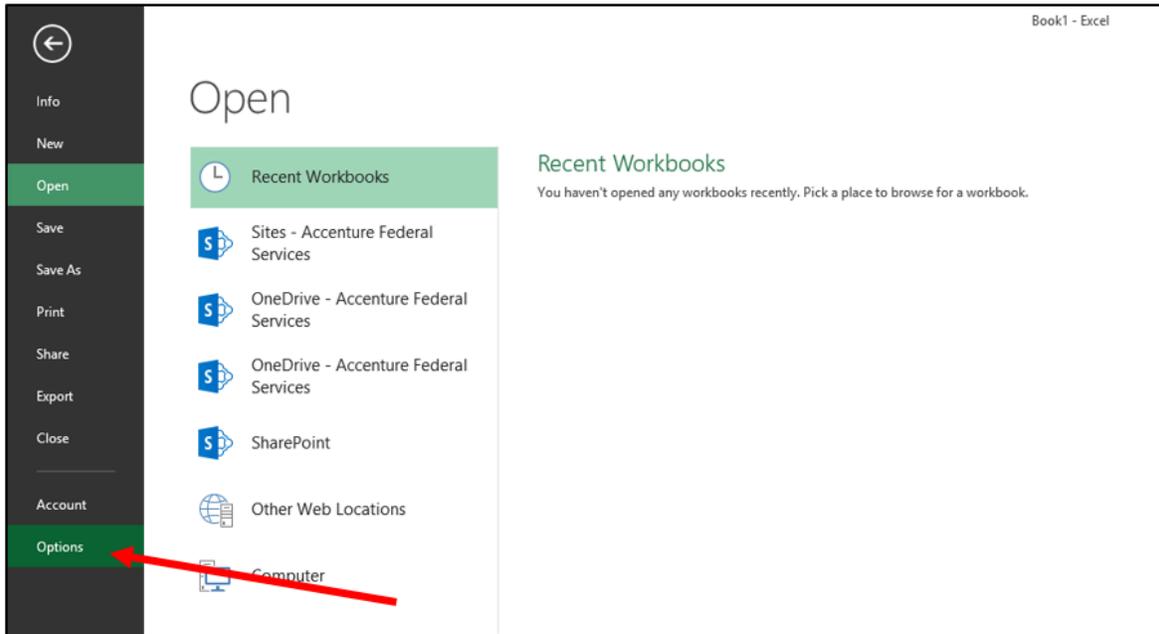


Figure 25 – Choosing Excel Options

2. From Excel Options, Choose “Trust Center”

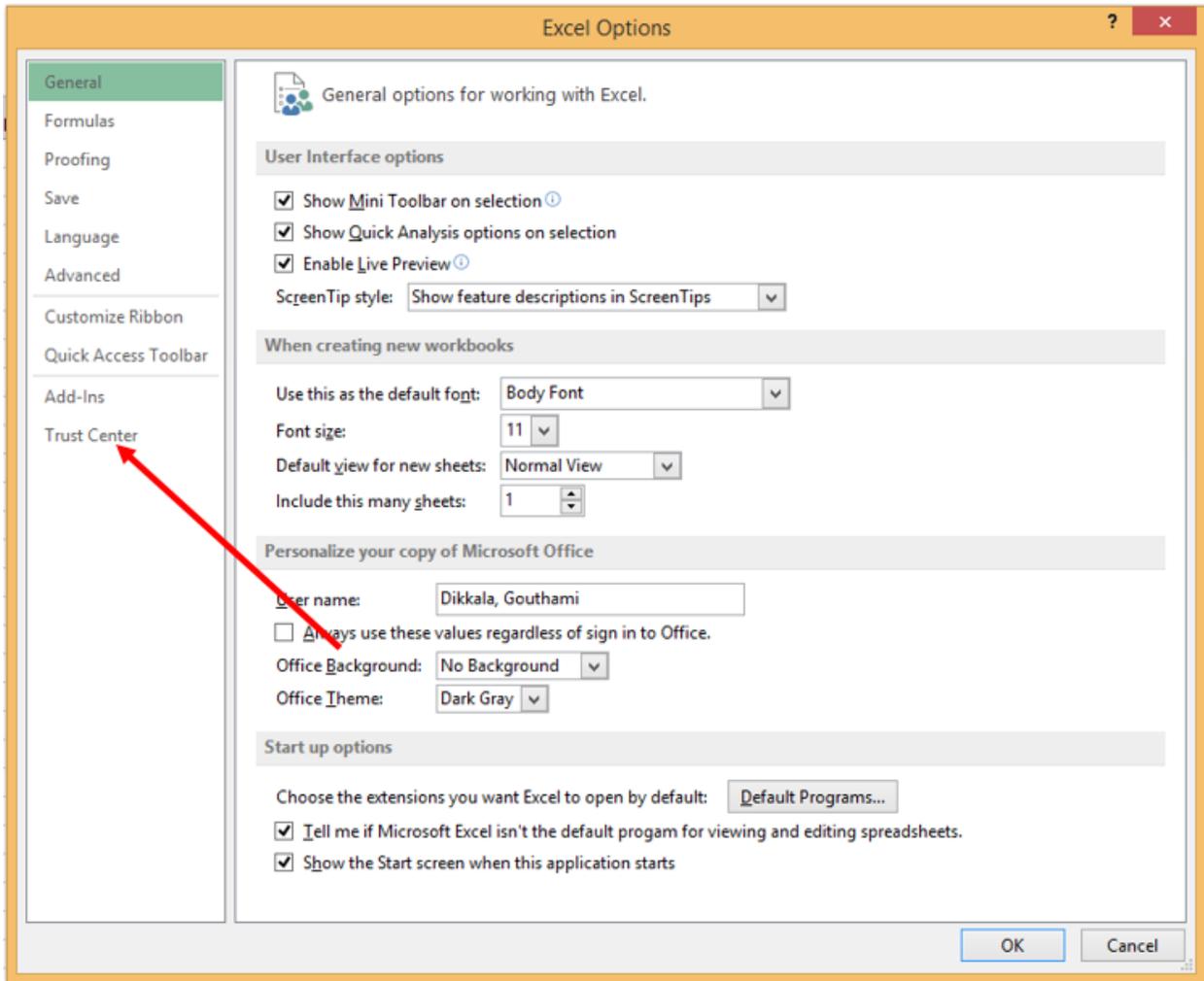


Figure 26 – Choosing Trust Center

