

Small Group Data Model

Data Submission Package

Folders and Files	Type	Description
▼ G_SubmissionDate_CarrierId.zip	Compressed File	<p>This is the compressed file to be sent to Florida Health Choices (FHC) at the time of each submission.</p> <p>Use the letter "G" followed by an underscore then submission date in the form of YYYYMMDD followed by an underscore and the CarrierId.</p> <p>"CarrierId" is a unique identifier issued by FHC to each Vendor (as defined below) for each of their Product Lines in each State.</p> <p>"Vendor": An insurance company, insurance service, or insurance organization (including an HMO) that is required to be licensed to engage in the business of insurance in a state of Florida and that is subject to Florida law that regulates insurance.</p>
▼ ReleaseNotes	Folder	This will be a folder containing a general release note and any additional supportive document.
▶ ReadMe.txt	File	This will be a general release note for this data submission that addresses the main highlights of the change or enhancement that occurs in this release. Plus a list of contacts for each subject matter related to the Data Import and approval process which will be accomplished upon receipt of the submitted package.
▶ filename.ext	File(s)	<p>Any additional document file that is being addressed in the ReleaseNote can be added to the Data folder for FHC Plan Maintenance specialists to use.</p> <p>For example Standard or Composite premium calculation algorithms, Sample rated groups, ...</p>
▼ Logos	Folder	<p>This folder contains 6 standardized image files as described below.</p> <p>For maximum clarity it is recommended that the submitted logo files are originated from a raster image instead of scaled bitmaps.</p>
▶ LargeLogo.JPG	File	200x70 Pixels
▶ MediumLogo.JPG	File	130x45 Pixels
▶ SmallLogo.JPG	File	90X21 Pixels
▶ LargeLogo.GIF	File	200x70 Pixels (Transparent Background)
▶ MediumLogo.GIF	File	130x45 Pixels (Transparent Background)
▶ SmallLogo.GIF	File	90X21 Pixels (Transparent Background)

Folders and Files	Type	Description
▼ Documents	Folder	This folder contains any supportive document from the Vendor in a portable data format (PDF files) that will be displayed on the Marketplace to consumers.
▶ filename.PDF	File	The files in this folder could be Plan brochures, Exclusions and limitations, Application Forms, etc. The file names must be referenced in the "Master.csv" file as denoted.
▼ Data	Folder	This folder contains five data files as listed below. These files are acceptable in hierarchical XML format or Flat Comma Separated value (csv) format with column names. If you choose to submit XML data, please ensure the file can be viewed in a standard xml viewer with no errors.
▶ Master.csv	File	The Master.csv file contains detailed information about each plan and its benefits currently offered by the Vendor.
▶ BusinessRules.csv	File	The BusinessRules.csv file contains elective pricing methodology rules for the plans contained within the Master.csv file.
▶ PlanCombinations.csv	File	The PlanCombinations.csv file contains information about multiple plan offerings and the associations between partner Vendors for specified plans.
▶ SICFactors.csv	File	The SICFactors.csv file contains a set of SIC code ranges arbitrarily assigned by the Vendor that may have different premiums for the same plan contained within the Master.csv file.
▶ Areas.csv	File	The Areas.csv file contains a set of counties/zip ranges/zip codes within the state, arbitrarily assigned by the Vendor that may have different premiums for the same plan contained within the Master.csv file.
▶ Pricing.csv	File	The Pricing.csv file contains the applicable monthly premiums for the plans contained within the Master.csv file in the areas specified in Areas.csv file.

Master.csv Layout

Element	Required	Description	Valid Values
▼ DataSubmissionReference			
▶ CarrierId (string)	Yes	A unique identifier issued by FHC to each "Vendor" or "Issuer" as defined below: An insurance company, insurance service, or insurance organization (including an <u>HMO</u>) that is required to be licensed to engage in the business of insurance in a state of Florida and that is subject to Florida law that regulates insurance.	Provided by FHC
▶ EffectiveMonth (mo/year)	Yes	Starting month for which this submission will be effective.	Format: MM/YYYY
▶ ExpirationMonth (mo/year)	No	This Vendor Data will Expire at the End of this month.	Default is the end of calendar year.
▼ VersionSummary	Yes	FHC will put the Submission Packages under a Data Versioning system in the order they are received. The latest version will be used to quote for new business and renewals. The prior versions stay active for in-force policies. Vendors are responsible for submitting data in correct order before they get processed and go live.	
▶ RateSet (enum)	Yes	Specifies the scope of this data submission package. 'Current' set of rates and rules are applicable to the new business and groups enrolled for the first year. 'Current' set of rates and rules are applicable to the subsequent years the group is renewing its policy with the Vendor.	Current Renewal Both
▶ ActivationDate (date)	Yes	Specifies the activation date of this Version of data submission. If required, Vendor data can be resubmitted with the same EffectiveMonth. The ActivationDate can be a past date (submitting retroactive changes) or a future date relative to the Submission Date.	Format: M/DD/YYYY
▶ RevisionType (enum)	Yes	If the RevisionType is specified as "Extension" or "Termination" of an open Range, the rest of the elements and the rest of csv files are not required.	NewRange Change Extension Termination

