

06/03/13  
CCIO/SEG



## QUALIFIED HEALTH PLAN APPLICATION STATE REVIEW TOOLS USER GUIDE:

Loading the Data

Version 2.0

## Change History Table

Version Number	Version Date	Summary of Changes
1.0	05/01/2013	Final release of Version 1.0.
1.1	05/13/2013	<p>Updated release of Version 1.0</p> <ul style="list-style-type: none"> <li>• Pg. 4, instruction #3: The Final QHP Application State Review Tools zip folder contains the Master Review Tool as a folder.</li> <li>• Pg. 5, instruction #4: Create new folders for Plans &amp; Benefits Templates, ECP Templates, and Service Area Templates.</li> <li>• Pg. 7: Deleted instruction and screenshot to open the Master Review Tool and save it in a separate folder. (Already addressed on page 4, instruction #3.)</li> <li>• Pg. 17, instruction #2: Benefits packages in the Plans &amp; Benefits Templates do not have to be sequentially ordered.</li> <li>• Pg. 37, instruction #3.a.i: Updated dollar amounts in screenshot as per IRS annual limitation for cost sharing.</li> <li>• Pg. 38, instruction #3.b.i: Added safe harbor percent to table.</li> <li>• Pg. 40, instruction #3.d.i: Updated dollar amounts in screenshot as per IRS annual limitation for cost sharing.</li> </ul>
2.0	06/06/2013	<p>Updated release of Version 1.0</p> <ul style="list-style-type: none"> <li>• Pg. 1, Updated Introduction</li> <li>• Pg. 21-26, Master Review Tool <ul style="list-style-type: none"> <li>○ Added new row to “Tools Overview” tab explaining on vs. off exchange functionality.</li> <li>○ Added new step to “Instructions” tab that explains on vs. off exchange functionality and includes selection dropdown</li> <li>○ Added new row to "Review Summary" tab to show the type of plan, including the metal level and whether it is on or off exchange</li> <li>○ Added functionality to "Review Summary" tab to grey out standards where they are not applicable (regarding off exchange plans).</li> <li>○ Corrected error in “SHOP Tying” tab Step 1a.</li> </ul> </li> <li>• Pg. 44, Benefit Cost Sharing Tool <ul style="list-style-type: none"> <li>○ Added new step to “Instructions” tab that explains on vs. off exchange functionality and includes selection dropdown</li> <li>○ Added a new tab called “Detailed CSR Results” which shows exactly which benefits were not met for the validation checks which look at multiple benefits, so it is easier to identify exactly where the issues are.</li> </ul> </li> <li>• Pg. 36, Non-Discrimination Tool <ul style="list-style-type: none"> <li>○ Changed order of steps on “Instructions” tab</li> <li>○ Step 1 on “Instructions” tab is a new step that explains on vs. off exchange functionality and import and includes selection dropdown</li> </ul> </li> </ul>

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# QHP APPLICATION STATE REVIEW TOOLS USER GUIDE

## INTRODUCTION

The Qualified Health Plan (QHP) Application State Review Tools are a set of Excel-based evaluation services that states can use to evaluate QHP applications for compliance with Federal certification standards. The QHP Application State Review Tools set is comprised of six tools: (1) Master Review Tool; (2) Formulary Tool; (3) Cost Sharing Tool; (4) Essential Community Provider (ECP) Tool; (5) Meaningful Difference Tool; and (6) Non-Discrimination Benefit Review Tool. The ability of a state to use the automated portions of these tools is contingent upon the state’s use of the Federally-developed standard data collection templates for its QHP applications (e.g., Plans and Benefits Templates).

The QHP Application State Review Tools are offered as one methodology for states performing plan management activities, regardless of Marketplace model, to review each of the required standards. The table below lists the QHP certification standards, indicates which standards can be evaluated by using the tools, and includes a list of the sources needed to perform each proposed review.

QHP Certification Standard	Proposed Approach for Reviewing QHP Certification Standard	Master	Stand-Alone	Proposed Sources for Reviews
Accreditation	Ensure compliance with proposed accreditation timeline. Collect and verify information on issuers’ existing accreditation during issuer application period for use in determining if QHP meets accreditation requirement.	✓		Issuer Applications
Program Attestation	Accept issuer attestation of compliance with regulation (note that Exchange Final Rule defers to existing state marketing laws) and conduct post-certification monitoring.	✓		General Issuer Attestations
SHOP Tying	Confirm issuer compliance with SHOP Tying Provision; if noncompliant, confirm satisfactory justification has been provided.	✓		SHOP Tying Provision (45 CFR 156.200(g)) Provider SHOP Tying Justifications
Essential Health Benefits Standards	Confirm that the plan being reviewed complies with standards for the provision of essential health benefits (EHB) consistent with Federal rules	✓		Plans and Benefits Templates OR Form Filings
Essential Community Providers (ECP)	Collect issuer data on ECPs included in each network. Verify whether the issuer’s network meets the regulatory standard consistent with Federally-facilitated Marketplace (FFM) policies and a reasonable interpretation of the regulation.	✓	✓	Service Area Templates ECP Templates Plans and Benefits Templates
Formulary	Ensure compliance with EHBs and check for discrimination by counting drugs in each therapeutic category and class.	✓	✓	Formulary Templates Justification Documents
Actuarial Value and Cost Sharing	Verify that the QHP meets applicable actuarial value (AV) standards and cost-sharing reduction (CSR) requirements, consistent with Federal rulemaking.	✓	✓	Unified Rate Review Templates

QHP Certification Standard	Proposed Approach for Reviewing QHP Certification Standard	Master	Stand-Alone	Proposed Sources for Reviews
Reductions				Plans and Benefits Templates
Meaningful Difference	Ensure QHP applications are “substantially different” from issuer’s other applications so that consumers are not likely to have difficulty distinguishing among the issuer’s offerings.	✓	✓	Plans and Benefits Templates
Discriminatory Benefit Design	Conduct plan-level analyses targeting areas where discrimination would most likely occur, consistent with applicable regulations, to ensure that issuers do not employ benefit designs that discourage enrollment of individuals with significant health needs.	✓	✓	Plans and Benefits Templates
Service Area	Verify that each service area meets geographic standards set forth in Exchange Final Rule and is non-discriminatory (e.g., service areas of at least an entire county).	✓		Service Area Templates
Network Adequacy	Develop a process for evaluating network adequacy consistent with the Final Rule on the Establishment of Exchanges and Qualified Health Plans that includes one of the following operational procedures: current or proposed state network adequacy review, accepting attestation from an accredited issuer, or requiring issuer to submit a network adequacy plan.	✓		Network Adequacy Section of QHP Application Network Access Plan
Licensure and Solvency	Verify licensure and good standing with state Department of Insurance (DOI) or collect documentation from issuer.			
Review of QHP Rates	Consider all rates.			

## USING THIS GUIDE

You may find it helpful to skim the guide to get a sense of the following characteristics:

- Items that appear in italics are *features*. E.g., “See the *Instructions* tab in the Master Review Tool.” “*Through the ECP Tool* is the default option.”
- Items that are in bold type are **functions**. E.g., “Click **Save**.” “Click **Import Data from Master Review Tool**.”
- For space considerations, screenshots of Excel worksheets may not include the full data picture.

## QHP APPLICATION STATE REVIEW TOOLS OVERVIEW

The tools listed and described in the table below offer one methodology for reviewing the required standards. You may use any, all, none, or only portions of the review tools. For the tools you choose to use, it is not necessary to follow each process step by step.

If you decide the use any of the stand-alone tools described below, it is still recommended that you review the validation steps to better understand the logic behind the tool, or see where justifications may be submitted.

Each tool contains detailed instructions on how to operate it, and which issuer templates to use for the data input. The first step in this Master Review Tool imports

data from all issuers' Plan & Benefit templates. Some of the stand-alone tools will import their data from this tool, and others require copying and pasting the data from other templates.

These tools can only be run for plans that are intended to be offered inside of the Marketplace,<sup>1</sup> plans that are intended to be offered outside of the Marketplace, or for standard plans that are intended to be offered both inside and outside of the Marketplace. All of the review standards apply to plans that are inside the Marketplace, but not all of them apply to plans that are outside of the Marketplace. The Master Review Tool will grey out reviews when they are not applicable on the Review Summary tab, and plans offered outside of the Marketplace will not be listed on the tabs of the standards which are not applicable. The Non-Discrimination and Cost Sharing tools can be run for plans that are offered inside and outside the Marketplace, and the tools themselves contain further instructions on how to run them. The Formulary tool can also be run for plans that are offered inside and outside the Marketplace, since it works at a drug list level, and hence works for all drugs lists regardless of which plans they are assigned to. The Meaningful Difference and ECP tools are not to be used for plans outside of the Marketplace, since the Meaningful Difference and ECP standards only apply to plans that are inside of the Marketplace.

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<sup>1</sup> "The QHP Application State Review Tools refer to Health Insurance Marketplaces as "Exchanges". This guide has been updated to be consistent with the current naming convention, Marketplaces, and thus the word "Exchanges" should be used interchangeably with the word "Marketplaces".

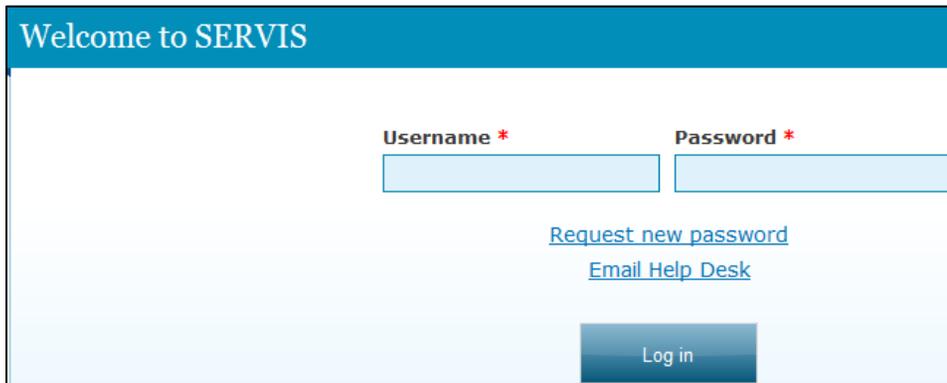
Tool	Function
Master Review Tool	<ul style="list-style-type: none"> <li>• Used to perform the reviews for several required standards.</li> <li>• Contains proposed step-by-step review processes for each standard.</li> <li>• Includes additional direction when a stand-alone tool (described below) may help with a particular review.</li> </ul>
Essential Community Providers (ECP) Tool	<ul style="list-style-type: none"> <li>• Calculates the total ECPs an issuer has in a service area.</li> <li>• Compares the total ECP number to the ECPs available in that service area.</li> <li>• Confirms if the percent of ECPs covered is above a given threshold.</li> </ul>
Meaningful Difference Tool	<ul style="list-style-type: none"> <li>• Compares all plans an issuer offers to identify multiple, identical plans that are offered in the same counties.</li> </ul>
Non-Discrimination Tool	<ul style="list-style-type: none"> <li>• Cross-checks all state plans against predetermined benefits.</li> <li>• Determines coverage discrimination when a benefit has significantly higher copay or coinsurance or a significantly lower quantitative limit than most other plans.</li> </ul>
Cost Sharing Tool	<ul style="list-style-type: none"> <li>• Conducts four cost-sharing standards analyses (when applicable to the specific plan):               <ul style="list-style-type: none"> <li>○ Out-of-Pocket Maximum (OOPM) Review.</li> <li>○ Small Group Deductible (SGD) Review.</li> <li>○ Cost-Sharing Reduction (CSR) Review.</li> <li>○ Catastrophic Plan Review.</li> </ul> </li> </ul>
Formulary Tool	<ul style="list-style-type: none"> <li>• Assists in the drug counting service on HIOS.</li> <li>• Ensures that the drug count for each drug category and class meets or exceeds your state's benchmark.</li> </ul>

## DOWNLOADING AND SAVING THE QHP APPLICATION STATE REVIEW TOOLS

You can access, download, and save the QHP Application State Review Tools from SERVIS.

1. Open your web browser, navigate to the [SERVIS](http://www.servis.cms.gov/resources/) (<http://www.servis.cms.gov/resources/>) portal and log in using your Collaborative Application Lifecycle Tool (CALT) username and password.

If you need a CALT username or need to reset your CALT password to access SERVIS, send an email request to the [CALT support team](mailto:cms_support@cms.hhs.gov) ([cms\\_support@cms.hhs.gov](mailto:cms_support@cms.hhs.gov)). For a password reset, include your CALT username in your email, and request to have your CALT password reset and your SERVIS account unlocked. For general questions about SERVIS, contact the [SERVIS help desk](mailto:cms_feps@cms.hhs.gov) ([cms\\_feps@cms.hhs.gov](mailto:cms_feps@cms.hhs.gov))

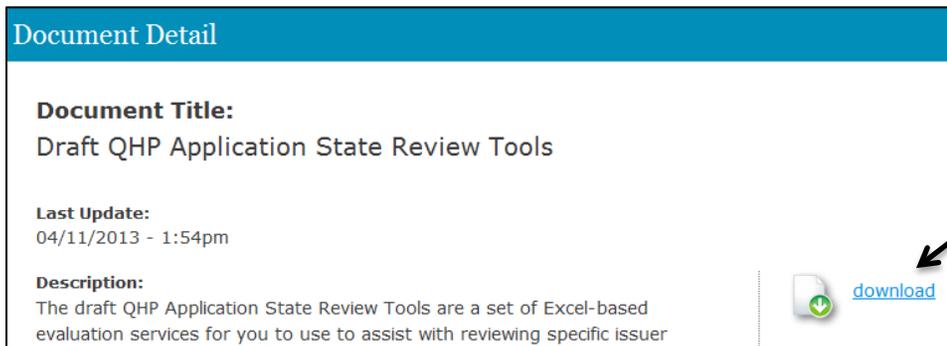


Log in using your CALT username.

If you do not have a CALT username, contact your State Officer.

Upon successful login, SERVIS opens to the *Document Detail* page; click **download**.

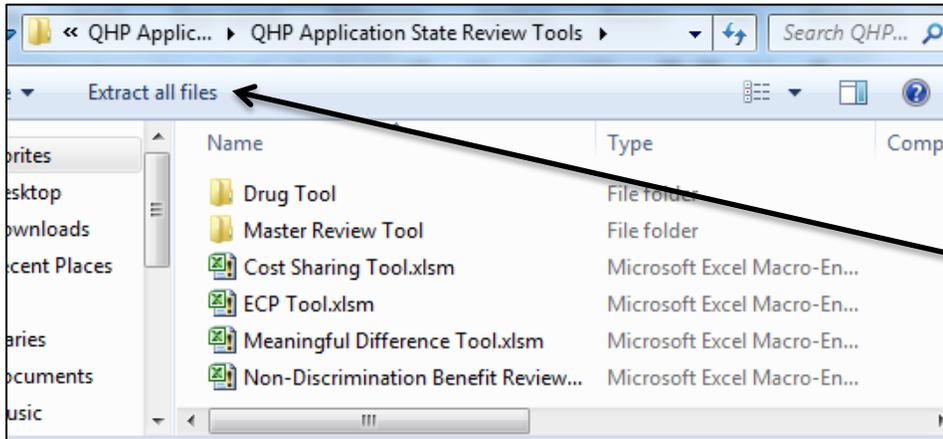
- a. At the pop-up window, click **Save** and select the location on your computer you would like to save the zipped folder.



Upon log in, SERVIS opens the *Document Detail* page.

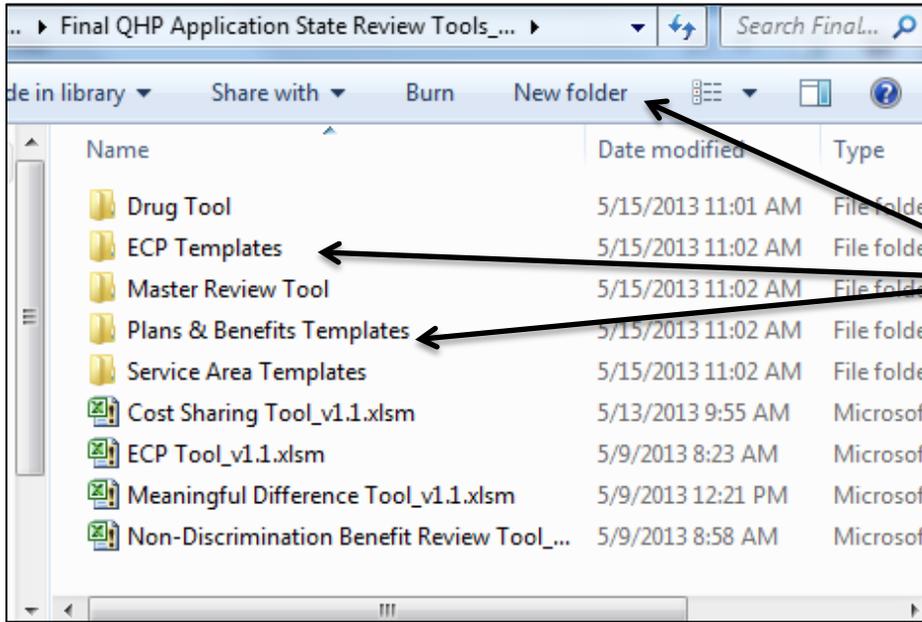
Click **download**.

2. After you have saved the QHP Application State Review Tools folder, open it to confirm you have the following Review Tools, then **Extract all files** so that you are ready to work within each folder and/or tool:
  - a. Drug Tool folder.
  - b. Master Review Tool folder.
  - c. Cost Sharing Tool.
  - d. ECP Tool.
  - e. Meaningful Difference Tool.
  - f. Non-Discrimination Benefit Review Tool.



Save the folder on your computer; open the folder to confirm you have all the tools; **extract all files** to work within the tools and workbooks.

3. After you have extracted all files from the QHP Application State Review Tools zip folder, create new folders for the following:
  - a. Plans & Benefits Templates
  - b. ECP Templates
  - c. Service Area Templates



Create new folders for Plans & Benefits Templates, ECP Templates, and Service Area Templates.

## I. MASTER REVIEW TOOL AND DATA IMPORT

Use the Master Review Tool to evaluate all issuers’ plan offerings submitted for QHP certification. The Master Review Tool pulls data from all issuers' Plans and Benefits templates, Service Area templates, and ECP templates and uses that data for further plan reviews (e.g., the Benefit Cost Sharing review).