3. Choose “Trust Center Settings”

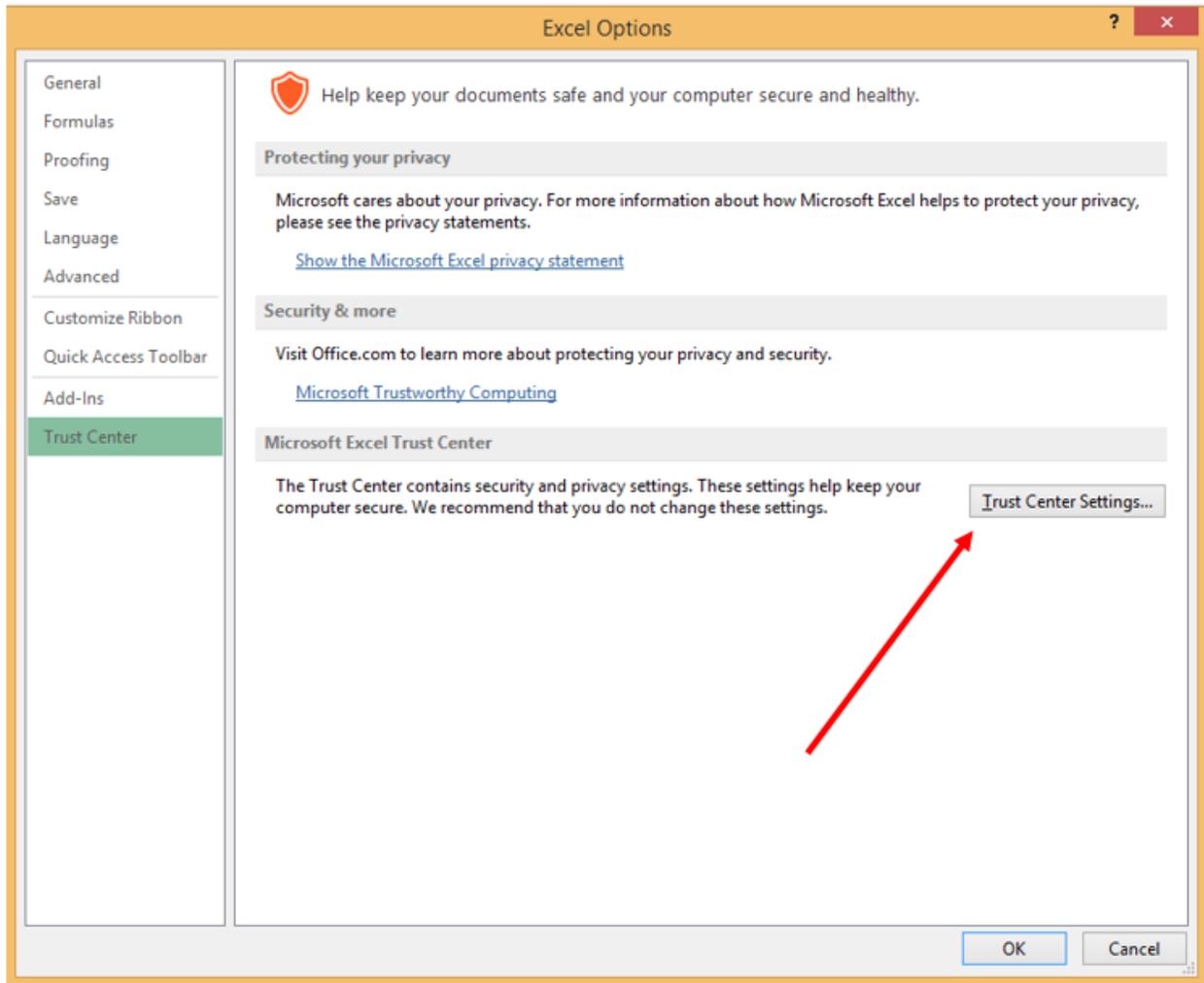


Figure 27 – Choosing Trust Center Settings

4. Choose “Macro Settings”

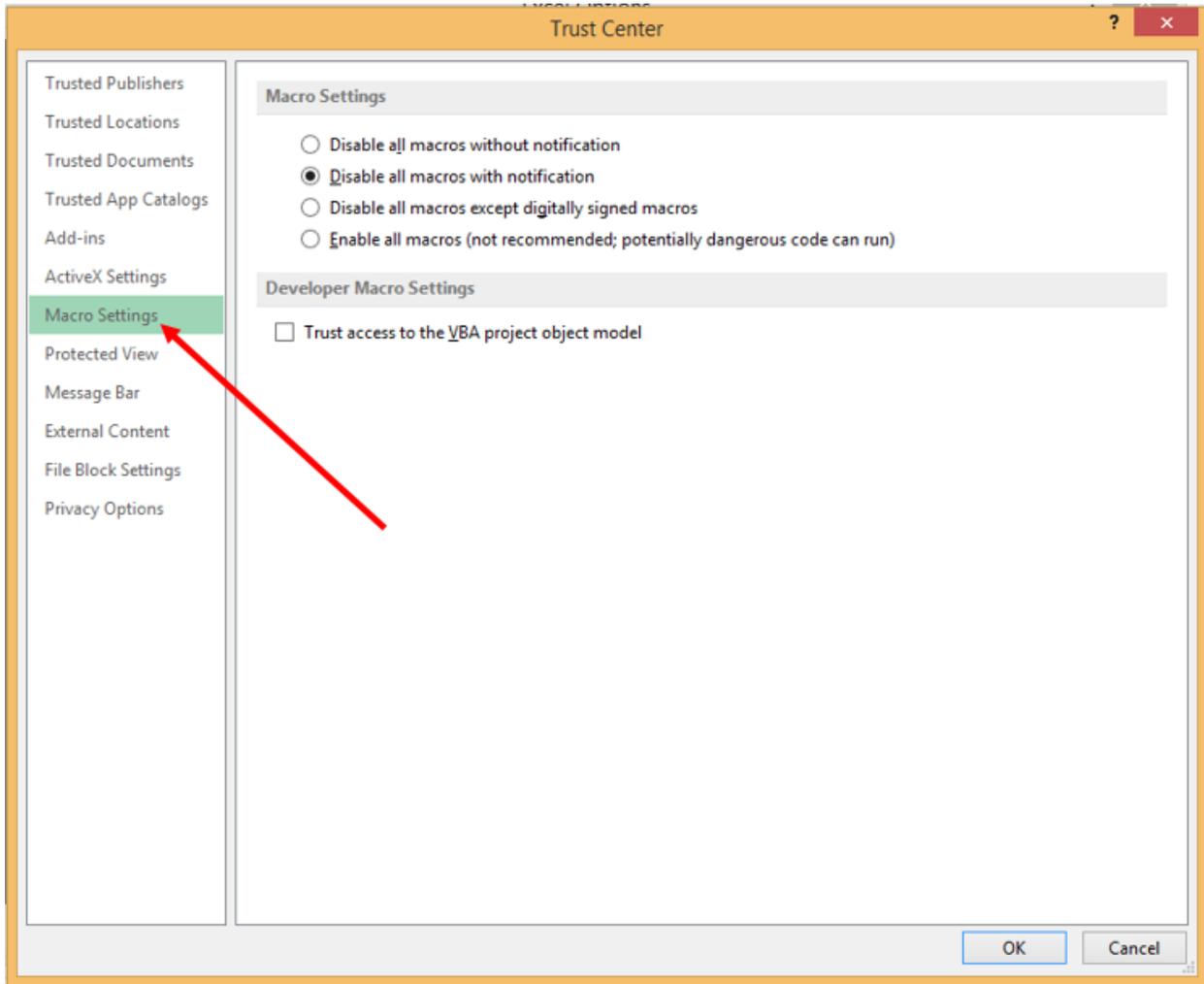