Element	Required	Description	Valid Values
► IsRetroactive (enum)	No	If the RevisionType is specified as a "Change", and the ActivationDate is a past date, does this change require a retroactive billing process for in-forced groups?	NA No Yes
▼ PlansAffected[]	No	If the RevisionType is specified as a "Change" but the change was not applied to all products and plans, a list of affected PlanIds will be needed here.	
► PlanId (string)	Yes	Identifies the Plan that is affected by this change.	Provided By Vendor Varchar(30)
► DisclaimerFile (string)	No	A Reference to a file that is accompanied in this submission package. This file is expected to be a general disclaimer note in simple text or html format you want to be displayed to the consumer when they are seeing any of your offered plans.	Varchar(100)
▼ Networks[] (structure)	Yes	This will be a list of one or more Networks that Vendors provide a group of plans covered in their service area. Dependent on the geographic location of the Group or Employee, various plan subsets from multiple networks can be offered.	
► NetworkId (int)	Yes	The network identifier that all the Products and Plans in that network will share.	Provided By Vendor
► NetworkName (string)	No	The network name.	Provided By Vendor Varchar(100)
▼ Products[] (struct)	Yes	This will be a list of one or more Products or Plan Bundles available in this Network. A Product offers a variation of Plans that are sharing many common benefits but have different deductibles, coinsurance, riders, etc which will affect the Premium.	
► ProductId (string)	Yes	A state wide unique Product Identifier. Once a Product is discontinued, its Id cannot be reused for 24 months.	Provided By Vendor Varchar(30)
► ProductName (string)	Yes	Unique Product Name in your desired marketing and	Varchar(100)

Element	Required	Description	Valid Values																																								
		informative terms. Duplicate Product names offered by the same Vendor will confuse insurance seekers especially if the similar product is offered in another Network.																																									
▼ Plans[] (structure)	Yes	An array of Plans offered in this Network. Please filter your most popular Plans. Because logically the FHC Marketplace may put some limits on the number of Plans from a single Vendor displayed on any quote.																																									
► PlanId (string)	Yes	A state wide unique identifier of the Plan. Once a plan is discontinued, its PlanId cannot be reused for 24 months.	Provided By Vendor Varchar(30)																																								
► PlanType (enum)	Yes	Plan type abbreviation. Please categorize your plans in one of the predefined types here for each insurance type. <table><tr><th colspan="2">Health</th></tr><tr><td>HMO</td><td>Health Maintenance Organization</td></tr><tr><td>PPO</td><td>Preferred Provider Organization</td></tr><tr><td>POS</td><td>Point Of Service</td></tr><tr><td>IND</td><td>Indemnity</td></tr><tr><td>EPO</td><td>Exclusive Provider Organization</td></tr><tr><td>HRA</td><td>Health Reimbursement Arrangements</td></tr><tr><td>HSA</td><td>Health Savings Account</td></tr><tr><td>MCO</td><td>Managed Care Organization</td></tr></table> <table><tr><th colspan="2">Dental</th></tr><tr><td>DMO</td><td>Dental Maintenance Organization</td></tr><tr><td>HMO</td><td>Health Maintenance Organization</td></tr><tr><td>PPO</td><td>Preferred Provider Organization</td></tr><tr><td>POS</td><td>Point Of Service</td></tr><tr><td>IND</td><td>Indemnity</td></tr><tr><td>EPO</td><td>Exclusive Provider Organization</td></tr><tr><td>HSA</td><td>Health Savings Account</td></tr><tr><td>MCO</td><td>Managed Care Organization</td></tr><tr><td>FFS</td><td>Traditional Fee-For-Service</td></tr><tr><td>PPD</td><td>Pre-paid Dental</td></tr></table>	Health		HMO	Health Maintenance Organization	PPO	Preferred Provider Organization	POS	Point Of Service	IND	Indemnity	EPO	Exclusive Provider Organization	HRA	Health Reimbursement Arrangements	HSA	Health Savings Account	MCO	Managed Care Organization	Dental		DMO	Dental Maintenance Organization	HMO	Health Maintenance Organization	PPO	Preferred Provider Organization	POS	Point Of Service	IND	Indemnity	EPO	Exclusive Provider Organization	HSA	Health Savings Account	MCO	Managed Care Organization	FFS	Traditional Fee-For-Service	PPD	Pre-paid Dental	Health: HMO, PPO, POS, IND, EPO, HRA,HSA MCO Dental: DMO, HMO, PPO, POS, IND, EPO, HSA, FFS, PPD
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► PlanName (string)	Yes	Unique Plan Name in your desired marketing and informative terms. Duplicate plan names offered by the same Vendor will confuse insurance seekers.	Varchar(100)																																								
► IsOOAPlan (bool)	Yes	This flag indicates whether this plan can be quoted for out of area (or out of state) employees or not.	0: No (Default) 1: Yes																																								
► IsStandalonePlan (bool)	Yes	This flag indicates whether this plan is a standalone plan or it can be included in a PlanCombo It is useful for validation of PlanCombinations data.	0: No (Default) 1: Yes																																								