For additional information and explanation, please see [Appendix I: Master Review Tool and Data Import](#).

### MASTER REVIEW TOOL WORKSHEETS (TABS)

There are a number of tabs in this workbook; the table below lists each tab and explains the worksheet functions.

<b>Note: These tools are for State Regulator use only and are not to be distributed to issuers at this time.</b>	
Worksheet (Tab)	Use/Explanation
All Plan Data	<ul style="list-style-type: none"> <li>Populated from issuers’ Plans and Benefits templates using the <b>Import all Plan Data</b> function.</li> <li>Has one line for each plan variation (including standard plans and associated variations).</li> <li>Columns detail basic plan data, out-of-pocket maximum and deductible values, and cost sharing for each benefit.</li> <li>Use to populate the <i>Review Summary</i> and standard review tabs.</li> </ul>
All Service Area	<ul style="list-style-type: none"> <li>Populated from issuers’ Service Area templates using the <b>Import all Service Area Data</b> function.</li> <li>Contains an issuer column and has the same headers as the Service Area template.</li> <li>Used to perform the ECP and Meaningful Difference reviews using the stand-alone tools.</li> </ul>
All ECP Data	<ul style="list-style-type: none"> <li>Populated from issuers’ ECP templates using the <b>Import all ECP Data</b> function.</li> <li>Contains an issuer column and has the same headers as the ECP template.</li> <li>Used to perform the ECP review using the stand-alone tool.</li> </ul>
Review Summary	<ul style="list-style-type: none"> <li>Tracks whether a plan has met or not met a standard.</li> <li>Automatically updates based on the information inputs in other tabs.</li> <li>Provides State Regulators the option of following the met or not met results.</li> </ul>
Standard Review tabs	<ul style="list-style-type: none"> <li>Contains a proposed step-by-step validation for reviewing each standard.</li> <li>Provides detailed explanation in the applicable tab when a State Regulator can use one of the stand-alone tools for analysis.</li> <li>Uses column headers in each tab to indicate the review level.                             <ul style="list-style-type: none"> <li>For example, the accreditation review only needs to be completed for each issuer, not for each plan, and the <i>Review Summary</i> tab auto-populates the results for each plan based on the results for the issuer under evaluation.</li> </ul> </li> <li>Allows the user to use the drop-down menus to select “Met” or “Not met” for requirements.                             <ul style="list-style-type: none"> <li>For some reviews (depending on the results of a previous step) users may not have to fill out remaining steps. Follow the validation steps; some steps remain blank if a step does not apply or a previous step states the review is complete.</li> </ul> </li> </ul>
Out-of-Pocket Maximum and Small Group Deductible Details tabs	<ul style="list-style-type: none"> <li>Used to manually complete the Meaningful Difference and Benefit Cost Sharing reviews.</li> </ul>

## HEALTH INSURANCE OVERSIGHT SYSTEM (HIOS) ACCESS

Starting March 28, 2013, users can access HIOS by navigating to the CMS Enterprise Portal Site at <https://portal.cms.gov>. Users must enter their CMS Enterprise Portal credentials and then access HIOS. Existing HIOS users are pre-registered into the CMS Enterprise Portal, but must provide additional information specific to identity verification. New HIOS users can access the system but must register for a CMS Enterprise Portal account, register for a HIOS account, and then associate the two accounts.

### *New User Registration*

New users to CMS Enterprise Portal and HIOS must complete three parts to set up their account:

- Register within CMS Enterprise Portal for an account.
- Register within HIOS.
- Associate the two accounts to enable single sign-on from the Enterprise Portal directly into HIOS.

1. Go to <https://portal.cms.gov>.
2. Click **New User Registration** on the right side of the screen.



3. Complete the registration process. Users will receive an email acknowledging successful registration and including the CMS Enterprise Portal User ID.

4. After completing the registration process and obtaining a user ID, go back to <https://portal.cms.gov> and click **Login to CMS Secure Portal**.

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### Medicare Shared Savings Program

The Medicare Shared Savings Program portlet offers Accountable Care Organizations access to program information, including ACO-specific reports and other programmatic information.

### CMS Secure Portal

To log into the CMS Portal a CMS user account is required.

If you are unable to log into the CMS Portal using your CMS user account, please contact the CMS helpdesk at 1-800-562-1963.

**Login to CMS Secure Portal**

FFE/HIOS only  
[Forgot User ID?](#)  
[Forgot Password?](#)  
[New User Registration](#)

CMS Enterprise Portal | Medicaid/CHIP | Medicare Shared Savings Program

CMS Provides Health Coverage for 100 Information for people with Medicare. Medicare open

5. Click **I Accept** for the Terms and Conditions.

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### Terms and Conditions

You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:  
You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.  
At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.  
Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

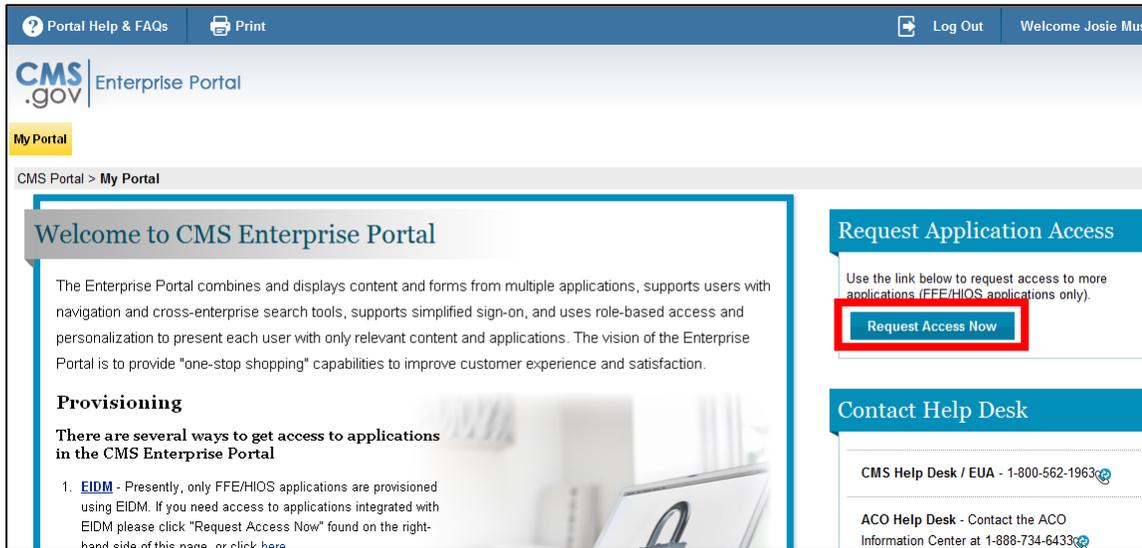
To continue, you must accept the terms and conditions. If you decline, your login will automatically be cancelled.

**I Accept** **Decline**

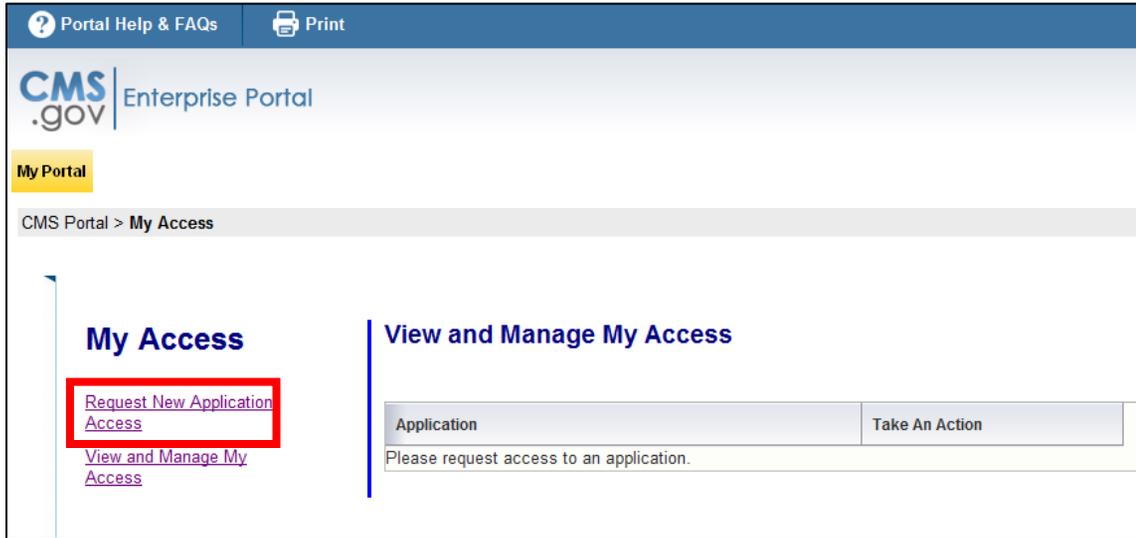
6. Log in to the CMS Portal.



7. Click **Request Access Now** on the right side of the screen.



8. Click **Request New Application Access** on the left side of the screen.



9. Select **HIOS – Health Insurance Oversight System** as the *Application Description* and select **HIOS Issuer** as the *Role*.

10. The screen will add an *Enter validation data* section to the page. Click <https://www.insuranceoversight.hhs.gov/HIOS/RequestHIOSAccount.aspx>.

## My Access

[Request New Application Access](#)  
[View and Manage My Access](#)

## Request New Application Access

Select an application and then a role to request access.

- Application Description:

? - Role:

Enter validation data

Please enter a valid HIOS Authorization Code (i.e. HIOS Issuer ID or Company FEIN) to continue with the role request. If you are an existing HIOS user and do not have access to a valid HIOS Authorization Code, please contact the HIOS helpdesk:

Phone: 855-267-1515  
Email: CMS\_FEPS@CMS.HHS.GOV  
Hours of Operation: 9am-6pm

If you are not an existing HIOS user, please select the hyperlink below to register for access to HIOS:

<https://insuranceoversight.hhs.gov/HIOS/RequestHIOSAccount.aspx>

- HIOS Authorization Code:

11. Complete the *Request HIOS Account* form and click **Submit**.

Health Insurance Oversight System

Wednesday, April 17, 2013 SIGN-IN

### Request HIOS Account

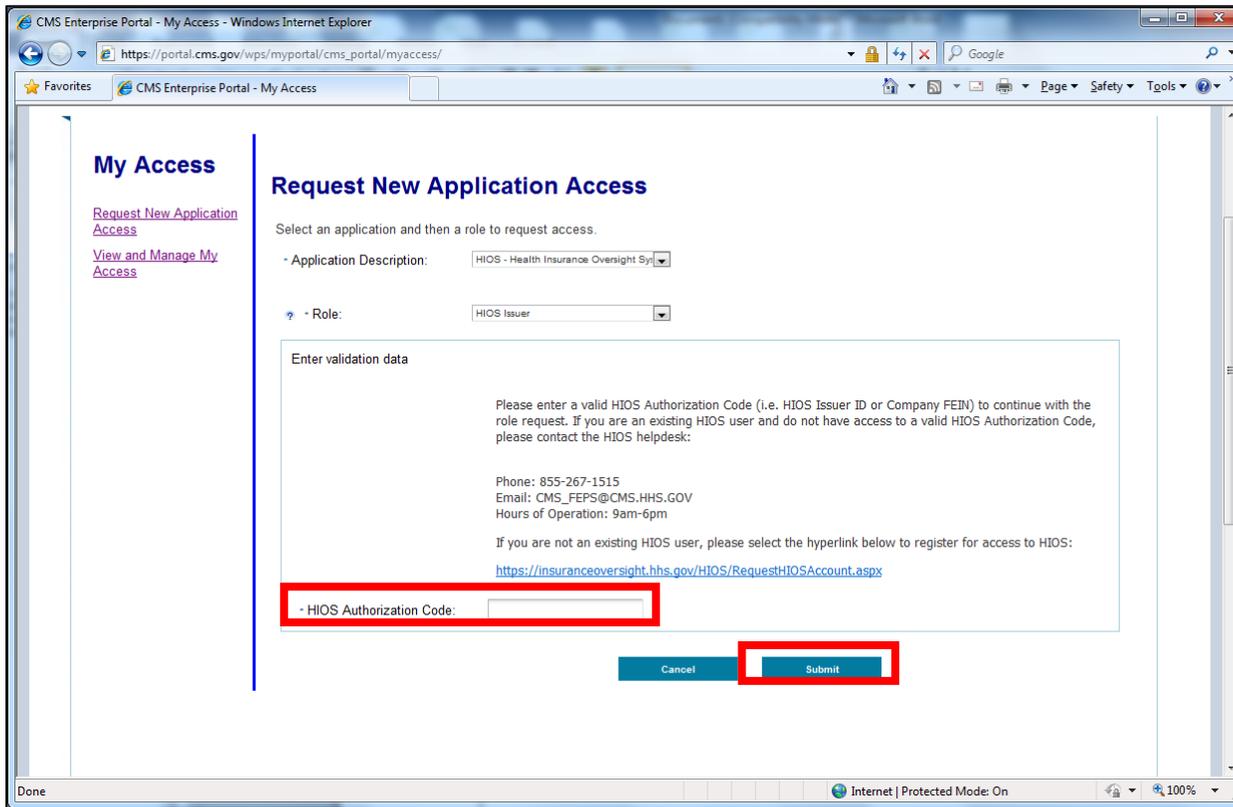
Please note that you are applying for access to the Health Insurance Oversight System (HIOS). If you have any questions, please contact the Exchange Operations Support Center (XOSC) at Phone: 1-855-267-1515 or Email: [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov).

(\*) Indicates a required field

Title (Name):	<input type="text"/>
*First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
*Last Name:	<input type="text"/>
Suffix:	<input type="text"/>
*Job Title:	<input type="text"/>
*Organization Name:	<input type="text"/>
*Email Address:	<input type="text"/>
Phone Type:	<input type="text"/>
*Phone: (Format: 123-456-7890*)	<input type="text"/>
Phone Ext:	<input type="text"/>
Address Type:	<input type="text"/>
Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
ZIP code:	<input type="text"/> - <input type="text"/>

Reset Submit

12. Once approved, users will receive an email with their HIOS account information and an authorization code to request access to HIOS within the Enterprise Portal.
13. Go back to <https://portal.cms.gov>. Click **Login to CMS Secure Portal**.
14. Click **Request New Application Access** on the left side of the screen.
15. Select **HIOS – Health Insurance Oversight System** as the *Application Description*, and select **HIOS Issuer** as the *Role*.
16. The screen will add an *Enter Validation Data* section to the page.
17. Enter the *HIOS Authorization Code* provided within the HIOS Account Request Approved email.
18. Click **Submit**.



19. Click **OK** on the *Request Acknowledgement* screen.
20. Log out of the CMS Enterprise Portal.
21. Wait approximately two minutes before logging back in.

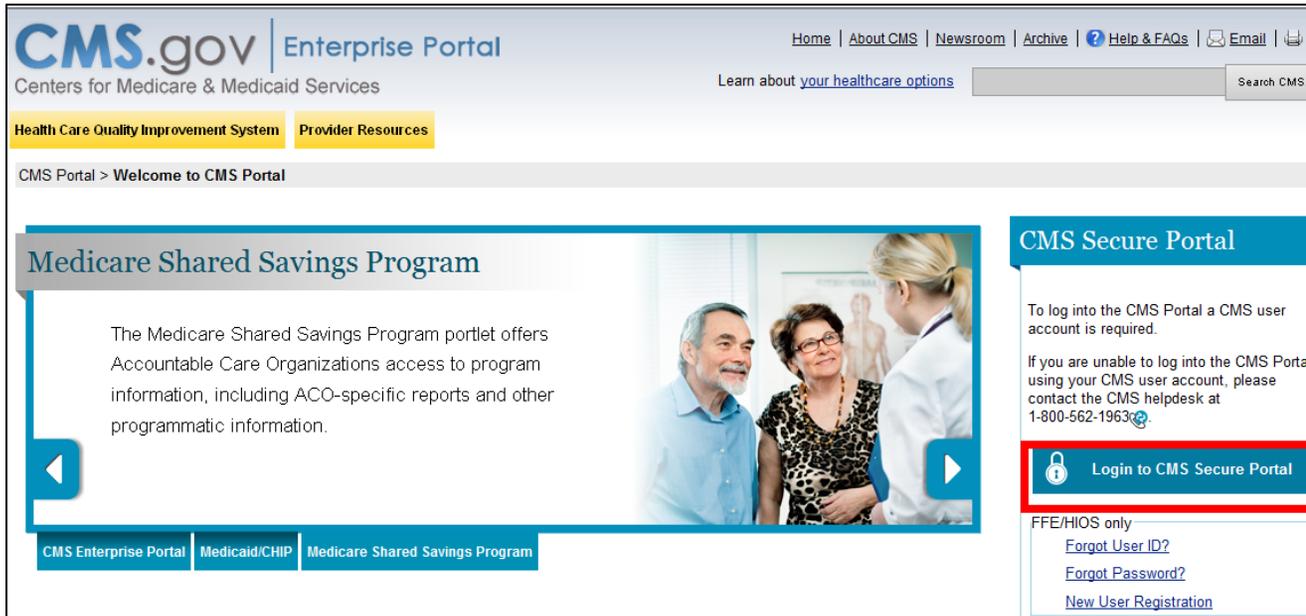
### Existing HIOS Users

On March 28, 2013, the CMS Enterprise Portal and Enterprise Identity Management (EIDM) system went live, requiring existing HIOS users to complete a new registration process to access the HIOS system and QHP modules. In order to assist those users who have not yet initiated or completed the registration process, system changes are now in effect as of Monday, April 15, 2013.

This process does not affect existing users who have completed the registration process since March 28, 2013, and already have access to HIOS.

If you are an existing HIOS user who has not yet initiated or completed the new registration process since March 28, 2013, follow the steps below for initial login.

1. Go to <https://portal.cms.gov> and click **Login to CMS Secure Portal**.



2. Click **I Accept** for the Terms and Conditions.

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### Terms and Conditions

You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:  
You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.  
At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.

Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

To continue, you must accept the terms and conditions. If you decline, your login will automatically be cancelled.

