

# Qualified Health Plan Issuer Application Instructions

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2022

Extracted section:  
**Section 3B: Business Rules**

[02/2021]

## Section 3B: Business Rules

### 1. Introduction

In the Business Rules section, you will enter information that is used to calculate rates and determine enrollee eligibility for coverage under a plan.

### 2. Data Requirements

To complete this section, issuers will need the following:

1. HIOS Issuer ID
2. Plan IDs.

### 3. Quick Reference

#### Key Changes for 2022

- ◆ No changes for the 2022 QHP Application.

#### Tips for the Business Rules Section

- ◆ Enter values for *HIOS Issuer ID* and *Medical, Dental, or Both?* before entering data for the rest of the template. All other fields are locked until you respond to *Medical, Dental, or Both?*
- ◆ All rules associated with Individual market and SHOP market plans must be entered in a single Business Rules Template.
- ◆ The first row of rules (row 10) is the base set of issuer business rules. Leave the product ID and plan ID fields blank in this row, but enter data for all subsequent columns. This row applies to all products and plans associated with the HIOS Issuer ID, including individual, SHOP, QHP, and SADP products and plans. Define how product or plan rules differ from the base set of issuer business rules in the subsequent rows.

#### Additional Resources

- ◆ There are no supporting documents for this section.
- ◆ There are [instructional videos](#) for this section.
- ◆ There are [templates](#) for this section.

### 4. Detailed Section Instructions

**Note if you are submitting via SERFF:** You must include all rating business rules associated with all plan IDs for QHPs, on-Exchange SADPs, off-exchange SADPs, individual market plans, and SHOP market plans that you are submitting for QHP certification in one Business Rules Template and submit that template in all binders. If you submit more than one template through multiple different SERFF binders, each with different business rules, only the last template that your state transfers from SERFF to Centers for Medicare & Medicaid Services (CMS) will be retained; business rules data from all other binders within the same SERFF transmission will be overwritten. CMS requires submission of one single identical Business Rules template in all binders to avoid data overwrite problems.

If you are a dual issuer submitting the Business Rules Template via multiple SERFF binders, set *Medical, Dental, or Both?* to **Both** in all submitted Business Rules Templates. You may not enter **Medical** for this field in one template version and **Dental** for this field in another template version.

Complete the Business Rules Template using the steps outlined below. You cannot validate this template until all required fields are completed.

Business Rules Template	Steps
HIOS Issuer ID	Enter the five-digit HIOS Issuer ID.

The instructions for this section apply to the following issuer types:

- QHP
- SADP

See Appendix E for additional information.

Business Rules Template	Steps
Medical, Dental, or Both?	<p>Select one of the following from the dropdown menu:</p> <ul style="list-style-type: none"> <li>◆ <b>Medical</b>—if entering rating business rules for medical plans only.</li> <li>◆ <b>Dental</b>—if entering rating business rules for dental plans only.</li> <li>◆ <b>Both</b>—if entering rating business rules for medical and dental plans within the template.</li> </ul> <p>You must enter a value for this field before proceeding. All other fields are locked until you respond to <i>Medical, Dental, or Both?</i></p>
Product ID	<p>For products with rules that differ from those entered in row 10, enter the 10-character (12345AZ123) HIOS-generated product ID that identifies the product that will be associated with the rules defined in that row.</p> <ul style="list-style-type: none"> <li>◆ If you enter a product ID, the rules defined in that row will be applied to all plans associated with that product ID. All other products will use the rules associated with either the HIOS Issuer ID in Row 10 or a different product ID rule.</li> <li>◆ If you do not enter a product ID, the rules associated with the HIOS Issuer ID in Row 10 will be used.</li> </ul>
Plan ID	<p>Enter the 14-character alphanumeric HIOS-generated plan ID (12345AZ1234567) that identifies the plan that will be associated with the rules in that row.</p> <ul style="list-style-type: none"> <li>◆ If you enter a plan ID, the rules defined in that row will be applied to that plan ID only. All other products and plans will use the rules associated with the HIOS Issuer ID rule, product ID rule, or a different plan ID rule.</li> <li>◆ If you do not enter a plan ID, the rules for the product ID associated with that plan ID will be used. If you also did not enter a product ID rule, the rules associated with the HIOS Issuer ID in Row 10 will be used.</li> </ul>
Medical or Dental Rule?	<p>Select whether the business rule in the template row applies to medical or dental plans. The dropdown options are:</p> <ul style="list-style-type: none"> <li>◆ <b>Medical</b></li> <li>◆ <b>Dental</b>.</li> </ul> <p>The allowed value for this field depends on your response to <i>Medical, Dental, or Both?</i>:</p> <ul style="list-style-type: none"> <li>◆ If you responded <b>Medical</b>, the issuer-level row (row 10) for <i>Medical or Dental Rule?</i> defaults to <b>Medical</b>. You may only enter <b>Medical</b> for any subsequent rule.</li> <li>◆ If you responded <b>Dental</b>, the issuer-level row for <i>Medical or Dental Rule?</i> defaults to <b>Dental</b>. You may only enter <b>Dental</b> for any subsequent rule.</li> <li>◆ If you responded <b>Both</b>, the issuer-level row for <i>Medical or Dental Rule?</i> defaults to <b>Medical</b>. You may enter <b>Medical</b> or <b>Dental</b> for any subsequent rule, and must have at least one medical rule and one dental rule within the template.</li> </ul>
What is the maximum number of rated underage dependents on this policy?	<p>Select the maximum number of rated underage dependents from the dropdown menu. A rated underage dependent is defined as age 0–20. A QHP cannot rate more than the three oldest covered children when determining the total family premium.<sup>1</sup> This rule does not apply to SADPs. The number of rated underage dependents is defined by the value entered for <i>Is there a maximum age for a dependent?</i></p> <p>If you responded <b>Medical</b> for <i>Medical or Dental Rule</i>, the following are allowed:</p> <ul style="list-style-type: none"> <li>◆ 1</li> <li>◆ 2</li> <li>◆ 3.</li> </ul> <p>If you responded <b>Dental</b> for <i>Medical or Dental Rule</i>, the following are allowed:</p> <ul style="list-style-type: none"> <li>◆ 1</li> <li>◆ 2</li> <li>◆ 3</li> <li>◆ <b>Not Applicable</b>.</li> </ul>