Element	Required	Description	Valid Values
		especially when other Vendors are referencing the PlanIds belong to this Vendor in their data submission process.	
▶ ProviderLink (string)	No	The URL of the provider link on file for this plan.	Varchar(256)
▶ ApplicationFileER (string)	No	A Reference to the Employer PDF application file that is accompanied in this submission package.	Varchar(100)
▶ ApplicationFileEE (string)	No	A Reference to the Employee PDF application file that is accompanied in this submission package.	Varchar(100)
▶ UnderwritingFile (string)	No	A Reference to a file that is accompanied in this submission package. Underwriting documents are also known as "Exclusions & Limitations"	Varchar(100)
▶ StandardBenefitsFile (string)	No	A Reference to a PDF file that is accompanied in this submission package and explains all the standardized Summary of Benefits and Coverage to the consumer.	Varchar(100)
▶ PlanBrochureFile (string)	No	A Reference to a PDF file that is accompanied in this submission package and explains all the standard and optional benefits to the consumer.	Varchar(100)
▼ Benefits[] (structure)	Yes	An array of common Benefits as described below. Less common or optional buy-ups that are available on application PDF or Online application available on the Vendor's website can be explained in Plan Brochure.	It is required to provide the benefit "Value" for all value Types, benefit Enums and the "Plan Pays" ViewPoint for the applicable Coverages and Services
▶ Category (enum)	Yes	A high level grouping of Benefits.	General, Outpatient, Inpatient, Other Benefits
▶ Enum (enum)	Yes	Benefit enumerators are not so user friendly but are unique Benefit Identifiers for each Product Line (Insurance Type). Enums to be chosen from the list of acceptable names in each	Varies for each insurance type

Element	Required	Description	Valid Values
		<p>category as listed here.</p> <hr/> <p>Health</p> <hr/> <p>General</p> <p>AnnualDeductible MaximumAnnualCopay LifetimeMaximum</p> <p>Outpatient Benefits</p> <p>OfficeVisits LaboratoryAndRadiology PrescriptionDrugs OptionalRx MailOrderDrugs RxDeductible RxMaximum AnnualPhysicalExam AnnualObGynExam WellBabyCare Immunizations EmergencyRoom Ambulance UrgentCareFacility UrgentCare Non-E Emergency Room OutpatientServices OutpatientSurgery OutpatientFacility HomeHealthCare</p> <p>Inpatient Hospital Benefits</p> <p>HospitalDeductible Nursing InpatientCopayment MaternityCare ChemicalDependency</p> <p>Other Benefits</p> <p>MentalHealthOutpatient MentalHealthInpatient OutpatientRehabilitationTherapy DurableMedicalEquipment DiabeticEquipment ChiropracticCare AcupunctureAcupressure Miscellaneous</p> <hr/> <p>Dental</p> <hr/> <p>General</p> <p>AnnualDeductible EnrollmentFee AnnualMaximumBenefit DiagnosticServices PreventiveServices MinorServices AccessToProviders MajorServices Endodontics Periodontics Prosthodontics Orthodontics Reimbursement WaitingPeriods</p> <hr/>	
<p>► CoverageType (enum)</p>	Yes	Benefit coverage.	InNetwork, OutOfNetwork, All, N/A