Figure 28 – Choosing Macro Settings

5. Choose “Disable all macros with notification”

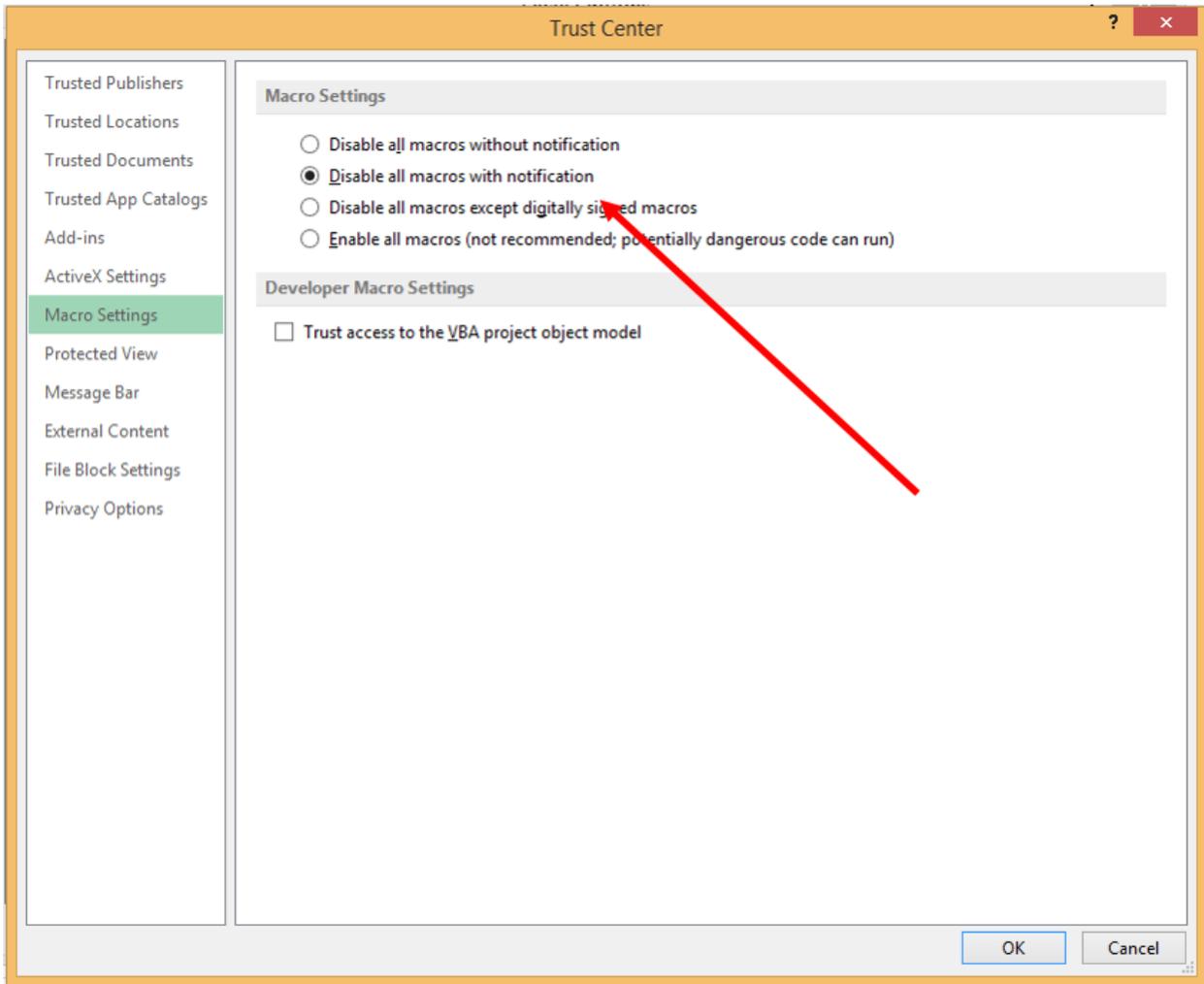


Figure 29 – Choosing Disable all macros with notification

- When opening any of the templates downloaded from the site, the user will see the following prompt at the top of the spreadsheet. Select “Enable Content...”

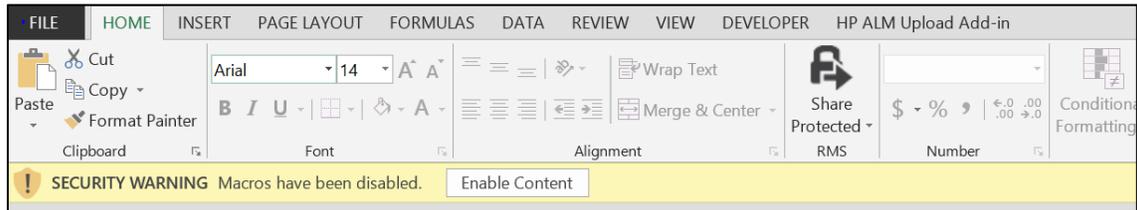


Figure 30 – Security Warning on Downloaded Template

- Macros are now enabled for the open workbook. Repeat step 6 every time a new template is downloaded.