<sup>1</sup> 45 Code of Federal Regulations (CFR) 147.102(c)(1).

Business Rules Template	Steps
	<p>Note: <b>Not Applicable</b> means that a dental plan associated with the business rule has no maximum number of rated underage dependents on a policy. This option is not available to medical plans.</p>
<p>Is there a maximum age for a dependent?</p>	<p>Set the maximum age for a dependent for purposes of eligibility. The maximum age for a dependent applies only to the dependent relationships of Child, Brother or Sister, Foster Child, and Stepson or Stepdaughter. Choose from the following:</p> <ul style="list-style-type: none"> <li>◆ <b>Yes</b>—if selected, a pop-up will allow you to enter the maximum age for a dependent. If you are a QHP issuer, you must enter a minimum value of 25 for a Medical business rule. If you are an SADP issuer, you must enter a minimum value of 18 for a Dental business rule. Note: The age entered is inclusive <u>through</u> that age. For example, if you enter a value of 25, you are offering to provide coverage through age 25, up to age 26.</li> <li>◆ <b>Not Applicable</b>—if selected, then there is no maximum age and the dependent is allowed to enroll regardless of age as long as he or she meets the other eligibility rules.</li> <li>◆ Market rules require QHP issuers that cover child dependents to make such coverage available for children until they attain age 26.<sup>2</sup></li> </ul> <p>Note: Dental plans are not subject to the minimum dependent age of 25 and may have a dependent age as low as 18.</p>
<p>How is age determined for rating and eligibility purposes?</p>	<p>Select how age is defined to determine if a consumer is eligible for a plan rate. Choose from the following:</p> <ul style="list-style-type: none"> <li>◆ <b>Age on effective date</b>—return the rate based on the consumer’s age on the effective date. You must select this option for all QHP plans.</li> <li>◆ <b>Age on January 1 of the effective date year</b>—return the rate based on the consumer’s age on January 1 of the effective date year.</li> <li>◆ <b>Age on insurance date (age on birthday nearest the effective date)</b>—return the rate based on the consumer’s age closest to the effective date of the plan.</li> <li>◆ <b>Age on January 1 or July 1</b>—return the rate based on the following: <ul style="list-style-type: none"> <li>▪ If the date of enrollment is before July 1, then use the age as of January 1.</li> <li>▪ If the date of enrollment is after July 1, then use the age as of July 1.</li> </ul> </li> </ul> <p>Note: Market rules require QHP plans to select <b>Age on Effective Date</b>, whereas dental plans may choose from any of the four options above.<sup>3</sup></p>
<p>How is tobacco status returned for subscribers and dependents?</p>	<p>Select how to determine if the tobacco rate is returned when calculating rates. Choose from the following:</p> <ul style="list-style-type: none"> <li>◆ <b>Applicable [x] months</b>—if selected, a pop-up will ask for the number of months used to determine tobacco use. Market rules require QHP issuers to enter a tobacco look-back period of no more than 6 months. SADP issuers are not subject to the look-back period.<sup>4</sup> Rates will be tobacco or non-tobacco depending only on whether an enrollee indicates that he or she was an active tobacco user within the last [x] months (tobacco rate) or not an active tobacco user within the last [x] months (non-tobacco rate). In addition, if the enrollee indicates that he or she will complete a tobacco cessation program offered by the plan, the non-tobacco rate will be used.</li> <li>◆ <b>Not Applicable</b>—if selected, tobacco and non-tobacco use rates are not separate. If rates are calculated by adding up individual rates, the sum will be a combination of tobacco rates for individuals who qualify for the tobacco rate and the non-tobacco rate for individuals who qualify for the non-tobacco rate. For states that do not permit rating for age or tobacco use and that establish uniform family tiers and corresponding multipliers, tobacco rates are not applicable.</li> </ul>

<sup>2</sup> 45 CFR 147.120.