Element	Required	Description	Valid Values
► ServiceType (string)	Yes	<p>Benefit coverage domain or service type. Please provide N/A for now. For future promotes, some benefit values may need to be provided for various standardized domains.</p> <p>For example the "AnnualDeductible" benefit can be standardized into two domains "Individual" and "Family" and if so, a separate value must be provided for each domain. e.g. "\$1,000" and "\$2,000 (Individual family members must continue to pay a deductible up to \$1,000 until the amount paid by the family reaches \$2,000)"</p>	<p>N/A</p> <p>Other examples: first 60 days days 61 – 90 days 91 – 150 first 3 visits Individual Family</p>
► ViewPointType (enum)	Yes	<p>The ViewPoint will tell us the type of approach you used to provide the benefit value.</p> <p>Various ViewPoints will be displayed in the Marketplace either side by side or on different views.</p> <p>The goal here is to display the benefit descriptions to the consumers in a comparable format.</p> <p>"Explained" viewpoint: on some ValueTypes like Tiny and Numeric, the Value cannot present much detail so it will be a copy of the value for "PlanPays" view point.</p> <p>If "YouPay" or "PlanPay" Viewpoints are not applicable to any benefit, please use the same "Explained" value for them.</p>	<p>Explained YouPay PlanPays</p>
► ValueType (enum)	Yes	<p>Benefit type, specifies the format of the value for each benefit. Various formats will be displayed in the Marketplace views depend on how much details about each benefit are needed on that view. Tiny and Numeric formats are also be used to apply custom filters on the reports.</p> <p>Each benefit should be provided in the 5 following formats:</p> <p>Full: The full benefit detail including coverage limits and any verbiage normally contained in the footnotes of the benefit summary.</p>	<p>Full, Long, Short, Tiny, Amount Cost</p>

Element	Required	Description	Valid Values
		<p>Long: The benefit detail provided in the benefit summary to include coverage limits.</p> <p>Short: A snapshot of the benefit's applicable coinsurance or copay amounts.</p> <p>Tiny: The benefits coinsurance or copay amount only.</p> <p>Amount: The benefits copay (dollar) amount only.</p> <p>Cost: The benefits coinsurance or copay amount only.</p>	
► Value (string)	Yes	<p>The benefit description or value. Short benefits are usually below 50 characters. Tiny benefits are usually below 15 characters.</p> <p>There will be a benefit design guide provided to Vendors as a reference for style and field limitations.</p>	<p>Varchar(max) for Full, Varchar(256) for Long, Varchar(64) for Short, Varchar(32) for Tiny benefit types, or Numeric for Amount and Cost</p>

BusinessRules.csv Layout

Element	Required	Description	Valid Values
▼ DataSubmissionReference	As defined in the Master.csv file DataSubmissionReference section.		
▶ CarrierId (string)			
▶ EffectiveMonth (mo/year)			
▶ ExpirationMonth (mo/year)			
▼ BusinessRules[] (structure)	Yes	A set of business rules that applies to Pricing at either Vendor or Plan level.	
▶ PlanId (string)	Maybe	Vendors can choose and configure their applicable business rules from a variety of predefined rules that are designed and supported by FHC. Some of the rules might be applicable at the Vendor level and some at the Plan level. For the rules applicable at Plan level, the PlanId is required.	As Provided By Vendor in Master.csv Or leave it blank for Vendor level rules.
▶ RatingMethodId (int)	Yes	Specifies the rating methodology that is applicable to this Vendor/Plan. Rating method 2 may also use the Employer (Group) Zip Code for out of area employees.	1: By Group Zip 2: By Employee Zip
▼ RatingRules[] (structure)	No	In Small Group Pricing Engine, a predefined set of business rules are being supported that may be applicable to each Vendor's pricing model.	Up to 15 rules can be provided for each plan.
▶ RuleId (int)	Yes	The integer value assigned by FHC to each rule. These rules are in 7 categories: Composite Rates Calculation Defaults and Overrides Eligibility and Adjustment Age Determination Carve Out Eligibility Base Factors Rounding Rules	Refer to Appendix A for predefined rules. Vendors who have more business rules for pricing or group eligibility that are not listed there will need to provide a full documentation of those rules and examples to FHC helpdesk for review and customization.
▶ Parameter1 (string)	Maybe	Each rule may need up to 7 literal parameters as defined in Appendix A.	Varchar(256)
▶ Parameter2 (string)			
▶ ...			
▶ Parameter7 (string)			