3. Log in to the CMS Portal using the one-time password emailed to you from CMS\_FEPS@cms.hhs.gov (Subject: CMS Enterprise Portal Account Access for Existing HIOS Users) on March 28, 2013, approximately 7:00 a.m., EDT.

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### Welcome to CMS Enterprise Portal

To log into the CMS Portal a CMS user account is required.

If you are unable to log into the CMS Portal using your CMS user account, please contact the CMS helpdesk at 1-800-562-1963.

User ID

Password

[Forgot Password?](#)  
[Forgot User ID?](#)  
Need an account? Click the link - [New user registration](#)

4. The *Welcome to EIDM* page appears. Click **Next** to be directed to the Terms and Conditions page.
5. Read the important Terms and Conditions information pertaining to the registration process and indicate your agreement by selecting the checkbox next to *I agree to the terms and conditions*; click **Next**.
6. The *Your Information* page appears. Enter your information into the required fields including the following, then click **Next**.
  - Full legal name.
  - Email address.
  - Social Security number (SSN).
  - Date of birth (DOB).
  - Home address.
  - Primary phone number.
7. In the *Create Challenge Questions and Answers* view, enter a password based on the guidelines given in the *Help* text.
8. Re-enter the password in the *Confirm Password* field.
9. Select a challenge question from each drop-down list and provide an answer that you can easily remember. Click **Next** to receive a confirmation message.
10. Click **OK** to complete the registration process. You will need to log back in to the CMS Portal (<https://portal.cms.gov>) using your new password to access your application.

## IMPORTING DATA FROM THE PLANS AND BENEFITS TEMPLATES

1. Download the Excel versions of issuers' completed Plans and Benefits templates from [HIOS](#) or [SERFF](#). For HIOS registration and access information, refer to [Addendum: Health Insurance Oversight System \(HIOS\) Access](#) in this guide; for help with SERFF, email [serffplanmngmt@naic.org](mailto:serffplanmngmt@naic.org).
2. Open each Plans and Benefits workbook and confirm that each *Benefits Package* worksheet (tab) has a matching *Cost Share Variances* tab.

The downloaded Plans and Benefits workbook for issuer 18637 is open to confirm that for each *Benefits Package* worksheet (tab), there is a matching *Cost Share Variances* tab.

For issuer 18637, there is *Benefits Package 1* and its matching *Cost Share Variances 1* and *Benefits Package 2* and its matching *Cost Share Variances 2*.

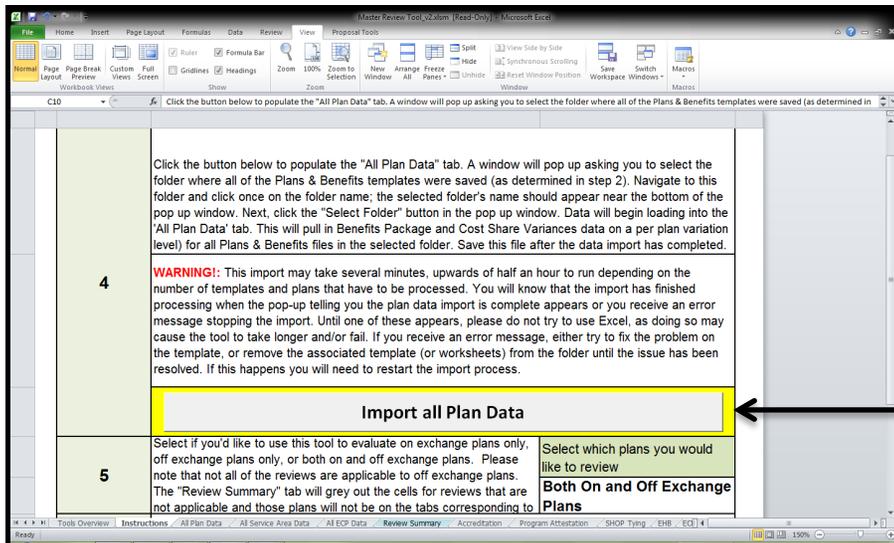
	A	B	C	D	E
1	<b>Plans &amp; Benefits Template v1.31</b>			To use this template, please	
2	HIOS Issuer ID*		18637	You will need to save the late	
3					
4	Mark				
5	Dent				
6					
7					
8					
9	1863				
10	1863				
11	18637VT0123458	Fake Plan 3	18637VT012		VTN001
12	18637VT0123459	Fake Plan 4	18637VT012		VTN002
13	18637VT0123460	Fake Plan 5	18637VT012		VTN001
14	18637VT0123461	Fake Plan 6	18637VT012		VTN001

3. Save each Plans and Benefits template with a unique filename (e.g., IssuerID\_PlansBenefits.xlsm) and save all the Plans and Benefits templates for all issuers in the same folder. This folder should contain ONLY the Plans and Benefits templates.

Save all the Plans and Benefits templates in the same folder.

The Plans and Benefits templates here are saved by issuer ID number.

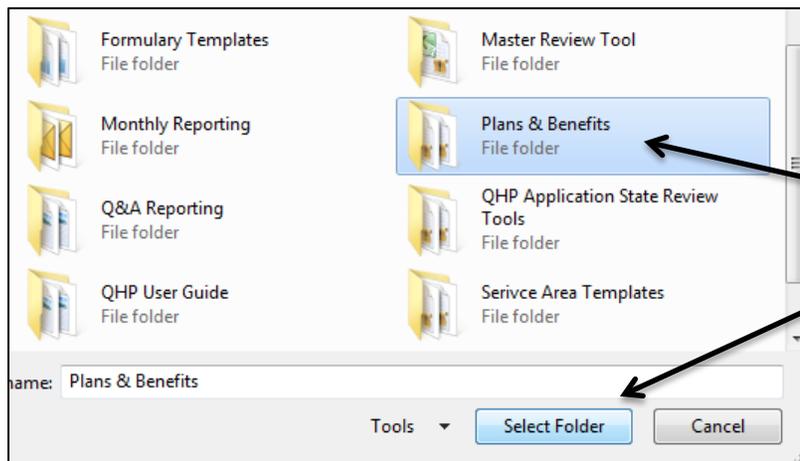
4. Read the **WARNING** in the Master Review Tool *Instructions* tab in row 12 that explains that the data import may take up several minutes, upwards of half an hour; click **Import all Plan Data** in row 13.



**WARNING!** Depending on the data or file size, the data import process may take up to 30 minutes.

**Click Import all Plan Data.**

5. At the pop-up window, navigate to the folder where you saved all the Plans and Benefits templates (created in step 3).
  - a. Click on the folder name once to highlight it; the folder name will appear in the *Folder name:* field.
  - b. Click **Select Folder** in the pop-up window.



At the pop-up window, click the folder name **ONCE** to highlight it.

**Click Select Folder.**

Data will begin loading into the *All Plan Data* tab, pulling in Benefits Package and Cost Share Variances data (on a per plan variation level) from all Plans and

Benefits templates in the Plans and Benefits folder.

The data import is successful when the *All Plan Data* tab opens, fully populated.

	A	B	C	D	E	F
	Plan Benefit Workbook Name	Benefits Package	HIOS Issuer ID	Market Coverage	Dental Only Plan	TIN
3						
4	18637-PlansBenefits	Benefits Package 1	18637 Individual	No	11-1111111	18
5	18637-PlansBenefits	Benefits Package 1	18637 Individual	No	11-1111111	18
6	18637-PlansBenefits	Benefits Package 1	18637 Individual	No	11-1111111	18
7	18637-PlansBenefits	Benefits Package 1	18637 Individual	No	11-1111111	18
8	18637-PlansBenefits	Benefits Package 1	18637 Individual	No	11-1111111	18
9	18637-PlansBenefits	Benefits Package 1	18637 Individual	No	11-1111111	18
10	18637-PlansBenefits	Benefits Package 1	18637 Individual	No	11-1111111	18
11	18637-PlansBenefits	Benefits Package 1	18637 Individual	No	11-1111111	18

Your data import is successful when the Master Review Tool *All Plan Data* worksheet opens, fully populated.

- Save the Master Review Tool workbook again after the data import has completed.
- Go back to the Master Review Tool *Instructions* tab and determine if you want to evaluate plans offered inside of the Marketplace only, plans offered outside of the Marketplace only, or both plans offered inside and outside of the Marketplace. Once you decide which plans to evaluate, using the drop-down, click the option you've chosen.

	B	C	D	E
10	4	where all of the Plans & Benefits templates were saved (as determined in step 2). Navigate to this folder and click once on the folder name; the selected folder's name should appear near the bottom of the pop up		
13	5	Select if you'd like to use this tool to evaluate on exchange plans only, off exchange plans only, or both on and off exchange plans. Please note that not all of the reviews are applicable to off exchange plans. The "Review Summary" tab will grey out the cells for reviews that are not applicable and those plans will not be on the tabs corresponding to the	Select which plans you would like to review	
14			Both On and Off Exchange Plans	

Use the drop-down to choose Marketplace (On Exchange) plans only, plans offered outside of the Marketplace (Off Exchange) only or plans offered both inside and outside of the Marketplace

- Go back to the Master Review Tool *Instructions* tab and click **Populate Worksheet Headers** in row 15.

14	6	Once the "All Plan Data" worksheet has been populated, use the button below to populate the headers of the "Review Summary" tab and all other review tabs based on the specific data in the "All Plan Data" tab.
15		Populate Worksheet Headers

Click **Populate Worksheet Headers** in the *Instructions* tab, row 15.

- Click the Master Review Tool *Review Summary* tab to see the populated worksheet headers.

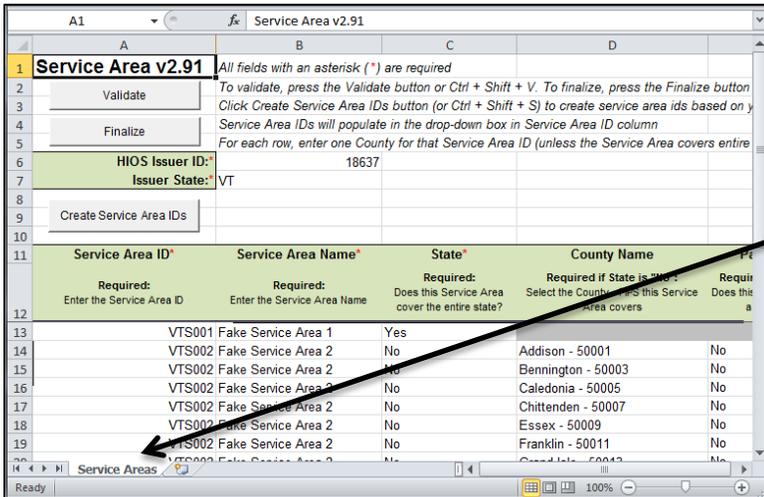
Master Review Tool		Validation Results			
Section/Standard	Function of Review				
		HIOS Issuer ID: 18637	18637	18637	18637
		Type of Plan: Standard Bronze Off Exchange Plan	Standard Bronze On Exchange Plan	Standard Silver Off Exchange Plan	Standard Silver On Exchange Plan
		Formulary ID: VTF001	VTF001	VTF001	VTF001
		Drug list ID: Drug list not input	Drug list not input	Drug list not input	Drug list not input
		Network ID: VTN001	VTN001	VTN001	VTN001
		Service area ID: VTS001	VTS001	VTS002	VTS002
12	Accreditation	Ensure the issuer is accredited by NCOA or URAC, or is assumed to be working towards accreditation.	Not yet evaluated	Not yet evaluated	Not yet evaluated
13	Program Attestation	Collect issuer attestation to meeting state marketing standards.	Not yet evaluated	Not yet evaluated	Not yet evaluated
14	SHOP Tying	Confirm issuer compliance with SHOP Tying Provision; if noncompliant, confirm satisfactory justification has been provided.	Not yet evaluated	Not yet evaluated	Not yet evaluated
15	EHB	Ensure that the QHP template covers every benefit covered in the state benchmark and do a manual check for substitutions.	Not yet evaluated	Not yet evaluated	Not yet evaluated
16	ECP	Ensure issuers have ECPs, where available, that meet the policy standards.	Not yet evaluated	Not yet evaluated	Not yet evaluated
17	Formulary	Ensure compliance with EHBs and check for discrimination by counting drugs in each therapeutic category and class.	Not yet evaluated	Not yet evaluated	Not yet evaluated
	Benefit Cost Sharing	Check only in-network out-of-pocket maximum and small group deductible costs for individual and family EHB coverage against the IRS annual dollar limit, ensure the cost sharing variations and catastrophic plans meet all requirements.	Not yet evaluated	Not yet evaluated	Not yet evaluated

10. Save the Master Review Tool workbook again after you have populated the *Review Summary* tab and all other review tabs.

## IMPORTING DATA FROM THE SERVICE AREA TEMPLATES

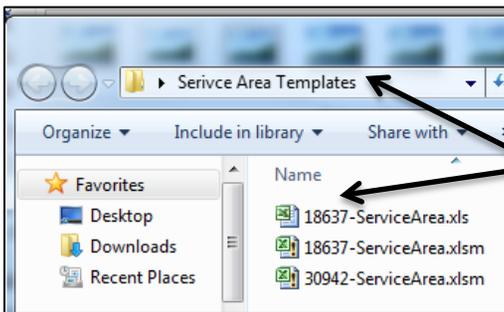
Data from Service Area templates will expedite running the Meaningful Difference and ECP stand-alone tools, but this step is not necessary to use the Master Review Tool.

1. Download the Excel versions of issuers' Service Area templates from [HIOS](#) or [SERFF](#). For HIOS registration and access information, refer to [Addendum: Health Insurance Oversight System \(HIOS\) Access](#) in this guide; for help with SERFF, email [serffplanmgt@naic.org](mailto:serffplanmgt@naic.org).
2. After completing the Service Area templates download, open each Service Area workbook and confirm each template has only ONE worksheet and that the worksheet is named *Service Areas*.



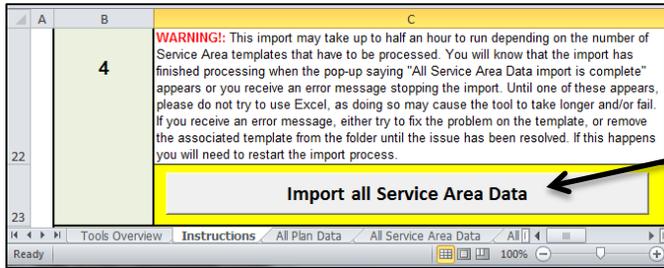
Open each Service Area template and confirm each template has only one tab, *Service Areas*.

3. Save each Service Area template with a unique filename (e.g., IssuerID\_ServiceArea.xlsx) and save all the Service Area templates in the same folder. This folder should contain ONLY the Service Area templates.



Each Service Area template is saved by Issuer ID, and all Service Area templates are saved in the same Service Area templates folder.

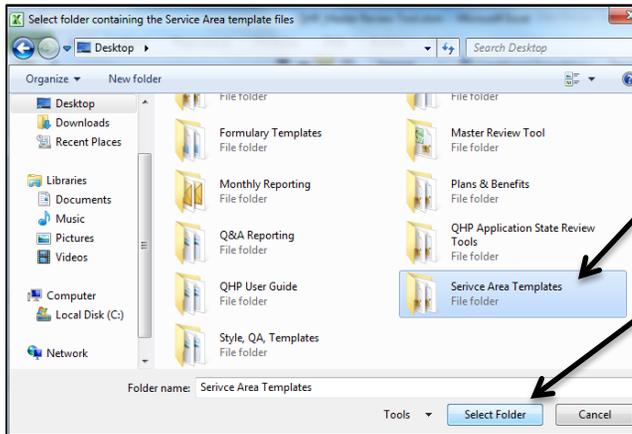
4. Read the **WARNING** in the Master Review Tool *Instructions* tab in row 22 that explains that this data import may take up to 30 minutes; click **Import all Service Area Data** in row 23.



**WARNING!** Depending on the data or file size, the data import process may take up to 30 minutes.

Click **Import all Service Area Data** in row 23.

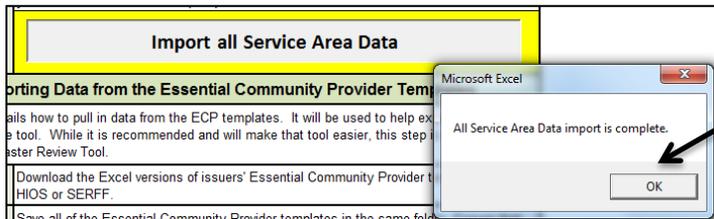
5. At the pop-up window, navigate to the folder where you saved all the Service Area templates (created in step 3).
- a. Click on the folder name once to highlight it; the folder name will appear in the *Folder name:* field.
  - b. Click **Select Folder** in the pop-up window; data will begin loading into the *All Service Area Data* tab.



At the pop-up window, click the folder name **ONCE** to highlight it.

Click **Select Folder**.

6. Click **OK** in the *All Service Area Data import is complete* window.



At the pop-up window, click **OK**.

7. Click the *All Service Area Data* tab to see the populated worksheet.

	A	B	C	
1	HIOS Issuer ID	Service Area ID	Service Area Name	Is E C
2				
3	18637	VTS001	Fake Service Area 1	Yes
4	18637	VTS002	Fake Service Area 2	No
5	18637	VTS002	Fake Service Area 2	No
6	18637	VTS002	Fake Service Area 2	No
7	18637	VTS002	Fake Service Area 2	No
8	18637	VTS002	Fake Service Area 2	No
9	18637	VTS002	Fake Service Area 2	No
10	18637	VTS002	Fake Service Area 2	No
11	18637	VTS002	Fake Service Area 2	No
12	18637	VTS002	Fake Service Area 2	No
13	18637	VTS002	Fake Service Area 2	No

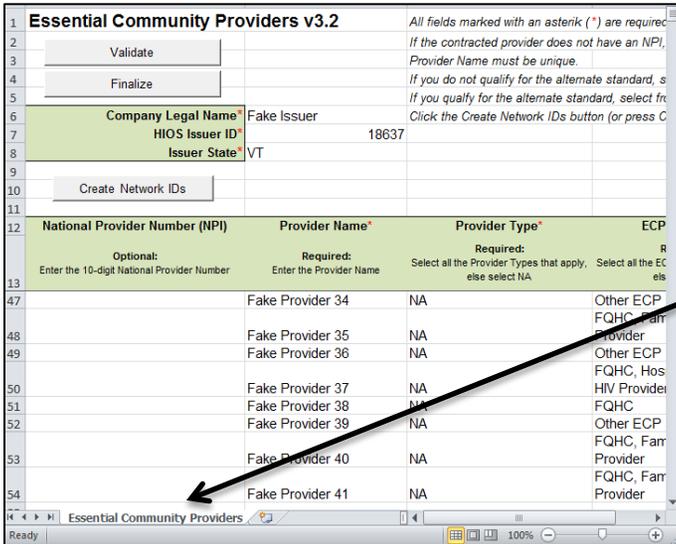
Click the *All Service Area Data* tab to see the populated worksheet.

