



Draft RBIS Refresh



Draft Agenda

- RBIS Process
- Healthcare.gov Refreshes
- Final Healthcare.gov Refresh
- Validation Requirements
- Combined Attestation
- Template Updates
- Helpdesk
- Questions



Draft Combined Submission Windows

- Due to the new extended windows HIOS and RBIS will now be open simultaneously. The submission windows will no longer be at different times.
- It is still required that submissions be made to HIOS before RBIS. If submissions are made to RBIS before HIOS they will fail system validations.



Draft RBIS Process

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 Healthcare.gov.

- Download blank or pre-populated template
- Complete the template
- Upload Finalized template (csv)
- Pass System Validation
- Issuer Validation
- Attestation



Draft Healthcare.gov Refreshes

Interim Refresh

- This will update every 2 weeks of the submission window.
- No products currently on healthcare.gov will be removed
- All Issuer and Product data for plans and products that meet the following criteria will move to Healthcare.gov.
 - Validated
 - Attested
 - Open in HIOS
 - Not Suppressed in HIOS
 - Not CCIO suppressed
 - Not Expired

Final Refresh

- Products currently on healthcare.gov can be removed
- All Issuer and Product data for plans and products that meet the criteria will move to Healthcare.gov will be the same as for the Initial Refresh.



Draft Combined Attestation

- Attestation is required.
- Attestation will be available when:
 - All issuers that a user is associated to from both markets have had successful submissions or have indicated there is no data to submit.
- There will be a single attestation page, and a single attestation button for all issuers. Attesters will attest to ALL products (from both markets) at the same time.
- There will be two separate tables (one per market) that display information for each issuer associated to the attester. This includes the status information, if the issuers are not available for attestation yet, or a list of the Issuers that the attester is attesting to once attestation is available.
- The attestation available notification email will only be generated when all issuers for both markets meet the attestation criteria.
- If an attester only wants to attest to one market then they will need to process a manual attestation request.



Draft Business Rule Template

Dependencies

- For the Maximum Number of Dependents questions:
 - If rates are based on Couples or Families, then “Not Applicable” is not a valid response
 - If rates are based on sum of individuals, then “Not Applicable” is a valid response
 - If rates are based on sum of individuals and “Not Applicable” is selected, then Pricing Engine will sum up rates for all dependents entered.
- For the question about which dependent age to use to return a rate:
 - If rates are based on couples of families, then “Not Applicable” is a valid response
 - If rates are based on the sum of individuals, then “Not Applicable” is not a valid response



Draft Enhancements to IFP Benefits Template

- New Fields
 - No Deductible
 - Deductible Exceptions
 - Other Deductible 1, 2 and 3
 - Other Deductible (IN and OON) 1, 2 and 3
 - More Deductibles
 - Annual Out of Pocket Limit OON
 - Excluded Annual Out of Pocket Limit (IN) and (OON)
 - Is a Referral required to see a Specialist?
 - Type of Specialist Requiring a Referral:
 - Is notice required for Pregnancy?
 - Is Diabetes wellness program offered?
 - Maternity (Deductibles, Co-pays, Co-insurance, and Limits or Exclusions)
 - Diabetes (Deductibles, Co-pays, Co-insurance, and Limits or Exclusions)



Draft Enhancements to IFP Benefits Template--Continued

- Generic Drugs, Preferred Brand Drugs, Non-Preferred brand drugs and Specialty drugs were split into 4 fields each:
 - Retail (IN)
 - Retail (OON)
 - Mail Order (IN)
 - Mail Order (OON)
- Change the drop down on all Limitations and Services to: Describe the most significant Limitation and Exception including dollar or service Limitations.
- Change the description on all Limitations and Services to: Each limitation or exception should specify dollar amounts, service limitations, and annual maximums if applicable. Language should be formatted as follows “Coverage is limited to \$XX/visit and \$XXX annual max.” or “No coverage for XXXX.”
- Habilitation Services was split into an (IN) and (OON) field.



Automatic creation of pre-populated templates

- **Automatic Pre-population of templates will run at scheduled times throughout the day when one or more of the following occurs.**
 - New product created in HIOS for Small Group and Individual markets.
 - Plan IDs will be created in RBIS after receiving notification that a new product was created for an individual market
 - Product's being deleted or undeleted from HIOS
 - Product's changing from closed to open or open to closed
 - Product's association status change
 - Product's end date change
 - Product Provider type change
 - Product's territory changed where the issuer associated with the product changes its state of doing business from a state to a territory or vice-versa
 - Product's application data being updated for the product for the very first time that causes the product to become unsuppressed or suppressed
 - User changes :
 - Any changes to a submitter role
 - Creating new submitter issuer-role mapping for a new user
 - Changes to a submitter's issuer-role mapping for an existing user



Email notification to users when data entered in HIOS is available in RBIS

- An email will be sent to users once pre-populated templates have been run after new data has been submitted in HIOS or requested through RBIS.
 - The email will only be sent to the data submitter for which the new pre-populated template was created.
- This process will run on a scheduled basis to allow for users to update multiple issuers within HIOS and receive a single notification from RBIS that their pre-populated template is updated and available.



RBIS Technical Support

- The RBIS Helpdesk is available 9:00AM-5:00PM ET Mon-Fri with extended hours on Thursdays until 7:30PM EST.
- We are available via phone at 1-888-380-2107 or email at insuranceoversight@hhs.gov
- Please get in touch if you need help or have any issues with RBIS.



Questions?