PlanCombinations.csv Layout

Element	Required	Description	Valid Values
▼ Data Submission Reference	As defined in the Master.csv file DataSubmissionReference section.		
▶ CarrierId (string)			
▶ EffectiveMonth (mo/year)			
▶ ExpirationMonth (mo/year)			
▼ PlanCombinations[] (structure)	Yes	A list of multiple plan offerings by a Vendor that can be offered together.	
▶ PlanComboId (string)	Yes	A unique identifier assigned to the group of multiple plans being offered as part of a Vendors multiple plan offerings.	Provided By Vendor
▶ PlanComboDescription (string)	Yes	The name of the multiple plan offering.	Provided By Vendor
▶ PlanComboType (enum)	No	DualOption is a maximum offering of two different plan types (HMO, PPO, HSA, HRA, etc.) offered together. MultiOption is any number of plan type combinations offered by a single Vendor. MOMultiVendor is any number of plan type combinations offered by multiple Vendors that have partnered together in their respective plan offerings.	DualOption MultiOption MOMultiVendor
▶ MinGroupCovered (smallint)	Yes	Define min required employees enrolled for applicable multi option plan combo.	Provide 0 if not important
▶ MaxGroupCovered (smallint)	Yes	Define max required employees enrolled for applicable multi option plan combo.	Provide 250 if not important.
▼ PlanComboPlans[] (structure)	Yes	A list of specific Vendor plans that can be offered together as part of a multiple plan offering.	
▶ CarrierId (string)	Yes	This is the associated CarrierId with the following PlanId participating in this combo.	Known to the Vendor
▶ PlanId (string)	Yes	Dependent on the Type of plan combo, the PlanId can belong to any Vendors that have partnered together in this program (plan combination offering).	Known to the Vendor

SICFactors.csv Layout

Element	Required	Description	Valid Values
▼ DataSubmissionReference	As defined in the Master.csv file DataSubmissionReference section.		
▶ CarrierId (string)			
▶ EffectiveMonth (mo/year)			
▶ ExpirationMonth (mo/year)			
▼ SICFactors[] (structure)	Yes	The factor applied to the premium for a small group, based on their Standard Industrial Classifications (SIC).	
▶ FromSICCode (int)	Yes	The range of SIC codes that the following adjustments are applicable to.	A 4 digit number
▶ ToSICCode (int)			
▶ SICFactor (numeric(5,4))	Exclusive	The factor assigned to this SIC code range to be calculated in the group premium.	
▶ SICRateLevel (smallint)		The rates that apply to each SIC code to be calculated in the group premium.	

Areas.csv Layout

Element	Required	Description	Valid Values
▼ DataSubmissionReference	As defined in the Master.csv file DataSubmissionReference section.		
▶ CarrierId (string)			
▶ EffectiveMonth (mo/year)			
▶ ExpirationMonth (mo/year)			
▼ Areas[] (structure)	Yes	A set of counties and/or zip ranges and/or zip codes within a state, arbitrarily assigned by the Vendor that may have different premiums for the same plan.	
▶ NetworkId (string)	Yes	The network identifier that all the Plans in that network will share.	As Provided By Vendor in Master.csv
▶ AreaId (int)	Yes	The integer value assigned by you and will contain one or more Counties and/or zip code ranges and or individual zip codes. This Id should be unique per Network.	Provided By Vendor
▶ IsOutOfStateArea (bool)	No	To provide Out-Of-State Premiums for the OOA/OOS Plans. Vendors will need to assign an AreaId with this flag set to 1 for each of their Networks.	0: No (Default) 1: Yes Leave the following 4 fields blank if this is your OOS area.
▶ CountyFIPS (int)	No	The Federal Government assigned 5 digit FIPS county code.	Leave blank if service areas are zip range based
▶ ZipCode (int)	No	The value of the USPS assigned zip code for that county.	Leave blank if service areas are zip range based or county based
▶ FromZipCode (int)	No	The lowest and highest possible values of the USPS assigned zip code defining a range.	Leave blank if service areas are not zip range based
▶ ToZipCode (int)			
▶ AreaFactor (numeric(5,4))	No	This factor will be applied to the base rates provided in the Pricing data file, upon using the area factor rule.	