8. Save the Master Review Tool workbook again after the data import has completed.

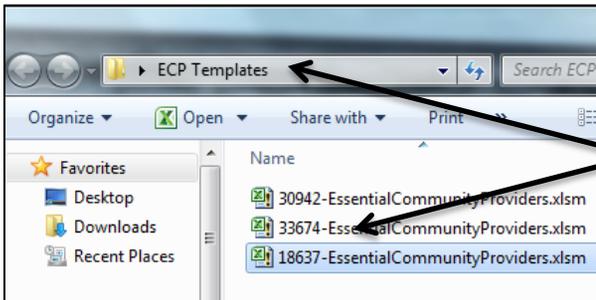
## IMPORTING DATA FROM THE ESSENTIAL COMMUNITY PROVIDER TEMPLATES

Data from the ECP templates will expedite running the ECP stand-alone tool; however, this step is not necessary for using this Master Review Tool.

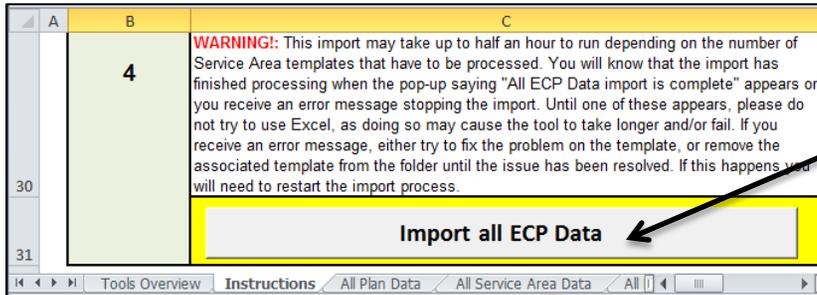
1. Download the Excel versions of issuers' ECP templates from [HIOS](#) or [SERFF](#). For HIOS registration and access information, refer to [Addendum: Health Insurance Oversight System \(HIOS\) Access](#) in this guide; for help with SERFF, email [serffplanmgmt@naic.org](mailto:serffplanmgmt@naic.org).
2. After completing the ECP templates download, open each ECP workbook and confirm each template has only ONE worksheet and that the worksheet is named *Essential Community Providers*.



3. Save each ECP template with a unique filename (e.g., IssuerID\_EssentialCommunityProvider.xlsx) and save all the ECP templates in the same folder. This folder should contain ONLY the ECP templates.



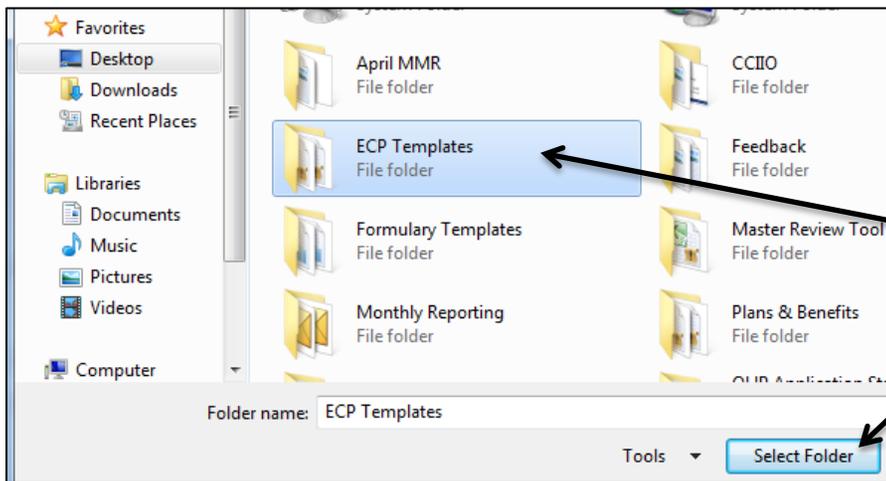
4. Read the **WARNING** in the Master Review Tool *Instructions* tab in row 30 that explains that this data import may take up to 30 minutes; click **Import all ECP Data** in row 31.



**WARNING!** Depending on the data or file size, the data import process may take up to 30 minutes.

Click **Import all ECP Data**.

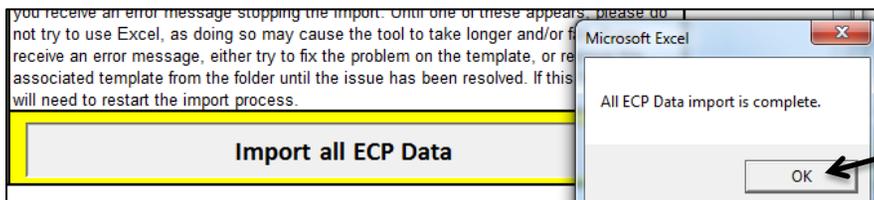
5. At the pop-up window, navigate to the folder where you saved all the ECP templates (created in step 3).
- Click once on the folder name. (The folder name should appear near the bottom of the pop-up window.)
  - Click **Select Folder** in the pop-up window; data will begin loading into the *All ECP Data* tab.



At the pop-up window, click the folder name **ONCE** to highlight it.

Click **Select Folder**.

6. Click **OK** in the *All ECP Data import is complete* window.



At the pop-up window, click **OK**.

7. Click the *All ECP Data* tab to see the populated worksheet.

	A	B	C
1		<b>National Provider Number (NPI)</b>	<b>Provider Name*</b>
2	<b>HIOS Issuer ID</b>	<b>Optional:</b> Enter the 10-digit National Provider Number	<b>Required:</b> Enter the Provider Name
3	18637		Fake Provider 1
4	18637		Fake Provider 2
5	18637		Fake Provider 3
6	18637		Fake Provider 4
7	18637		Fake Provider 5
8	18637		Fake Provider 6
9	18637		Fake Provider 7
10	18637		Fake Provider 8
11	18637		Fake Provider 9
12	18637		Fake Provider 10

Instructions | All Plan Data | All Service Area Data | All ECP Data

Click the *All ECP Data* tab to see the populated worksheet.

8. Save the Master Review Tool workbook again after the data import has completed.

## II: ECP TOOL

You can run the ECP Tool for only one issuer at a time; therefore, you'll input issuer one information and run the ECP Tool for issuer one before going on to issuers two, three, etc. If you use the ECP stand-alone tool, you should familiarize yourself with the validation steps in the Master Review Tool in the *ECP* tab to better understand the logic of the tool and where justifications can overcome the tool's automated results.

For additional information and explanation, please see [Appendix II: ECP Tool](#).

### LOADING THE DATA

Before you can begin the ECP Tool steps, download the ECP Tool from [SERVIS](#) and complete the [Import all Plan Data](#) function in the Master Review Tool *Instructions* tab.

1. Open the ECP Tool *Instructions* tab and click **Generate Issuer List**. At the pop-up window, select the Master Review Tool file that has all the imported data.

1. For this to work, first all the data has to be imported into the "Master Review Tool" by the instructions in the "Master Review Tool". After the data has been imported in "Review Tool", press the button below. A window will pop up asking you to select a "Master Review Tool" that has had all of the data imported into it. Then select "Open" in the pop up window. After a little minute or so, a list of the issuers in your state should be present in cell below (D6).

**Generate Issuer List**

Click **Generate Issuer List** to load the list of issuers in your state.

2. When the issuer list is generated, use the *drop-down option* in row 7 to select which issuer you would like to evaluate first. Click **Populate 'Plan Info Input' tab using data from "Master Review Tool."** At the pop-up window, select the Master Review Tool file that has all the imported data.

**Generate Issuer List**

2. Select which issuer you would like to perform ECP Review for by choosing an issuer for the dropdown menu at right (Cell D7). After you choose which issuer you want to perform ECP Review for, press the button below. A window will pop up asking you to select a file. Select the same "Master Review Tool" that has had all of the data imported into it that you selected in step 1. Then select "Open" in the pop up window. After a couple of minutes the Plan Info Input tab will be populated with all of the necessary information for the issuer selected at right.

Select which Issuer you would like to Evaluate.

**Populate 'Plan Info Input' tab using data from "Master Review Tool"**

18637

18637  
30942  
33674

Use the drop-down menu to select the Issuer ID for evaluation.

Click **Populate 'Plan Info Input' tab using data from "Master Review Tool."**

Instructions Plan Info Input Service Area Input ECP Input

3. When the plan information data is loaded, the ECP Tool *Plan Info Input* tab opens fully populated.

	A	B	C	D
1	HIOS Plan ID (Standard Component)	HIOS Issuer ID	Network ID	Service Area ID
2	18637VT0123456	18637	VTN001	VTS001
3	18637VT0123457	18637	VTN001	VTS002
4	18637VT0123458	18637	VTN001	VTS001
5	18637VT0123459	18637	VTN002	VTS002
6	18637VT0123460	18637	VTN001	VTS001
7	18637VT0123461	18637	VTN001	VTS001
8	18637VT0123462	18637	VTN002	VTS002

The ECP Tool *Plan Info Input* tab opens fully populated.

4. In the ECP Tool *Instructions* tab, click **Populate ‘Service Area Input’ tab using data from “Master Review Tool.”** At the pop-up window, select the Master Review Tool file that has all the imported data.

A	B	C	D
3.		Please press the button below to import the Service Area Input data. A window will pop up asking you to select a file. Select the same "Master Review Tool" that has had all of the data imported into it that you selected in steps 1 & 2. Then select "Open" in the pop up window. After a couple of minutes the Service Area Input tab will be populated with all of the necessary information.	
		<b>Populate 'Service Area Input' tab using data from "Master Review Tool"</b>	

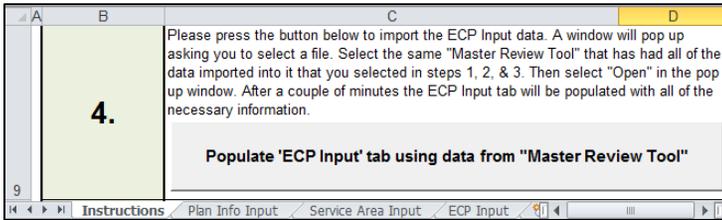
Click **Populate ‘Service Area Input’ tab using data from “Master Review Tool.”**

5. When the service area data is loaded, the *Service Area Input* tab opens fully populated.

	A	B	C	D
1	HIOS Issuer ID	Service Area ID	Service Area Name	Is Entire State Covered?
2	18637	VTS001	Fake Service Ar	Yes
3	18637	VTS002	Fake Service Ar	No
4	18637	VTS002	Fake Service Ar	No
5	18637	VTS002	Fake Service Ar	No
6	18637	VTS002	Fake Service Ar	No
7	18637	VTS002	Fake Service Ar	No
8	18637	VTS002	Fake Service Ar	No
9	18637	VTS002	Fake Service Ar	No
10	18637	VTS002	Fake Service Ar	No
11	18637	VTS002	Fake Service Ar	No
12	18637	VTS002	Fake Service Ar	No
13	18637	VTS002	Fake Service Ar	No

The ECP Tool *Service Area Input* tab opens, fully populated.

6. In the ECP Tool *Instructions* tab, click **Populate ‘ECP Input’ tab using data from “Master Review Tool.”** At the pop-up window, select the Master Review Tool file that has all the imported data.



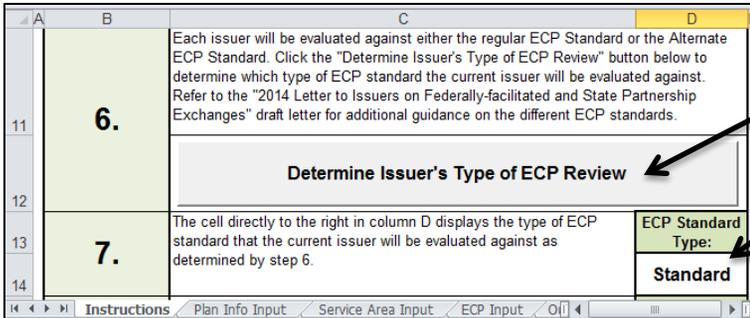
Click **Populate ‘ECP Input’ tab using data from “Master Review Tool.”**

7. In the ECP Tool *Instructions* tab, click **Populate ‘ECP Input’ tab using data from “Master Review Tool.”** At the pop-up window, select the Master Review Tool file that has all the imported data.

	A	B	C	D
	HIOS Issuer ID	Provider Name	Provider Type(s)	ECP Category
2	18637	Fake Provider 1	NA	FQHC, Ryan White
3	18637	Fake Provider 2	NA	Other ECP
4	18637	Fake Provider 3	NA	Ryan White HIV Pr
5	18637	Fake Provider 4	NA	FQHC, Hospital
6	18637	Fake Provider 5	NA	FQHC
7	18637	Fake Provider 6	NA	FQHC
8	18637	Fake Provider 7	NA	Hospital
9	18637	Fake Provider 8	NA	Hospital
10	18637	Fake Provider 9	NA	Ryan White HIV Pr
11	18637	Fake Provider 10	NA	Ryan White HIV Pr
12	18637	Fake Provider 11	NA	Hospital, Ryan Whi
13	18637	Fake Provider 12	NA	Other ECP
14	18637	Fake Provider 13	NA	Indian Provider
15	18637	Fake Provider 14	NA	FQHC

The ECP Tool *ECP Input* tab opens, fully populated.

8. In the ECP Tool *Instructions* tab, row 12, click **Determine Issuer’s Type of ECP Review.** Cell D14 auto-populates with the *ECP Standard Type*.



Click **Determine Issuer’s Type of ECP Review** in cell D12.  
Cell D14 populates with the **ECP Standard Type.**

9. In the ECP Tool *Instructions* tab, cell D16, **Enter the minimum expectation percentage**; the default is 10 percent. In cell D18, **Enter the safe harbor standard percentage**; the default is 20 percent. The [Letter to Issuers on Federally-facilitated and State Partnership Exchanges](#) provides more guidance.

15	8.	Enter the desired minimum expectation percentage. The default minimum expectation percentage is 10%. Note that the # of required ECPs is rounded using standard rounding rules (IE: any decimal .5 or higher is rounded up, anything else is rounded down). For instance if there are 89 available ECPs and the percentage is 10%, issuers would need to have at least 9 ECPs to pass. Refer to the "2014 Letter to Issuers on Federally-facilitated and State Partnership Exchanges" draft letter for additional guidance.	Enter the minimum expectation percentage: 10%
16			
17	9.	Enter the desired safe harbor standard percentage. The default safe harbor standard percentage is 20%. Note that the # of required ECPs is rounded using standard rounding rules (IE: any decimal .5 or higher is rounded up, anything else is rounded down). For instance if there are 89 available ECPs and the percentage is 20%, issuers would need to have at least 18 ECPs to pass. Refer to the "2014 Letter to Issuers on Federally-facilitated and State Partnership Exchanges" draft letter for additional guidance.	Enter the safe harbor standard percentage: 20%
18			

Enter the minimum expectation percentage in cell D16.

Enter the safe harbor standard percentage in cell D18.

10. Save the ECP Tool workbook.

11. In the ECP Tool *Instructions* tab, read the **WARNING** in row 24 about time expectations to run the ECP tool; in row 25, click **Run ECP Tool**. (You may have to scroll down to see the **Run ECP Tool** button.)

24	<b>WARNING!</b> The ECP Tool may take several minutes to run depending on the amount of data processed. You will know that the ECP Tool has finished processing when a different tab is pressing the Run ECP Tool button, do not use your computer until the ECP Tool has finished processing your computer while the ECP Tool is processing may cause the tool to take longer a	
25	<b>Run ECP Tool</b>	

**WARNING!** Depending on the data or file size, the data import process may take up to 30 minutes.

Scroll down to row 25 and click **Run ECP Tool**.

12. The ECP Tool has run successfully when the *Output* tab opens, fully populated.

	A	B	C	D	E	F
1	HIOS Plan ID (Standard Component)	HIOS Issuer ID	Network ID	Service Area ID	Minimum Expectation Percentage At least 10%* of Available ECPs? (*rounded)	Safe Harbor Standard Percentage At least 20%* of Available ECPs? (*rounded)
3	18637VT0123456	18637VTN001	VTS001		Met	Met
4	18637VT0123457	18637VTN001	VTS002		Met	Met
5	18637VT0123458	18637VTN001	VTS001		Met	Met
6	18637VT0123459	18637VTN002	VTS002		Met	Not Met
7	18637VT0123460	18637VTN001	VTS001		Met	Met
8	18637VT0123461	18637VTN001	VTS001		Met	Met
9	18637VT0123462	18637VTN002	VTS002		Met	Not Met
10	18637VT0123463	18637VTN001	VTS002		Met	Met
11	18637VT0123464	18637VTN001	VTS001		Met	Met
12	18637VT0123465	18637VTN002	VTS001		Met	Met
13	18637VT0123466	18637VTN001	VTS002		Met	Met
14	18637VT0123467	18637VTN002	VTS001		Met	Met
15	18637VT0123468	18637VTN001	VTS002		Met	Met
16	18637VT0123469	18637VTN002	VTS001		Met	Met
17	18637VT0123470	18637VTN002	VTS002		Met	Not Met

The ECP Tool is completed when the *Output* tab opens, fully populated.

13. Save the ECP Tool workbook.

### III: MEANINGFUL DIFFERENCE TOOL

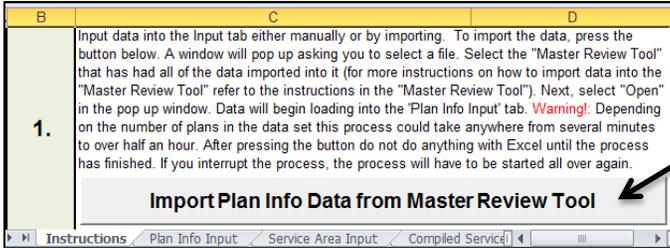
If you use the Meaningful Difference stand-alone tool, you should familiarize yourself with the validation steps in the Master Review Tool *Meaningful Difference* tab to better understand the logic of the tool and where justifications can overcome the tool's automated results.