<sup>3</sup> 45 CFR 147.102(a)(I)(iii).

<sup>4</sup> 45 CFR 147.102(a)(I)(iv).

Business Rules Template	Steps
<p>What relationships between primary and dependent are allowed, and is the dependent required to live in the same household as the primary subscriber?</p>	<ul style="list-style-type: none"> <li>◆ Select the relationships that are allowable when returning rates and if the dependent must live in the same household to be eligible to return a rate. All selected relationships will be accepted regardless of the sex of the primary subscriber or dependent. Choose from the following: <ul style="list-style-type: none"> <li>▪ Self (selected by default)</li> <li>▪ Spouse</li> <li>▪ Child</li> <li>▪ Stepson or Stepdaughter</li> <li>▪ Grandson or Granddaughter</li> <li>▪ Brother or Sister</li> <li>▪ Life Partner</li> <li>▪ Nephew or Niece</li> <li>▪ Collateral Dependent</li> <li>▪ Ex-Spouse</li> <li>▪ Foster Child</li> <li>▪ Ward</li> <li>▪ Sponsored Dependent</li> <li>▪ Other Relationship</li> <li>▪ Other Relative.</li> </ul> </li> <li>◆ For each relationship you select, indicate <b>Yes</b> or <b>No</b> whether the dependent is required to live in the same household: <ul style="list-style-type: none"> <li>▪ <b>Yes</b>—the dependent must live in the same household to be eligible to be on the same plan and included in the rate calculation when the relationship is allowed.</li> <li>▪ <b>No</b>—the dependent may live in or outside the same household to be eligible to be on the same plan and included in the rate calculation when the relationship is allowed.</li> <li>▪ Market rules require the entry of <b>No</b> for the household residency requirement for child dependents, for QHP products and plans that cover child relationships. This rule applies to Child, Foster Child, and Stepson or Stepdaughter relationships.</li> </ul> </li> <li>◆ Select <b>Life Partner</b> to cover all unmarried partnership relationships, such as life partnerships and domestic partnerships. Relationships are not differentiated by sex. If a plan covers spouses and life partners, same-sex and opposite-sex spouses and life partners are covered.</li> </ul>

See Figure 3B-1 for a sample completed Business Rules Template.

**Figure 3B-1. Sample Business Rules Template**

2022 Business Rules Template v11.0		All fields with an asterisk (*) are required. To validate the template, press Validate button or Ctrl + Shift + I. To finalize the template, press Finalize button or Ctrl + Shift + F.					
Validate		Enter the Issuer Rule on the first row (no Product ID or Plan ID).					
Finalize		For each Product rule, enter only the Product ID and the business rules that differ from the Issuer Rule.					
		For each Plan rule, enter only the Plan ID and the business rules that differ from the Product or Issuer Rule.					
		Issuer level rule will apply only to plan type indicated in cell C10.					
HIOS Issuer ID* 12345							
Medical, Dental, or Both? Both							
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?
12345AA111		Medical	3	25	Age on effective date	6	Self, Yes; Spouse, Yes; Child, No
		Dental	Not Applicable	18	Age on effective date	Not Applicable	Self, Yes; Spouse, Yes; Child, No

Once the Business Rules Template is completed, you must validate, finalize, and upload it into HIOS.

Template Validation	Steps
Validate Template	Click <b>Validate</b> 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.

Template Validation	Steps
Validation Report	If the template has any errors, a Validation Report will appear in a pop-up box showing the reason for and cell location of each error. Correct any identified errors and click <b>Validate</b> again. Repeat until all errors are resolved.
Finalize Template	Click <b>Finalize</b> in the template to create the .XML file of the template that will need to be uploaded in the Business Rules section of the Rating Module in HIOS.
Save Template	<b>Save</b> the .XML template. We recommend that you save the validated template as a standard Excel .XLSM file in the same folder as the finalized .XML file for easier reference.
Upload Template	Upload the saved .XML file in the Business Rules section of the Rating Module in HIOS. Refer to 3. Rating Module for details on how to complete this step.

After you enter all data, click **Save** to ensure no data are lost. Additional information on the Actuarial Value Calculator is included in Appendix A. See Appendix B for information on the plan ID. This completes the Instructions for the Rating Module section of the PY2022 QHP Application. The next section of the Instructions for the PY2022 QHP Application is the Supplemental Submission Module.