Pricing.csv Layout

Element	Required	Description	Valid Values
▼ DataSubmissionReference		As defined in the Master.csv file DataSubmissionReference section.	
▶ CarrierId (string)			
▶ EffectiveMonth (mo/year)			
▶ ExpirationMonth (mo/year)			
▼ Rates[] (structure)	Yes	Applicable monthly premium for employee data submitted via the Marketplace.	
▶ PlanId (string)	Yes	Vendor plan identifier for this rate.	As Provided By Vendor in Master.csv
▶ AreaId (int)	Yes	Vendor area identifier for this rate.	As Provided By Vendor in Areas.csv
▶ CoverageTypeId (string)	Yes	From the following list, in accordance with the coverage type for this plan. EE: Employee ES: Employee & Spouse EC: Employee & Child ECH: Employee & Children EF: Employee & Family	EE ES EC ECH EF
▶ Gender (enum)	Yes	Employee Gender	Any, Male, Female
▶ MinAge (smallint)	Yes	Define min age for applicable monthly premium	Provide -1 if not important
▶ MaxAge (smallint)	Yes	Define max age for applicable monthly premium	Provide 999 if not important
▶ MedicareTier (smallint)	Yes	For Employees with age 65 and over, is the Vendor their Primary or Secondary source of insurance?	-1: Not Applicable 1: Primary 2: Secondary
▶ RateLevel (smallint)	Yes	For SIC adjustments or other adjustment rules, if you choose to use AdjustmentLevel as opposed to AdjustmentFactor, you want to provide rates for each RateLevel you have specified.	Any small integer value that lines up with the number you provided for AdjustmentLevel in SICAdjustment declaration record.
▶ MinGroupCovered (smallint)	Yes	Define min required employees enrolled for applicable monthly premium	>= 1
▶ MaxGroupCovered (smallint)	Yes	Define max employees enrolled for applicable monthly premium	<= 250

Element	Required	Description	Valid Values
► MinGroupTotal (smallint)	Yes	Define min group size (employees in company) for applicable monthly premium	>= 1
► MaxGroupTotal (smallint)	Yes	Define max group size (employees in company) for applicable monthly premium	<= 250
► MinERContribEmp (numeric(5.2))	Yes	Define min employer contribution for the employee for applicable monthly premium	>= 0
► MaxERContribEmp (numeric(5.2))	Yes	Define max employer contribution for the employee for applicable monthly premium	<= 250
► MinERContribDep (numeric(5.2))	Yes	Define min employer contribution for the dependents for applicable monthly premium	>= 0
► MaxERContribDep (numeric(5.2))	Yes	Define max employer contribution for the dependents for applicable monthly premium	<= 250
► IsSmoker (smallint)	Yes	Tobacco preference per member	-1: Not Applicable 0: No 1:Yes
► EEPremium (money)	Yes	Dollar value applied to member at time of quote for employee only.	Provide -1 for any of these per-coverage type premiums that is not offered. Otherwise it should be a positive number between 0 and 9999.9999 dollars.
► EEPremiumPortion (money)	Yes	Employee portion of the total Premium presented in the following 4 Premiums. (This value can be different than the EEPremium above.)	
► ESPremium (money)	Yes	Dollar value applied to member at time of quote for employee & spouse.	
► ECPremium (money)	Yes	Dollar value applied to member at time of quote employee & child.	
► ECHPremium (money)	Yes	Dollar value applied to member at time of quote for employee & children.	
► EFPremium (money)	Yes	Dollar value applied to member at time of quote for employee & family.	
► EEPremiumRatio	Yes	For the plans that include non-	Positive decimal less

Element	Required	Description	Valid Values
(numeric(9,8))		medical benefits e.g. Dental or Vision, FHC will use the premium ratio provided by Vendors to apply the SIC and RAF adjustments only to the medical portion of the correlated premium.	than or equal to 1.0 Default is 1.0
► ESPremiumRatio (numeric(9,8))			
► ECPremiumRatio (numeric(9,8))			
► ECHPremiumRatio (numeric(9,8))			
► EFPremiumRatio (numeric(9,8))			

Appendix A

Data Submission Guidelines for Business Rules

Pricing Engine Steps

In a simplified manner, there are a few sequential steps that will be executed to price a group. Some business rules will be applied in one of the steps below and some can be chosen to be applied in one of the specified steps in the rule description.

PrepQueryGroup
PreQueryRateLevelsLookup
PreQueryPlanSelection
PreQueryAreaLookup
PrepRatedElements
PostPrepSICLookup
PostPrepAgeCalc
PostPrepEmployerZipMatch
InAreaQuery
OutOfAreaQuery
PostQuerySICAdjustment
PostQueryEligibilityControl
PostQueryApplyLoadFactors
PostQueryApplyAdditives
PostQueryRAFAAdjustment
CalculateAdjustedRates
PostAdjustmentRounding
CompositeRatesCalculation

Composite Rates Calculation

Composite rating gets an average of every component in the group, based on Vendor specific rules, to give a normalized rate to everyone in the group. The number of steps involved in the algorithm can vary from 5 to 15 to get the final composite rate.