For additional information and explanation, please see [Appendix III: Meaningful Difference Tool](#).

#### LOADING THE DATA

Before you can begin the Meaningful Difference Tool steps, download the tool from [SERVIS](#) and complete the [Import all Plan Data](#) function in the Master Review Tool *Instructions* tab.

1. In the Meaningful Difference Tool *Instructions* tab, click **Import Data from Master Review Tool**. At the pop-up window, select the Master Review Tool that has all the imported data.



**WARNING!** Depending on the data or file size, the data import process may take up to 30 minutes.

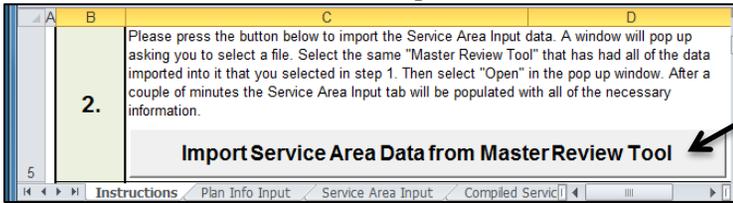
Click **Import Plan Info Data from Master Review Tool**.

2. The data import is complete when the *Plan Info Input* tab opens, fully populated.

	A	B	E	F	G	
1						
2						
3	<b>HIOS Plan ID (Standard Component)</b>	<b>HIOS Issuer ID</b>	<b>Level of Coverage</b>	<b>Network ID</b>	<b>Formulary ID</b>	<b>Medical Deductible Integ</b>
4	18637VT0123456	18637	Bronze	VTN001	VTF001	No
5	18637VT0123457	18637	Silver	VTN001	VTF001	No
6	18637VT0123458	18637	Silver	VTN001	VTF001	No
7	18637VT0123459	18637	Silver	VTN002	VTF001	Yes
8	18637VT0123460	18637	Bronze	VTN001	VTF001	No
9	18637VT0123461	18637	Bronze	VTN001	VTF001	Yes
10	18637VT0123462	18637	Gold	VTN002	VTF001	Yes
11	18637VT0123463	18637	Gold	VTN001	VTF001	Yes
12	18637VT0123464	18637	Gold	VTN001	VTF001	Yes
13	18637VT0123465	18637	Gold	VTN002	VTF001	No

The data import is successful when the Meaningful Difference Tool *Plan Info Input* tab opens, fully populated.

3. In the Meaningful Difference Tool *Instructions* tab, click **Import Service Area Data from Master Review Tool**. At the pop-up window, select the Master Review Tool that has all the imported data.



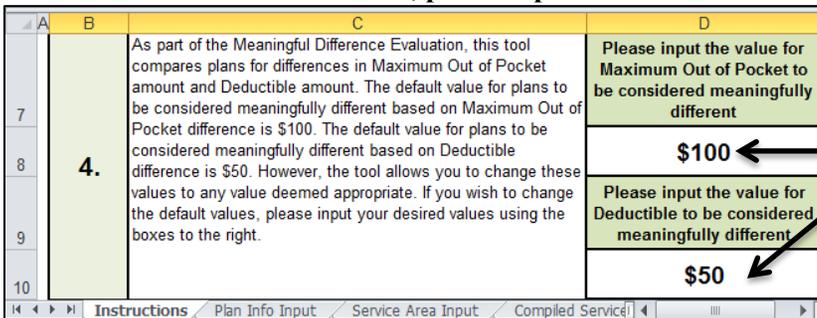
Click **Import Service Area Data from Master Review Tool**.

4. The data import is complete when the *Service Area Input* tab opens, fully populated.

	A	B	C	D	E
	HIOS Issuer ID	Service Area ID	Service Area Name	Is Entire State Covered?	Name of Covered County (if whole state isn't covered)
1					
2	18637	VTS001	Fake Service Area	Yes	
3	18637	VTS002	Fake Service Area	No	Addison - 50001
4	18637	VTS002	Fake Service Area	No	Bennington - 50003
5	18637	VTS002	Fake Service Area	No	Caledonia - 50005
6	18637	VTS002	Fake Service Area	No	Chittenden - 50007
7	18637	VTS002	Fake Service Area	No	Essex - 50009
8	18637	VTS002	Fake Service Area	No	Franklin - 50011
9	18637	VTS002	Fake Service Area	No	Grand Isle - 50013
10	18637	VTS002	Fake Service Area	No	Lamoille - 50015
11	18637	VTS002	Fake Service Area	No	Orange - 50017
12	18637	VTS002	Fake Service Area	No	Orleans - 50019
13	18637	VTS002	Fake Service Area	No	Rutland - 50021

The data import is successful when the Meaningful Difference Tool *Service Area Input* tab opens fully populated.

5. In the Meaningful Difference Tool *Instructions* tab, cell D8, please input the value for **Maximum Out of Pocket to be considered meaningfully different**; the default is \$100. In cell D10, please input the value for **Deductible to be considered meaningfully different**; the default is \$50.



Enter the maximum out-of-pocket in cell D8 and the deductible in cell D10.

6. Save the Meaningful Difference Tool.
7. In the ECP Tool *Instructions* tab, read the **WARNING** in row 20 about time expectations to run the Meaningful Difference Tool; in row 21, click **Run Tool**. (You may have to scroll down to see the **Run Tool** button.)

A	B	C	D
20	<p><b>WARNING!</b> The Meaningful Difference Tool may take several minutes to run depending on the amount of data that has to be processed. You will know that the Meaningful Difference Tool has finished processing when the Output tab is displayed. After pressing the Run Tool button, do not use your computer until the Meaningful Difference Tool has finished processing. Using your computer while the Meaningful Difference Tool is processing may cause the tool to take longer and/or fail.</p>		
21	<p><b>Run Tool</b></p>		

**WARNING!** Depending on the data or file size, the data import process may take up to 30 minutes.

Scroll down to row 21 and click **Run Tool**.

8. The Meaningful Difference Tool has run successfully when the *Summary* tab opens, fully populated.

	HIOS Issuer ID	HIOS Plan ID (Standard Component)	Meaningful Difference Requirement Met?
1			
2	18637	18637VT0123456	Met
3	18637	18637VT0123457	Not Met
4	18637	18637VT0123458	Met
5	18637	18637VT0123459	Not Met
6	18637	18637VT0123460	Met
7	18637	18637VT0123461	Met
8	18637	18637VT0123462	Not Met
9	18637	18637VT0123463	Not Met
10	18637	18637VT0123464	Met

The Meaningful Difference Tool has run successfully when the *Summary* tab opens, fully populated.

9. Save the Meaningful Difference workbook.

Rows 14-17 in the Meaningful Difference Tool *Instructions* tab provide descriptions and explanations of the *Output*, *Summary*, *Compiled Service Area*, and *Plan County Combo* tabs and corresponding data.

## IV: NON-DISCRIMINATION BENEFIT REVIEW TOOL

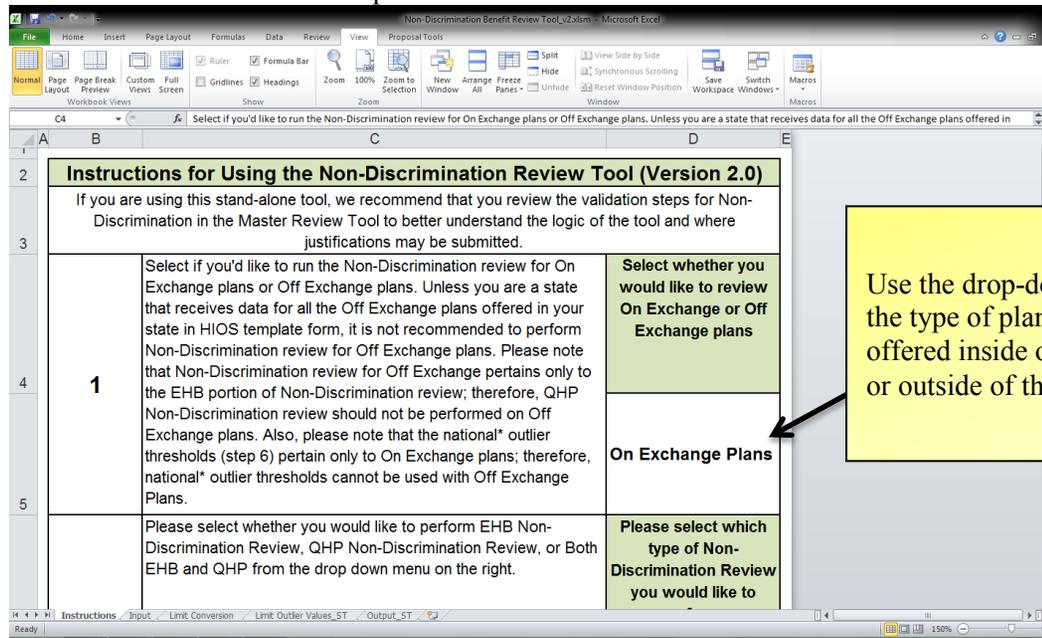
If you are using the Non-Discrimination Benefit Review Tool, you should familiarize yourself with the validation steps in the Master Review Tool *Non-Discrimination* tab to better understand the logic of the tool and where justifications can overcome the tool's automated results.

For additional information and explanation, please see [Appendix IV: Non-Discrimination Benefit Review Tool](#).

### LOADING THE DATA

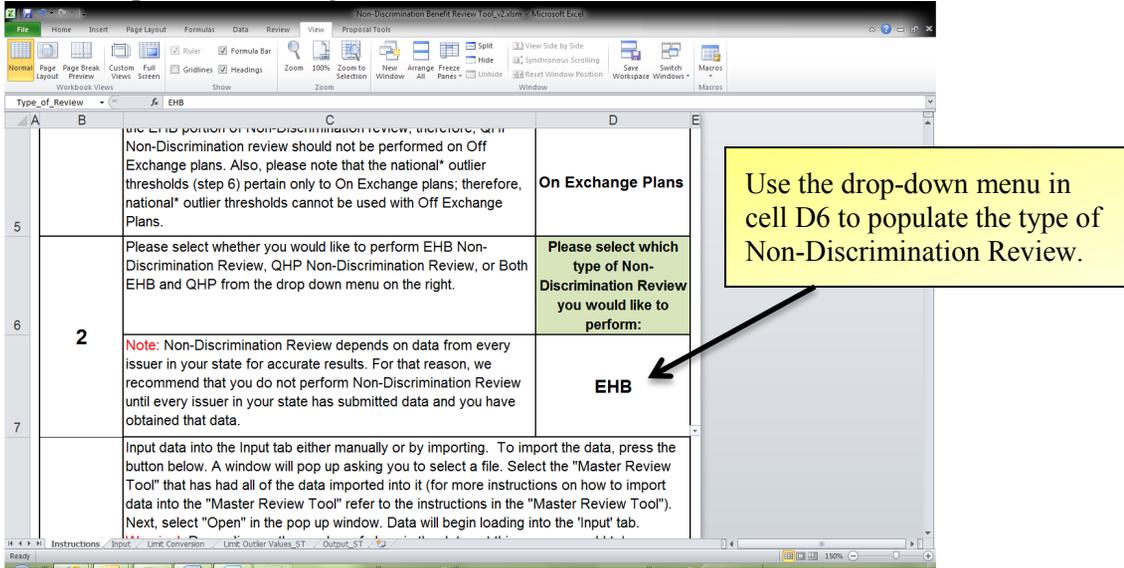
Before you can begin the Non-Discrimination Tool steps, download the tool from [SERVIS](#) and complete the [Import all Plan Data](#) function in the Master Review Tool *Instructions* tab.

1. Select if you want to run the Non-Discrimination review for plans offered inside of the Marketplace, plans for Off Exchange plans. Unless you are a state that receives data for all the plans offered outside of the Marketplace in your state in the HIOS template form, it is not recommended you perform the Non-Discrimination review of those plans.

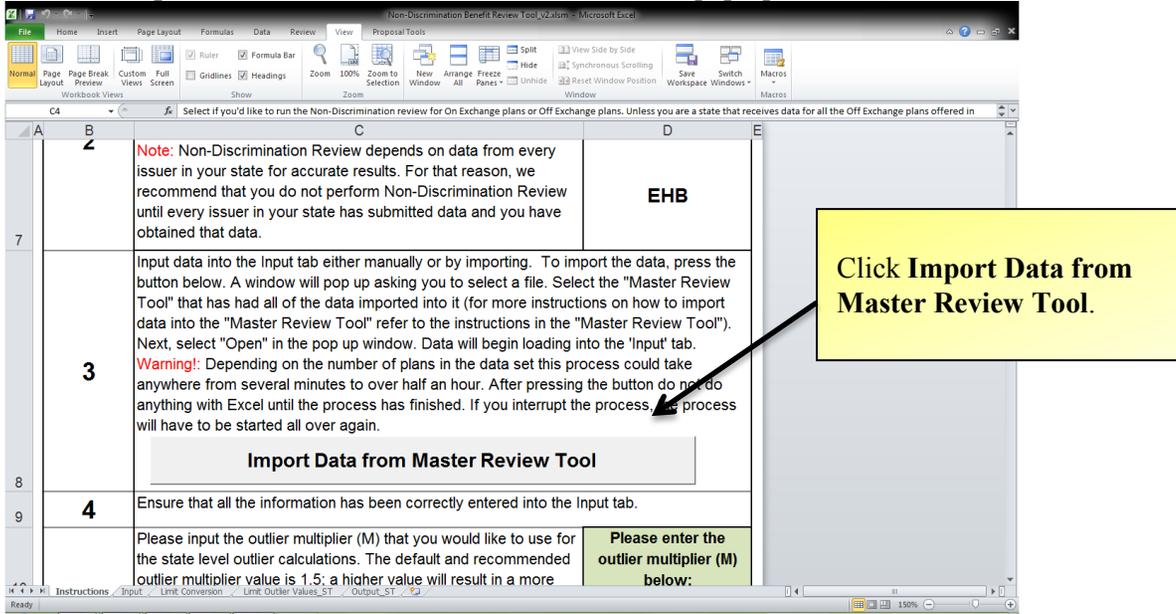


Use the drop-down menu in cell D4 to populate the type of plan you would like to review: plans offered inside of the Marketplace (On Exchange) or outside of the Marketplace (Off Exchange)

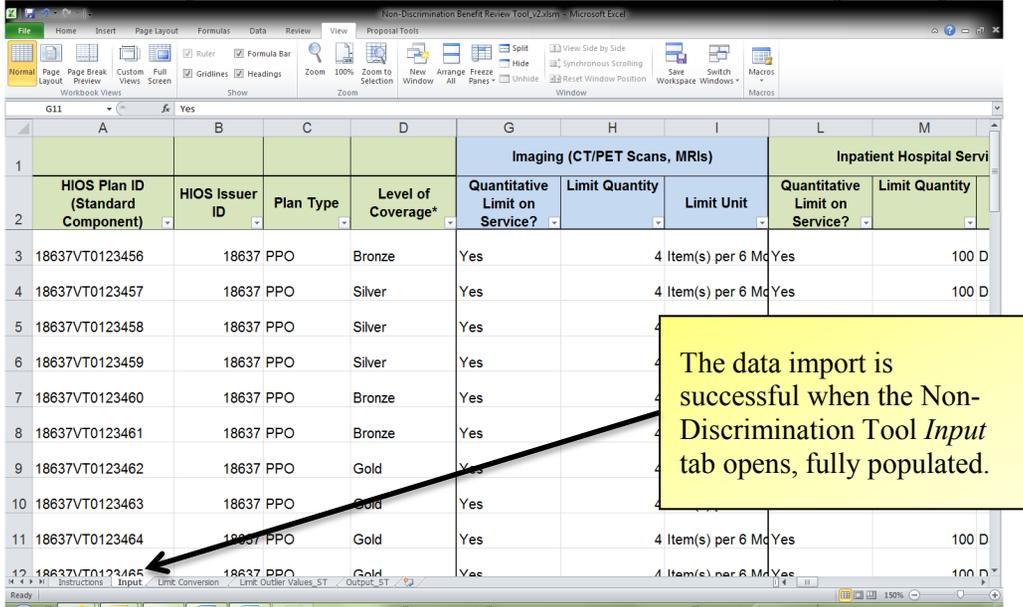
2. In the Non-Discrimination Tool *Instructions* tab, use the drop-down menu in cell D6 and please select which type of Non-discriminatory Review you would like to perform, *EHB*, *QHP*, or *Both*.



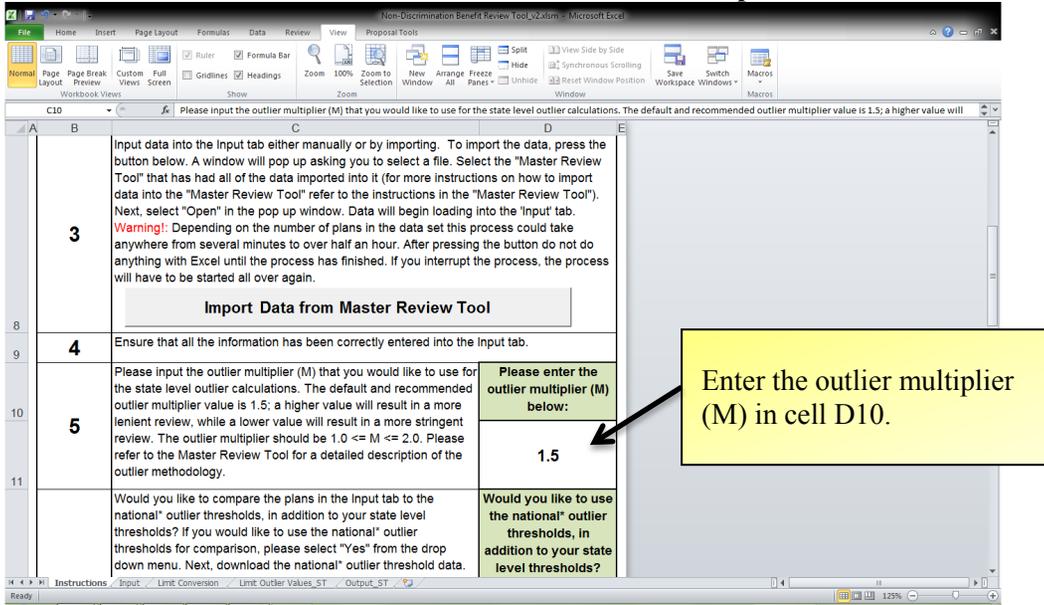
3. Click **Import Data from Master Review Tool**. At the pop-up window, select the Master Review Tool that has all the imported data.



4. The data import is successful when the Non-Discrimination Tool *Input* tab opens, fully populated.



5. In the Non-Discrimination Tool *Instructions* tab, cell D10, please enter the outlier multiplier (M); the default is 1.5.



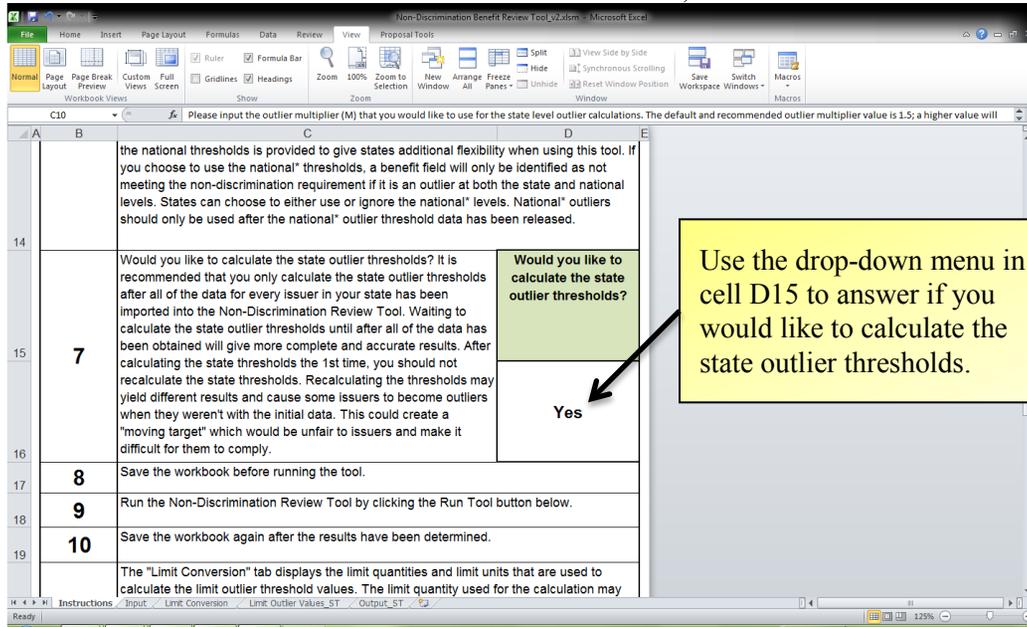
6. Use the drop-down menu in cell D12 to indicate if you will compare plans in the Input tab using the national outlier thresholds in addition to state level thresholds. (The U.S. Department of Health and Human Services (HHS) expects to release the national outlier threshold data in May 2013. Follow the additional instructions in the Non-Discrimination Tool *Instructions* tab rows 12–14 if you choose to use the national outlier threshold data.)

The screenshot shows an Excel spreadsheet with the following content:

	5	When reviewing, write a lower value will result in a more stringent review. The outlier multiplier should be 1.0 <= M <= 2.0. Please refer to the Master Review Tool for a detailed description of the outlier methodology.	1.5	
11				
12	6	Would you like to compare the plans in the Input tab to the national* outlier thresholds, in addition to your state level thresholds? If you would like to use the national* outlier thresholds for comparison, please select "Yes" from the drop down menu. Next, download the national* outlier threshold data. HHS will make the national* outlier data available to states sometime in late May to early June. Finally, copy and paste the national* outlier threshold information into the tabs "Limit Outlier Values_NAT" and "CS Outlier Values_NAT". The option to use the national thresholds is provided to give states additional flexibility when using this tool. If you choose to use the national* thresholds, a benefit field will only be identified as not meeting the non-discrimination requirement if it is an outlier at both the state and national levels. States can choose to either use or ignore the national* outliers should only be used after the national* outlier threshold data has been released.	Would you like to use the national* outlier thresholds, in addition to your state level thresholds?	
13			No	
14				
15	7	Would you like to calculate the state outlier thresholds? It is recommended that you only calculate the state outlier thresholds after all of the data for every issuer in your state has been imported into the Non-Discrimination Review Tool. Waiting to calculate the state outlier thresholds until after all of the data has been obtained will give more complete and accurate results. After calculating the state thresholds the 1st time, you should not	Would you like to calculate the state outlier thresholds?	

The callout box contains the text: "Use the drop-down menu in cell D12 to answer if you would like to use national outlier thresholds." An arrow points from the callout box to cell D12, which contains a dropdown menu with "No" selected.

Use the drop-down menu in cell D15 to indicate if you would like to calculate the state outlier thresholds. (Read more about calculating state outlier thresholds in the Non-Discrimination Tool *Instructions* tab rows 15–16.)



## 7. Save the Non-Discrimination Tool.

8. In the Non-Discrimination Tool *Instructions* tab, read the **WARNING** in row 31 about time expectations to run the tool; in row 32, click **Run Tool**. (You may have to scroll down to see the **Run Tool** button.)

\* National level refers to the sample of data that HHS has access to by May 2013 from all states that are a Federally Facilitated Marketplace (FFM) including State Partnership Marketplaces where issuers have submitted their QHP Applications via the Health Insurance Oversight System (HIOS).

**WARNING!** The Non-Discrimination Benefit Review Tool may take several minutes to run depending on the amount of data that has to be processed. You will know that the Non-Discrimination Benefit Review Tool has finished processing when the Output tab is displayed. After pressing the Run Tool button, do not use your computer until the Non-Discrimination Benefit Review Tool has finished processing. Using your computer while the tool is processing may cause the tool to take longer and/or fail.

**Run Tool**

Disclaimer: The results generated by this tool depend on complete and accurate data. Some data checks are built into the tool, but there may be data discrepancies and/or inaccuracies that were not anticipated that the tool may not catch. This may create inaccurate or incomplete results. To ensure accurate results, please ensure that all data is complete and accurate. Thank you.  
Please note that these tools are for State regulator use only and are not to be distributed to issuers at this time.

**WARNING!** Depending on the data or file size, the data import process may take up to 30 minutes.  
Click Run Tool.

9. The Non-Discrimination Tool has run successfully when the *Output* tab opens, fully populated.

State Level Results					H	L	O	R
					Imaging (CT/PET Scans, MRIs)	Inpatient Hospital Services	Mental/Behavioral Health Inpatient	Mental/Behavioral Health Outpatient
HIOS Plan ID (Standard Component)	HIOS Issuer ID	Plan Type	Level of Coverage <sup>a</sup>	Any Issue?	Limit	Limit	Limit	Limit
4	18637VT0123456	PPO	Bronze	Met				
5	18637VT0123457	PPO	Silver	Met				
6	18637VT0123458	PPO	Silver	Met				
7	18637VT0123459	PPO	Silver	Met				
8	18637VT0123460	PPO	Bronze	Met				
9	18637VT0123461	PPO	Bronze	Met				
10	18637VT0123462	PPO	Gold	Met				
11	18637VT0123463	PPO	Gold	Met				
12	18637VT0123464	PPO	Gold	Met				
13	18637VT0123465	PPO	Gold	Met				
14	18637VT0123466	PPO	Platinum	Met				
15	18637VT0123467	PPO	Platinum	Met				
16	18637VT0123468	PPO	Platinum	Met	Okay	Okay	Okay	Okay
17	18637VT0123469	PPO	Silver	Met	Okay	Okay	Okay	Okay
18	18637VT0123470	PPO	Silver	Met	Okay	Okay	Okay	Okay
19	18637VT0123471	PPO	Bronze	Met	Okay	Okay	Okay	Okay
20	18637VT9876543	HMO	Gold	Met	Okay	Okay	Okay	Okay
21	18637VT9876544	HMO	Gold	Met	Okay	Okay	Okay	Okay

The Non-Discrimination Tool is successful when the Output tab opens, fully populated.

10. Save the Non-Discrimination Tool.

Rows 20-29 in the Non-Discrimination Tool *Instructions* tab provide descriptions and explanations of the Limit Conversion, CS Conversion, Limit Outlier Values, CS Outlier Values, and Output tabs and corresponding data.

## V: COST SHARING TOOL

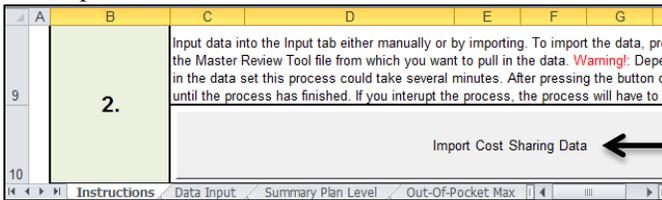
If you are using this stand-alone tool, we recommend that you review the validation steps in the Master Review Tool *Benefit Cost Sharing* tab to better understand the logic of the tool and where justifications may overcome the tool's automated results.

For additional information and explanation, please see [Appendix V: Cost Sharing Tool](#).

### LOADING THE DATA

Before you can begin the Cost Sharing Tool steps, download the tool from [SERVIS](#) and complete the [Import all Plan Data](#) function in the Master Review Tool *Instructions* tab.

1. In the Cost Sharing Tool *Instructions* tab, row 10, click **Import Cost Sharing Data**. At the pop-up window, select the Master Review Tool that has all the imported data.



**WARNING!** Depending on the data or file size, the data import process may take up to 30 minutes.

Click **Import Cost Sharing Data**.

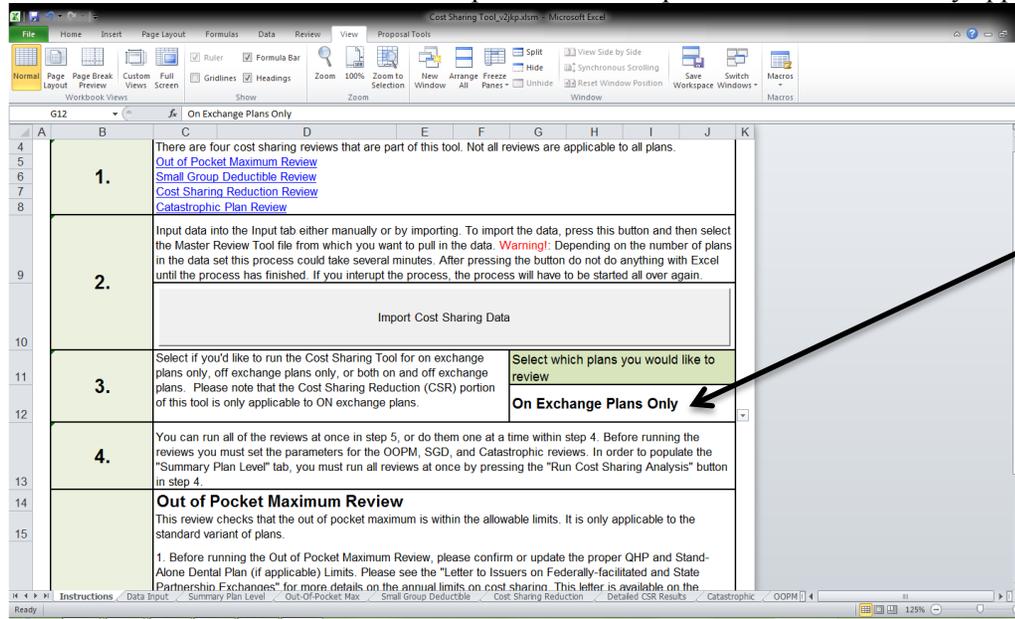
2. After clicking **OK** in the pop-up window, *All cost-sharing data imported successfully* the Data Input tab opens, fully populated.

	A	B	C	LO
1	HIOS Plan ID* (Standard Component + Variant)	HIOS Plan ID (Standard Component)	CSR Variation Type	Drugs
2				Out of Network
3				
4	18637VT0123456-00	18637VT0123456	Standard Bronze Off Exchange Plan	No Charge
5	18637VT0123456-01	18637VT0123456	Standard Bronze On Exchange Plan	No Charge
6	18637VT0123456-02	18637VT0123456	Zero Cost Sharing Plan Variation	0%
7	18637VT0123456-03	18637VT0123456	Limited Cost Sharing Plan Variation	No Charge
8	18637VT0123457-00	18637VT0123457	Standard Silver Off Exchange Plan	50%
9	18637VT0123457-01	18637VT0123457	Standard Silver On Exchange Plan	50%
10	18637VT0123457-02	18637VT0123457	Zero Cost Sharing Plan Variation	0%
11	18637VT0123457-03	18637VT0123457	Limited Cost Sharing Plan Variation	30%
12	18637VT0123457-04	18637VT0123457	73% AV Level Silver Plan	30%
13	18637VT0123457-05	18637VT0123457	87% AV Level Silver Plan	0%
14	18637VT0123457-06	18637VT0123457	94% AV Level Silver Plan	30%
15	18637VT0123458-00	18637VT0123458	Standard Silver Off Exchange Plan	20%
16	18637VT0123458-01	18637VT0123458	Standard Silver On Exchange Plan	20%
17	18637VT0123458-02	18637VT0123458	Zero Cost Sharing Plan Variation	0%
18	18637VT0123458-03	18637VT0123458	Limited Cost Sharing Plan Variation	20%
19	18637VT0123458-04	18637VT0123458	73% AV Level Silver Plan	No Charge

The cost-sharing data import is successful when the *Data Input* tab opens, fully populated.

You can run all of the reviews at once in step 5, or do them one at a time within step 4. Before running the reviews, you must set the parameters for the out-of-pocket maximum (OOPM), Small Group Deductible (SGD), and Catastrophic reviews. To populate the *Summary Plan Level* tab, you must run all reviews at once using the **Run Cost Sharing Analysis** function in step 4.

3. Select if you want to run the Cost Sharing Tool for plans offered inside of the Marketplace only, plans offered outside of the Marketplace only, or both plans offered inside and outside of the Marketplace. The CSR portion of this tool is only applicable to plans offered through the Marketplace.



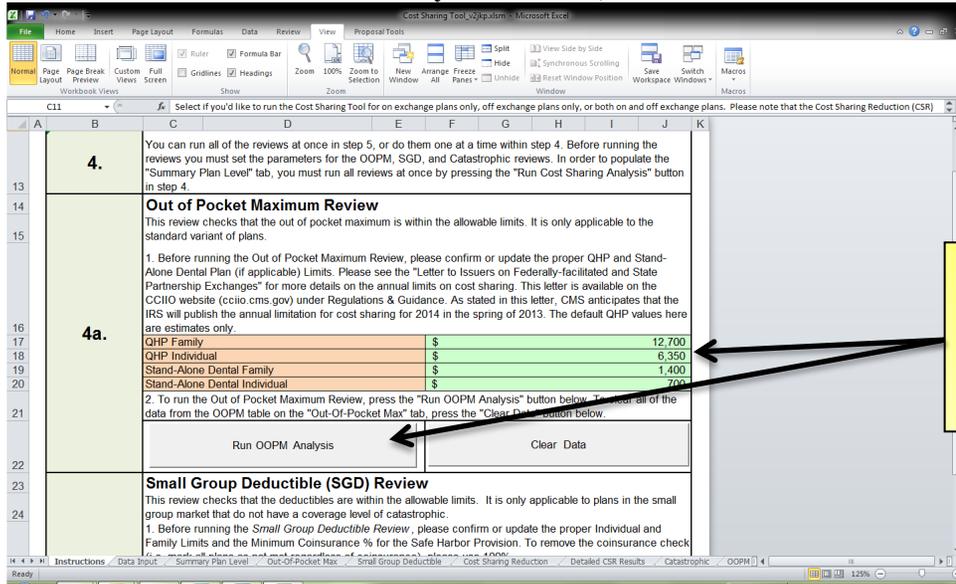
The cost-sharing data import is successful when the *Data Input* tab opens, fully populated.

4. Running the Reviews One at a Time.

a. OOPM Review<sup>2</sup>

i. In the cost Sharing Tool *Instructions* tab, confirm the defaults or update the proper QHP and Stand-Alone Dental Plan (if applicable) limits in rows 17–20. The [Letter to Issuers on Federally-facilitated and State Partnership Exchanges](#) provides more guidance.

ii. Click **Run OOPM Analysis** in row 22; to clear the data after the analysis, click **Clear Data** also in row 22.



Confirm or update the QHP and Stand-Alone Dental Plan limits.  
Click **Run OOPM Analysis**.

<sup>2</sup> Please note this does not include the process steps/review for those plans intending to only offer coverage to individuals (self-only).

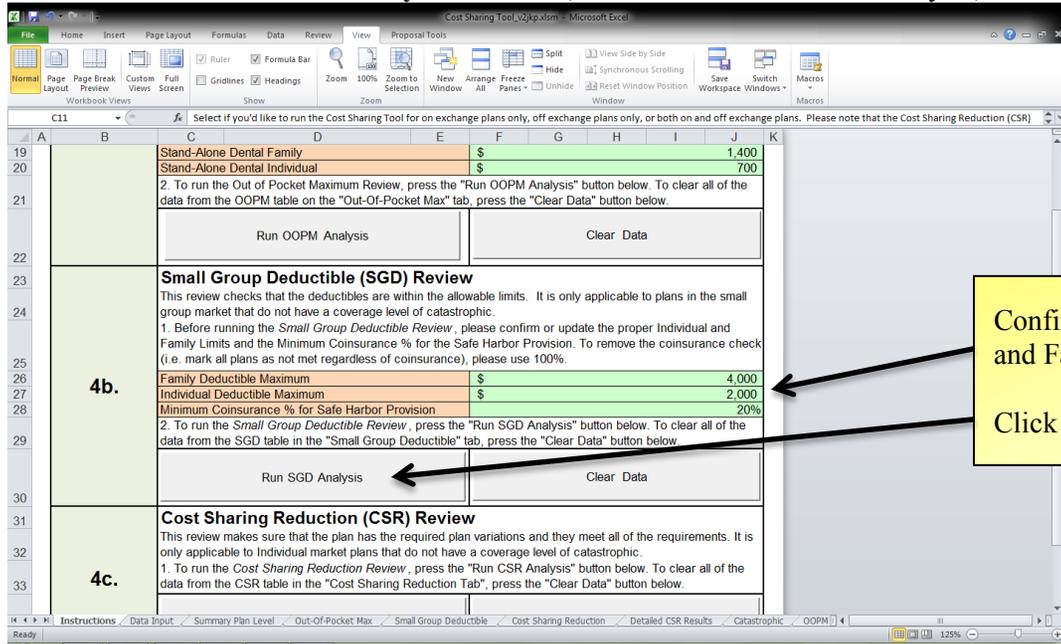
iii. The OOPM analysis is successful when the Out-Of-Pocket Max tab opens, fully populated.