There are likely as many different algorithms as there are Vendors in a state. Some Vendors might acquire their algorithm from actuarial firms, so it is possible that some Vendors share the same algorithm.

It is safest to assume that should a Vendor have composite rates they will most likely need custom programming to accommodate their algorithm.

Therefore, currently there are no predefined rules available in this category

Defaults and Overrides

RuleId: 201 RAF Defaults and Override Allowance Window

General Description: It tells the Pricing Engine about the default RAF for various group sizes and the allowance window to override the default RAF by authorized producers.

Applicable in Step(s): PrepQueryGroup

Parameter	Parameter Name	Description	Example
1	Group covered ranges	Comma separated ranges of applying employees.	1-5,6-50,51+
2	Default RAFs	Comma separated default RAFs correlating to ranges specified in Parameter1.	1.1,1,0.9
3	Display RAFs	Comma separated display RAFs correlating to ranges specified in Parameter1	1.1,1,0.9
4	Minimum RAFs	Comma separated minimum RAFs correlating to ranges specified in Parameter1	0.9,0.9,0.9
5	Maximum RAFs	Comma separated maximum RAFs correlating to ranges specified in Parameter1	1.1,1.1,1.1

Eligibility and Adjustment

RuleId: 301 Maximum OOS Employee Percentage

General Description: It causes the Pricing Engine to perform a desired action when more than the specified percentage of applying out-of-state employees.

Applicable in Step(s): PostQueryEligibilityControl, PostQueryApplyLoadFactors

Parameter	Parameter Name	Description	Example
1	Max OOS Percentage	$0 < X \leq 100$	51
2	Action	PlanDrop RAFAdjustment RateAdjustment LevelAdjustment	RAFAdjustment
3	Action Parameter	<p>Additional parameter that is needed for the Action to perform.</p> <p>PlanDrop: A short text as the reason</p> <p>For 'RAFAdjustment': The RAF adjustment factor. For Example if the RAF is 0.9 and this Factor is 2.0, the RAF will be adjusted to $0.9 * 2.0 = 1.8$ but the Display RAF will remain at 0.9</p> <p>For 'RateAdjustment': The Factor to be multiplied to the base rate.</p> <p>For 'LevelAdjustment': The rate level to look up (as provided in Pricing.csv)</p>	2.0
4	Rounding Rule	Optionally, the Rounding RuleId to be applied with this adjustment	

RuleId: 302 RAF Age-Band Adjustment

General Description:

Applicable in Step(s):

Parameter	Parameter Name	Description	Example
1	Age Thresholds	Comma separated list of ages (or age-bands), corresponding to parameters 2 and 3. May include open ended age bands, such as 55+, indicating 55 and over.	18-29, 30-54, 55+
2	Member Percentages	Comma separated list of percentages. Values indicate percentage of members within the ages corresponding to parameter 1 that will cause the RAF adjustments to apply (corresponding to parameter 3) to the group.	0.75, 0.90, 0.30
3	RAF Adjustment	Comma separated list of RAF's, corresponding to parameters 1 and 2.	0.85, 0.95, 1.15

RuleId: 303 RAF Cobra Adjustment

General Description:

Applicable in Step(s):

Parameter	Parameter Name	Description	Example
1	Cobra Percentage	Percent of members on Cobra	0.25
2	RAF Adjustment	RAF adjustment for groups meeting percentage requirement in parameter 1.	1.05

RuleId: 304 RAF Gender Ratio Adjustment

General Description:

Applicable in Step(s):

Parameter	Parameter Name	Description	Example
1	Female Percentage	Percentage of females applying in the group at which to start applying RAF adjustment	0.75
2	RAF	RAF adjustment for groups meeting percentage requirement in parameter 1.	1.10

Age determination

RuleId: 401 Age Determination Rule

General Description: When employee's DOB (date of birth) is available. The employee age will be determined based on how Vendors set up the parameters for this rule.