	A	B	C	D
	HIOS Plan ID (Standard Component + Variant)	Compliant?	Stand-Alone Dental Plan?	Medical & Drug Maximum Out of Pocket Integrated
1				
2				
3				
4	18637VT0123456-01	Met	No	Yes
5	18637VT0123457-01	Met	No	No
6	18637VT0123458-01	<b>Not Met</b>	No	Yes
7	18637VT0123459-01	Met	No	Yes
8	18637VT0123460-01	<b>Not Met</b>	No	No
9	18637VT0123461-01	<b>Not Met</b>	No	Yes
10	18637VT0123462-01	<b>Not Met</b>	No	No
11	18637VT0123463-01	Met	No	Yes
12	18637VT0123464-01	<b>Not Met</b>	No	No
13	18637VT0123465-01	<b>Not Met</b>	No	No
14	18637VT0123466-01	Met	No	Yes
15	18637VT0123467-01	Met	No	Yes
16	18637VT0123468-01	<b>Not Met</b>	No	No
17	18637VT0123469-01	Met	No	Yes
18	18637VT0123470-01	<b>Not Met</b>	No	No
19	18637VT0123471-01	Met	No	No

The OOPM analysis is successful when the *Out-Of-Pocket Max* tab opens, fully populated.

**b. Small Group Deductible (SGD) Review<sup>3</sup>**

- i. In the Cost Sharing Tool *Instructions* tab, confirm the defaults or update the proper Individual and Family Limits in rows 26–28. The [Letter to Issuers on Federally-facilitated and State Partnership Exchanges](#) provides more guidance.
- ii. Click **Run SGD Analysis** in row 30; to clear the data after the analysis, click **Clear Data** also in row 30.



Confirm or update the Individual and Family Limits.  
Click **Run SGD Analysis**.

<sup>3</sup> Please note this does not include the process steps/review for those plans intending to only offer coverage to individuals (self-only).

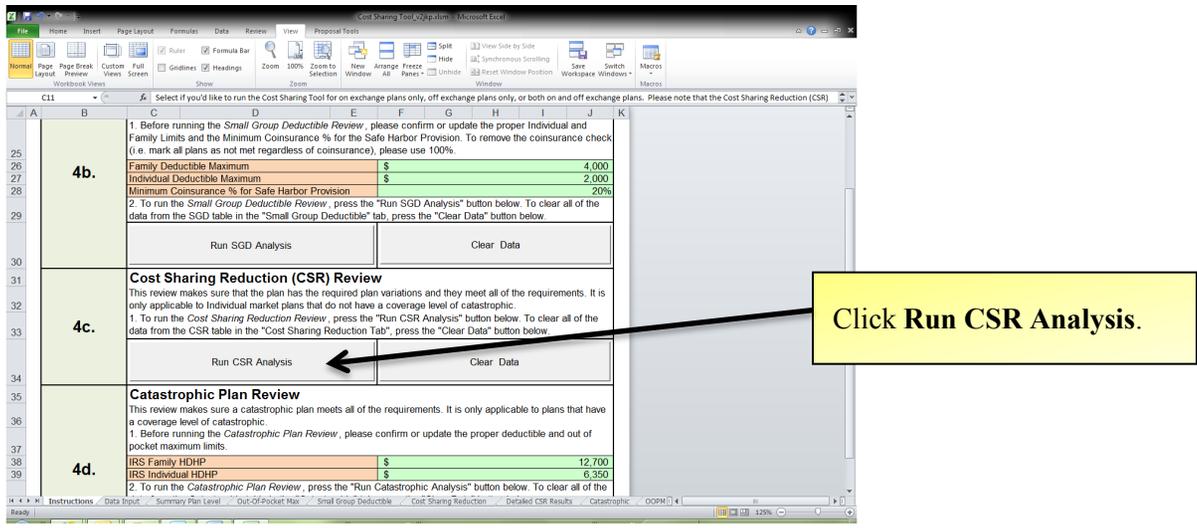
iii. The SGD analysis is successful when the *Small Group Deductible* tab opens, fully populated.

	A	B	C	D	
1					
2					
3	HIOS Plan ID (Standard Component + Variant)	Compliant?	Check Supporting Documentation?	Stand-Alone Dental Plan?	Me Deducti
4	30942VT0123456-00	Not Met	Yes	No	No
5	30942VT0123456-01	Not Met	Yes	No	No
6	30942VT0123457-00	Not Met	Yes	No	Yes
7	30942VT0123457-01	Not Met	Yes	No	Yes
8	30942VT0123458-00	Not Met	Yes	No	No
9	30942VT0123458-01	Not Met	Yes	No	No
10	30942VT0123459-00	Not Met	Yes	No	Yes
11	30942VT0123459-01	Not Met	Yes	No	Yes
12	30942VT0123460-00	Not Met	Yes	No	Yes
13	30942VT0123460-01	Not Met	Yes	No	Yes
14	30942VT0123461-00	Met		No	Yes
15	30942VT0123461-01	Met		No	Yes
16	30942VT0123462-00	Not Met	Yes	No	Yes

The SGD analysis is successful when the *Small Group Deductible* tab opens, fully populated.

**c. Cost Sharing Reduction (CSR) Review<sup>4</sup>**

i. In the Cost Sharing Tool *Instructions* tab, click **Run CSR Analysis** in row 34; to clear the data after the analysis, click **Clear Data** also in row 34.



ii. The CSR analysis is successful when the *Cost Sharing Reduction* tab opens, fully populated; if you receive an *Errors Occurred* message, click **OK** then see the error log tab for details.

<sup>4</sup> Please note this does not include the process steps/review for those plans intending to only offer coverage to individuals (self-only).

	A	B	C	D	E
1	HIOS Plan ID (Standard Component)	Level of Coverage	CSR Review Results	Proper Plan Variations (Silver-73%)	Proper Plan Variations (Silver-87%)
2	18637VT0123456	Bronze	Not Met	Not Applicable	Not Applicable
3	18637VT0123457	Silver	Not Met	Met	Met
4	18637VT0123458	Silver	Not Met	Met	Met
5	18637VT0123459	Silver	Not Met	Met	Met
6	18637VT0123460	Silver	Not Met	Met	Met
7	18637VT0123461	Silver	Not Met	Met	Met
8	18637VT0123462	Silver	Not Met	Met	Met
9	18637VT0123463	Silver	Not Met	Met	Met
10	18637VT0123464	Silver	Not Met	Met	Met
11	18637VT0123465	Silver	Not Met	Met	Met
12	18637VT0123466	Silver	Not Met	Met	Met
13	18637VT0123467	Silver	Not Met	Met	Met
14	18637VT0123468	Silver	Not Met	Met	Met
15	18637VT0123469	Silver	Not Met	Met	Met
16	18637VT0123470	Silver	Not Met	Met	Met
17	18637VT0123471	Bronze	Not Met	Not Applicable	Not Applicable
18	18637VT0123472	Silver	Not Met	Met	Met

	A	B
1	HIOS Plan ID (Standard Component)	Error Description
2	30942VT1357901	HIOS Plan ID (Standard Component) is missing t
3	30942VT1357901	HIOS Plan ID (Standard Component) is missing t
4	30942VT1357901	HIOS Plan ID (Standard Component) is missing t
5	30942VT1357903	HIOS Plan ID (Standard Component) is missing t
6	30942VT1357903	HIOS Plan ID (Standard Component) is missing t
7	30942VT1357903	HIOS Plan ID (Standard Component) is missing t
8	30942VT1357905	HIOS Plan ID (Standard Component) is missing t
9	30942VT1357905	HIOS Plan ID (Standard Component) is missing t
10	30942VT1357905	HIOS Plan ID (Standard Component) is missing t
11		
12		

The CSR analysis is successful when the *Cost Sharing Deductible* tab opens, fully populated.

If you receive an *Errors Occurred* window, click **OK** then see the error log tab for details.

**d. Catastrophic Plan Review<sup>5</sup>**

- i. In the Cost Sharing Tool *Instructions* tab, confirm the proper deductible and OOPM limits in rows 38–39. The [Letter to Issuers on Federally-facilitated and State Partnership Exchanges](#) provides more guidance.
- ii. Click **Run Catastrophic Analysis** in row 41; to clear the data after the analysis, click **Clear Data** also in row 41.

The screenshot shows the 'Instructions' tab of the Cost Sharing Tool. The 'Catastrophic Plan Review' section (rows 35-40) includes instructions and a table for HDHP limits. The table data is as follows:

IRS Family HDHP	\$	12,700
IRS Individual HDHP	\$	6,350

Below the table, row 41 contains two buttons: 'Run Catastrophic Analysis' and 'Clear Data'. A yellow callout box contains the text: 'Confirm or update the deductible or OOPM limits.' and 'Click Run Catastrophic Analysis.' with arrows pointing to the corresponding elements in the spreadsheet.

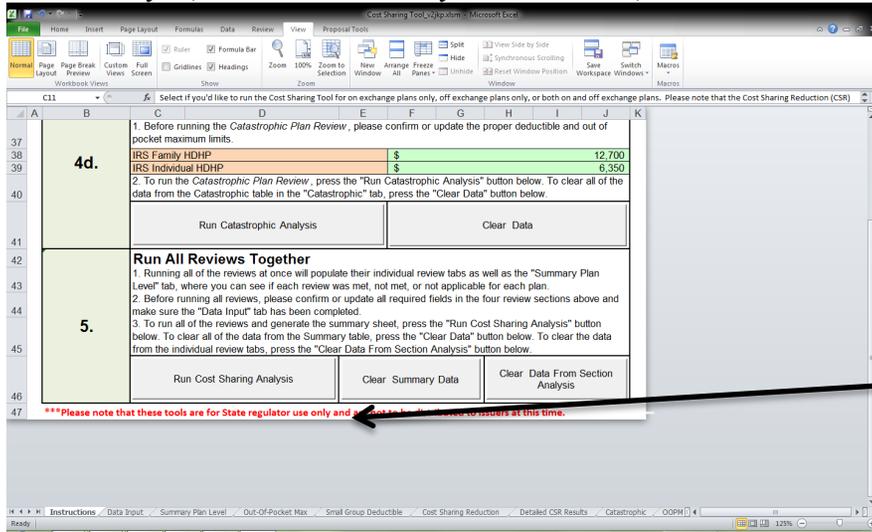
- iii. The catastrophic plan analysis is successful when the *Catastrophic* tab opens, fully populated; if you receive an *Errors Occurred* message, see the respective error log tab.

<sup>5</sup> Please note this does not include the process steps/review for those plans intending to only offer coverage to individuals (self-only).

5. Running the Reviews One at a Time.

Running all the reviews at once populates the respective review tabs, as well as the *Summary Plan Level* tab, where you can see if each review was met, not met, or not applicable for each plan.

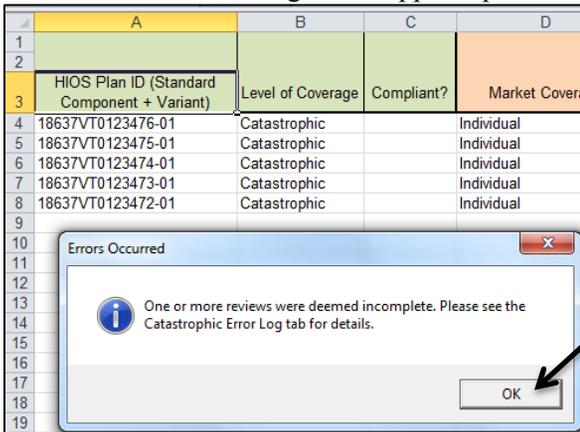
- a. Confirm or update the default values in all review analyses. (Rows 17–20 for the OOPM review; rows 26–28 for the SGD review; and rows 38 – 39 for the catastrophic plan review.)
- b. In the Cost Sharing Tool *Instructions* tab, click **Run Cost Sharing Analysis** in row 46. To clear the data from the Summary Plan Level tab after the analysis, click **Clear Summary Data** in row 46; to clear data from the individual review tabs, click **Clear Data from Section Analysis** also in row 46.



Confirm or update the default values in all review analyses.

Click **Run Cost Sharing Analysis**.

- c. The cost-sharing analysis is successful when the *Cost Sharing Reduction* tab opens, fully populated; if there are errors in any of the reviews, *Errors Occurred* messages will appear specific to the corresponding review; click **OK**, then open the respective error log tab.



If errors are detected in any of the reviews, you will receive an Errors Occurred message for the specific review.

Click **OK** then open the respective review tab to see the detected errors.

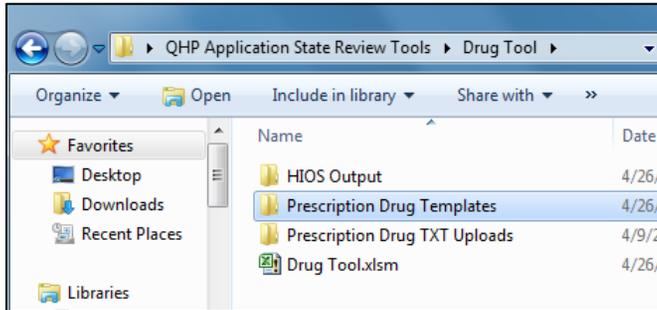
6. Save the Cost Sharing Tool before closing.

## VI: FORMULARY (DRUG) TOOL

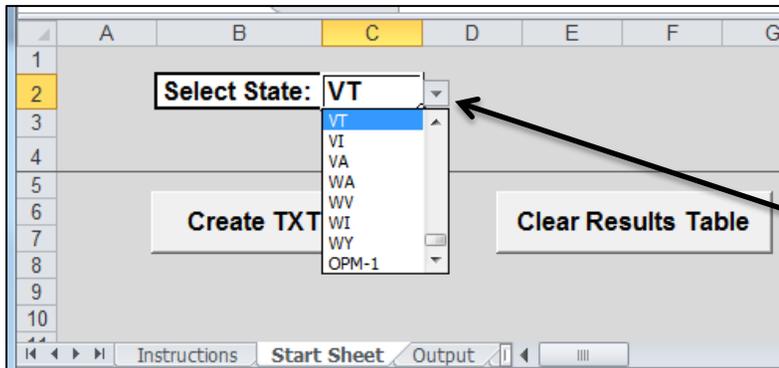
For additional information and explanation, please see [Appendix VI: Formulary \(Drug\) Tool](#).

### LOADING THE DATA

1. Save all of the Prescription Drug Excel templates in the Prescription Drug templates folder already created for you.

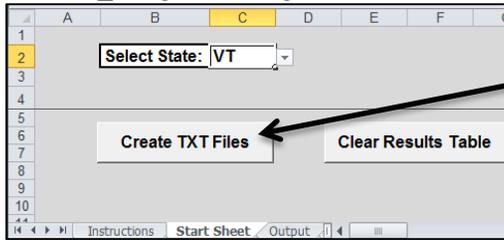


2. In the Drug Tool *Start Sheet* tab, use the drop-down menu in cell C2 to select your state. If you are reviewing a multi-state plan using either the BCBS Standard Option or the BCBS Basic Option as its EHB-benchmark plan, select *OPM-1*, the last selection in the drop-down menu.



Use the drop-down menu in the Formulary Tool *Start Sheet* tab, cell C2 to select your state.

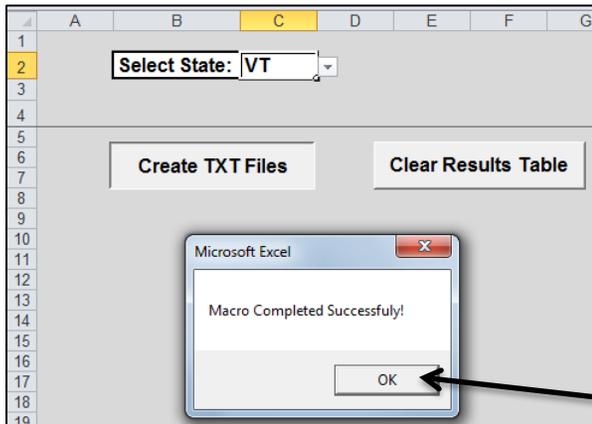
3. In the Drug Tool *Start Sheet* tab, click **Create TXT Files** in the *Start Sheet* tab to run the macro that will create a .txt file named IssuerID<Issuer ID>\_DrugList<DrugList ID>.txt for each drug list.



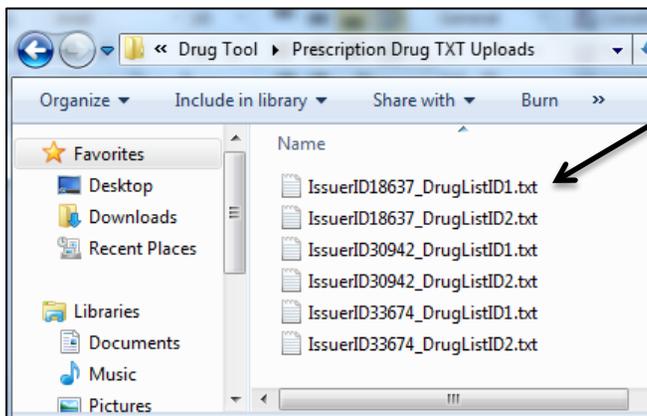
**WARNING!** Depending on the data or file size, the data import process may take up to 30 minutes.

Click **Create TXT Files**.

4. The .txt files are automatically stored in the Prescription Drug TXT Uploads folder in the QHP Application State Review Tools folder.
5. When the macro has successfully completed, click **OK** in the message window; open the Prescription Drug TXT Uploads folder to see the issuers' drug lists.



When the **Create TXT Files** has successfully completed, click **OK** in the message window.