Applicable in Step(s): PostPrepAgeCalc

Parameter	Parameter Name	Description	Example
1	Base Date	Base date for age determination of members: 1: Policy Effective Date 2: Quoting Date 3: Whichever is Later 4: Whichever is Sooner	3
2	Rounding Type	0: No Rounding 1: Round Down 2: Round Up	2
3	Rounding Offset	1: Monthly 2: Semi Monthly (1 st or 15 th) 3: Quarterly 4: Semi Annually 5: Annually 6: Custom (Use Parameters 4, 5, 6)	1
4	Compare To	MM/DD	
5	Set Lesser To	MM/DD	
6	Set Greater To	MM/DD	

More examples:

Scenario	Parameters					
	1	2	3	4	5	6
Round down the policy effective date to the 1 st of the month (Ex. May 1 st – May 31 st → May 1 st)	1	1	1			
Round up the policy effective date to the 1 st of the next month, when 15 th or later (Ex. May 15 th – May 31 st → June 1 st)	1	2	2			
Round down the quote date to the 1 st of the current quarter	2	1	3			
Round up the invoice date to the 1 st of the next quarter	3	2	3			
Change the quote date to first of the year for quotes up to 7/1 and for quotes after that date to 12/31.	2	0	6	07/01	01/01	12/31
Change the quote date to 7/1 for quotes up to 7/1 and for quotes after that date to 1/1 of the next year.	2	0	6	07/01	07/01	01/01

Carve Out Eligibility

RuleId: 501 Class Carve Out Eligibility

General Description: It causes the Pricing Engine to drop plan for Carved Out Groups not meeting a specified minimum applying employees, and applies optional Carve Out Load Factor for eligible groups.

Applicable in Step(s): PostQueryEligibilityControl, PostQueryApplyLoadFactors

Parameter	Parameter Name	Description	Example
1	Eligible Class Carve Out Csv	Comma separated list of eligible ClassCarveOut Id(s) from the following list: 1: Hourly 2: Salary 3: Management 4: NonManagement 5: Union 6: NonUnion	1,2,5,6
2	Min Group Covered	Minimum Number of Applying Employees.	5
3	Load Factor	Optional rate adjustment factor for carved out groups.	1.05

Base Factors

RuleId: 601 Trend Factor

General Description: Trend factor rule applies a decimal factor to the base rates provided in Pricing.csv for the effective period. Using Trend factors, Vendors may submit the same Pricing.csv as long as the base rates are effective and simply change the base lookup rates regardless of any group composition.

Applicable in Step(s): PreLoad

Parameter	Parameter Name	Description	Example
1	Primary Trend Factor	Applies to the main portion of the base rate according to the PremiumRatio specified in Pricing.csv for each tier.	1.875
2	Secondary Trend Factor	Applies to the remaining portion of the base rate according to the PremiumRatio specified in Pricing.csv for each tier.	1
3	Rounding Rule	Optionally, the Rounding RuleId to be applied with this adjustment	

RuleId: 602 Gender Factor

General Description: Gender factor rule applies a decimal factor to the base rates provided in Pricing.csv for the effective period. Using this factor, Vendors may submit the same Pricing.csv with gender unspecific base rates and the FHC Plan Maintenance module will build a gender based rate table prior to upload data for the pricing engine.

Applicable in Step(s): PreLoad

Parameter	Parameter Name	Description	Example
1	Male Factor		
2	Female Factor		
3	Rounding Rule	Optionally, the Rounding RuleId to be applied with this adjustment	

Rounding Rules

RuleId: 701 Truncated Rounding			
General Description: Always round down (31.99 -> 31) to the next place specified			
Parameter	Parameter Name	Description	Example
1	Places	Number of decimal places to round to	0

RuleId: 702 Ceiling Rounding			
General Description: Always round up (31.02 -> 32) to the next place specified			
Parameter	Parameter Name	Description	Example
1	Places	Number of decimal places to round to	2

RuleId: 703 Conventional Rounding			
General Description: Round to the nearest place specified. When halfway then round up (31.5 -> 32)			
Parameter	Parameter Name	Description	Example
1	Places	Number of decimal places to round to	2

RuleId: 704 Round Down			
General Description: Round to the nearest place specified. When halfway then round down (31.5 -> 31)			
Parameter	Parameter Name	Description	Example
1	Places	Number of decimal places to round to	0

RuleId: 705 Advanced Round

General Description: When the RAF is less than or equal to the minimum RAF, use Ceiling rounding. When the RAF is greater than or equal to the maximum RAF, use Truncate rounding. When the RAF is in between the minimum and maximum RAF use Conventional rounding.

Parameter	Parameter Name	Description	Example
1	Min RAF	<= Min RAF -> Ceiling	0.9
2	Max RAF	>= Max RAF -> Floor	1.1

RuleId: 706 Composite Floor

General Description: Truncate the employee and dependent portions separately

Parameter	Parameter Name	Description	Example
1	Places	Number of decimal places to round to	0

RuleId: 707 Advanced Composite Round

General Description: Round the employee and dependent portions separately

Parameter	Parameter Name	Description	Example
1	Places	Number of decimal places to round to	0