Open the Prescription Drug TXT Uploads folder to see the issuers' drug lists.

To complete the Drug Tool, follow the steps below to access and use the USP Category Class Count Service within HIOS. You must have access to the CMS Portal and HIOS in order to use the USP Category Class Count Service.

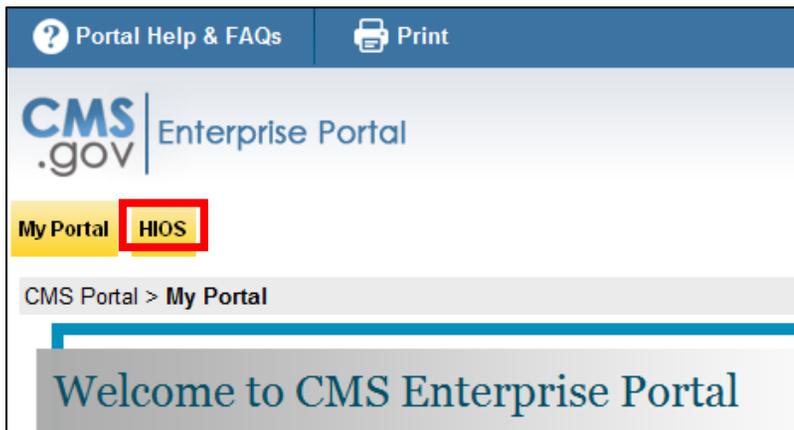
For more information and instructions on accessing HIOS, see [Health Insurance Oversight System \(HIOS\) Access](#) in this user guide, call 1-855-CMS-1515, or email [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov).

## USING THE USP CATEGORY CLASS COUNT SERVICE

1. Go to <https://portal.cms.gov> and click **Login to CMS Secure Portal**.



2. **Accept** the Terms and Conditions.
3. Log in to the CMS Portal.
4. Click **HIOS** under the CMS.gov Enterprise Portal title.



5. Click **Access Plan Management & Market Wide Functions**.

**CMS** | Enterprise Portal  
.gov

**My Portal** **HIOS**

CMS Portal > HIOS

## HIOS | Plan Management | Market Wide Functions

Please use the links below to access the Health Insurance Oversight System (HIOS) or Plan Management and Market Authentication (MFA). When you attempt to access either system by clicking the links below, you will be asked to enter a VIP Token. If you have not registered a device to support MFA, please access the 'My Profile' page in the portal to register your device.

If you have any problems accessing HIOS or the Plan Management and Market Wide Functions, please contact the Exchange Helpdesk at 1-855-CMS-1515.

### Health Insurance Oversight System (HIOS)

Please click the link below to access HIOS. If this is the first time you are accessing HIOS from the CMS Enterprise Portal, you will be prompted to create a new account.

[Access HIOS](#)

### Plan Management and Market Wide Functions

The Plan Management and Market Wide Functions portal is where issuers will access both Market Wide modules (like FFE) application specific modules.

Issuers seeking Qualified Health Plan (QHP) certification will submit data to the Centers for Medicare & Medicaid Services and QHP Rating Module as part of the Federally Facilitated Exchange's (FFE) Qualified Health Plan (QHP) application submission.

[Access Plan Management & Market Wide Functions](#)

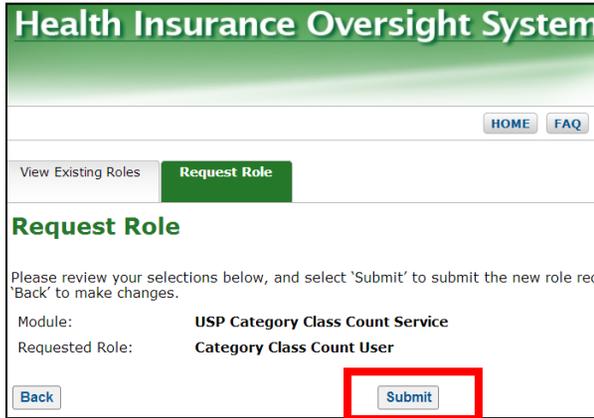
6. If you have not yet accessed the USP Category Class Count Service, click **Role Management** in the left panel.



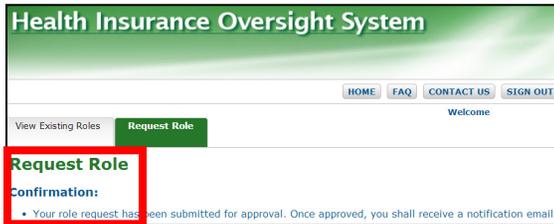
7. Click **Request Role**; select **Category Class Count Service** as the *Module* and **Category Class Count User** as the *Requested Role*. Click **Continue**.



8. Click **Submit**.



9. A confirmation page will appear. (You will receive an email once the role is approved.)



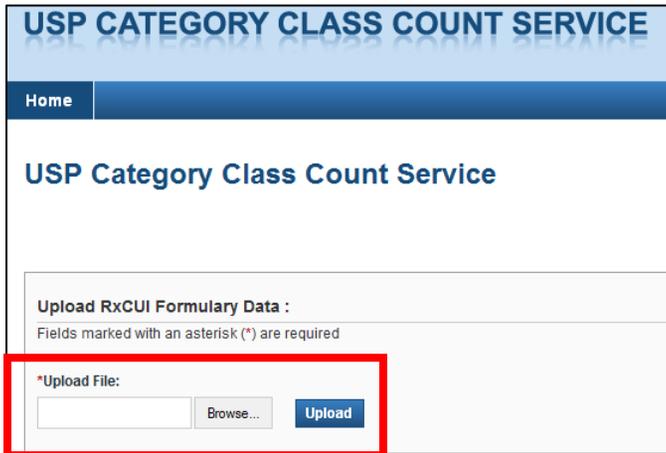
10. After your role is approved, click **Category Class Count Service** in the left panel.



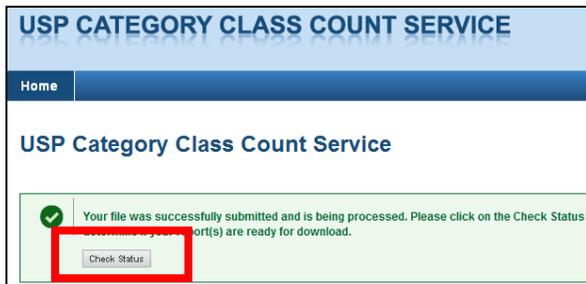
11. Click **Access the Category Class Count**.



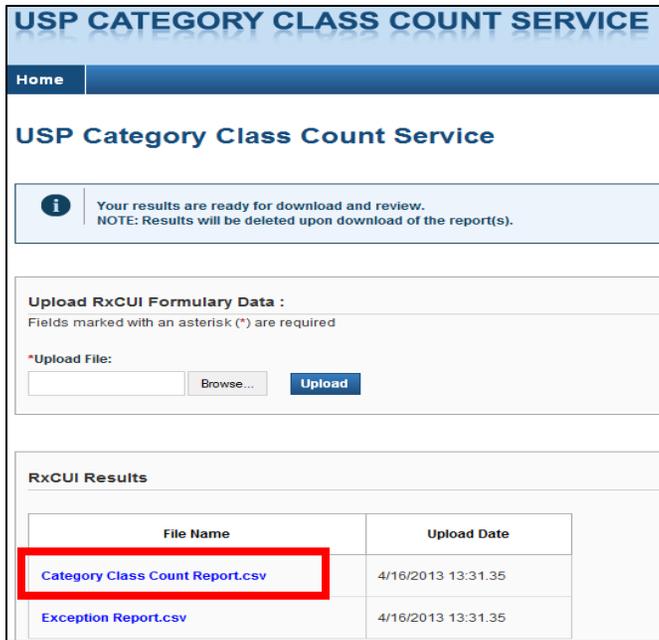
12. Click **Browse** in the *Upload File* box to upload a text file containing RxCUIs; locate the text file on your computer; click **Upload**.



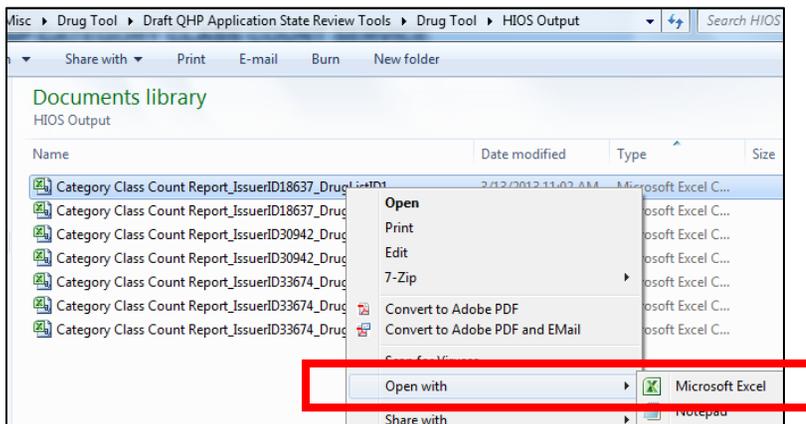
13. Click **Check Status**.



14. Click **Category Class Count Report.csv** link in the *RxCUI Results* section and download the file to your computer. **Note: You may see an *Exception Report.csv* link. This includes RxCUIs with valid formats that the Count Service's reference data did not recognize (i.e., they were not included on the EHB Rx Crosswalk). As a state reviewer, you can ignore the exception report.**



15. If the **Category Class Count Report.csv** does not automatically open in Excel, right click on the file name, select **Open With** and select **Microsoft Excel**.



16. Open each Category Class Count Report, copy the data except the header row (row 1), and paste the data into the results table in the Drug Tool *Start Sheet* tab.

	A	B	C	D
1	Category	Class	Count	
2	Respirato	Bronchodi		
3	Anxiolytic	Anxiolytic	3	
4	Antibacte	Beta-lacta	17	
5	Anticonvu	Sodium Cl	5	
6	Skeletal M	No USP Cl	4	
7	Gastroint	Protectan	2	
8	Sleep Disc	GABA Rec	3	
9	Antibacte	Quinolone	5	
10	Respirato	Bronchodi	2	
11	Anticonvu	Calcium C	3	

Copy the *Category*, *Class*, and *Count* from an issuer's Category Class Count Report.

Paste the data into the Drug Tool *Start Sheet* tab table.

Paste Results from the USP Category Class Count Service in the Table Below		
Category	Class	Count
Respiratory Tract Agents	Bronchodilators, Anticholinergic	2
Anxiolytics	Anxiolytics, Other	3
Antibacterials	Beta-lactam, Cephalosporins	17
Anticonvulsants	Sodium Channel Agents	5
Skeletal Muscle Relaxants	No USP Class	4
Gastrointestinal Agents	Protectants	2
Sleep Disorder Agents	GABA Receptor Modulators	3
Antibacterials	Quinolones	5

17. View the Drug Tool *Output* tab to identify any categories and classes with a drug count that does not meet the EHB standard. Save the Drug Tool with a unique filename (e.g., issuer drug list) before evaluating the next drug list.

	A	B	C
1			
2		Total Number of Classes with the Count Stand	
3			
4		Category	Class
5		Analgesics	Nonsteroidal Anti-inflamma
6		Analgesics	Opioid Analgesics, Long-ac
7		Analgesics	Opioid Analgesics, Short-a
8		Anesthetics	Local Anesthetics
9		Anti-Addiction/Substance Abuse Treatment	Alcohol Deterrents/Anti-cra

In the Drug Tool *Output* tab, identify any categories and classes with a drug count that does not meet the EHB standard.

18. In the Drug Tool *Start Sheet* tab, click **Clear Results Table** to delete data before evaluating the next issuer's list. Save the Tool after each evaluation.

B	C	D	E	F	G	H
Select State:	VT					Paste Results from the
						Category
Create TXT Files		Clear Results Table				

In the Drug Tool *Start Sheet* tab, click **Clear Results Table** before evaluating additional Category Class Count Reports.

## APPENDIX I: Master Review Tool and Data Input

### MASTER REVIEW TOOL WORKSHEETS (TABS)

The table below explains the tabs in this workbook. Please note that these tools are for state regulator use only and are not to be distributed to issuers at this time.

Tab	Use/Explanation
All Plan Data	This tab will be populated by the "Import all Plan Data" button above. It contains one line for each plan variation (including standard plans and associated variations) and has columns detailing basic plan data, OOPM and deductible values, and cost sharing for each of the benefits. It may be used for reference and is also used to populate the Review Summary and Standard Review tabs.
All Service Area Data	This tab will be populated by the "Import all Service Area Data" button above. It has a column for the issuer and then has the same headers as the Service Area template. It may be used for reference and will also be used to perform the ECP and Meaningful Difference reviews using the stand-alone tools.
All ECP Data	This tab will be populated by the "Import all ECP Data" button above. It has a column for the issuer and then has the same headers as the ECP template. It may be used for reference and will also be used to perform the ECP review using the stand-alone tool.
Review Summary	This tab keeps track of whether each plan has met each of the standards. This tab should NOT be worked on directly, but will automatically update based on the information inputted in the other tabs. It is up to the discretion of State Regulators how to deal with results, regardless of whether it says met or not met here.
Standard Review Tabs	The rest of the tabs contain proposed step-by-step validation steps for reviewing each standard. When a stand-alone tool is available to assist in the analysis, this is explained on the individual tabs. You will need to go through each of the tabs to determine if the standards have been met.
	The column headers on each tab will indicate the level of review. For example, the Accreditation review only needs to be completed for each issuer, not for each plan. Once you complete the review for each issuer, the "Review Summary" will auto-populate the results for each plan based on the results of its associated issuer.
	For each standard, go through all of the steps and, using the drop-down, select if the requirement for that step has been "met" or "not met." Keep in mind that not all steps may be relevant for every plan. For example, some steps may apply only to silver plans, or plans within the Small Group Market. Additionally, for some reviews, depending on the results from one step, you may not have to fill out the remaining steps. Carefully follow the directions in the validation steps and if a step does not apply, or a previous step tells you the review is complete, you may leave some steps blank.
	Some of the steps may only tell you that if a certain condition is seen, you should mark the step as "not met," but do not give directions about marking it as met. If you go through all of the sub steps (i.e. 1a, 1b, 1c) for a validation step and are never told to mark "not met," you may assume this step is met and mark it as met.
"OOPM Details" and "SGD Details" Tabs	These tabs at the back of the workbook are to be used when manually completing the Meaningful Difference and Benefit Cost Sharing reviews (if not using the stand-alone tools). They show which fields should be used to compare the OOPM and deductible values depending on several plan specific factors.

This tool can be used to evaluate all the plans that have been submitted to your state. It will pull in the data from all issuers' Plans and Benefits templates, Service Area templates, and ECP templates and use that data for further reviews of the plans (i.e., Benefit Cost Sharing).

Follow the steps below to pull in data for each template. Note: Be sure to save this file after each data import process has completed.

- Save this workbook in a folder, as the only item in the folder, with whatever name you would like, but as ".xlsm" macro-enabled worksheet.
- Make sure you have macros enabled within Excel.

## IMPORTING DATA FROM THE PLANS AND BENEFITS TEMPLATES

- Download the Excel versions of issuers' Plans and Benefits templates from HIOS or SERFF.
- Save all of the Plans and Benefits templates in the same folder. Ensure that this folder only contains Plans and Benefits template files. Also, be sure to give Plans and Benefits template a unique file name.
- Ensure that each Plans and Benefits template has a matching Benefits Package and Cost Share Variance worksheets (i.e., for each "Benefits Package X" there is a "Cost Share Variances X" with the same number). If this is not the case, you will receive an error that will stop the import.
- Click the "Import All Plan Data" button below to populate the "All Plan Data" tab. A window will pop up asking you to select the folder where all of the Plans and Benefits templates were saved (as determined in step 2).
- Navigate to this folder and click once on the folder name; the selected folder's name should appear near the bottom of the pop up window.
- Next, click the "Select Folder" button in the pop up window. Data will begin loading into the 'All Plan Data' tab. This will pull in Benefits Package and Cost Share Variances data on a per plan variation level) for all Plans and Benefits files in the selected folder.
- Save this file after the data import has completed.

**Warning!** This import may take several minutes, upwards of a half an hour to run depending on the number of templates and plans that have to be processed. You will know that the import has finished processing when the pop up saying, "All Plan Data import is complete" appears or you receive an error message stopping the import. Until one of these appears, do not try to use Excel, as doing so may cause the tool to take longer and/or fail. If you receive an error message, either try to fix the problem on the template or remove the associated template from the folder until the issue has been resolved. If this happens, you will need to restart the import process.

- Select if you'd like to use this tool to evaluate only plans offered inside of the Marketplace (On Exchange), plans offered outside of the Marketplace (Off Exchange) plans only, or both plans offered inside and outside of the Marketplace. Please note that not all of the reviews are applicable to plans offered outside of the Marketplace. The "Review Summary" tab will grey out the cells for reviews that are not applicable and those plans will not be on the tabs corresponding to the not applicable standards.
- Once the "All Plan Data" worksheet has been populated, use the "Populate Worksheet Headers" button below to populate the headers of the "Review Summary" tab and all other review tabs based on the specific data in the "All Plan Data" tab.

## IMPORTING DATA FROM THE SERVICE AREA TEMPLATES

This section details how to pull in data from the Service Area templates. It will be used to help expedite running the Meaningful Difference and ECP stand-alone tools. While it is recommended and will make those tools easier, this step is not necessary for using this Master Review Tool.

- Download the Excel versions of issuers' Service Area templates from HIOS or SERFF.
- Save all of the Service Area templates in the same folder. Ensure that this folder only contains Service Area template files. Also, be sure that Service Area template has a unique file name.
- Ensure that each Service Area template contains only ONE worksheet and ensure that the worksheet is named 'Service Areas.' If this is not the case, you will receive an error that will stop the import or the import will not be performed correctly.
- Click the “Import All Service Area Data” button below to populate the "All Service Area Data" tab. A window will pop up asking you to select the folder where all of the Service Area templates were saved (as determined in step 2).
- Navigate to this folder and click once on the folder name; the selected folder's name should appear near the bottom of the pop-up window.
- Next, click the "Select Folder" button in the pop up window. Data will begin loading into the 'All Service Area Data' tab. This will pull in Service Area data for all Service Area template files stored in the selected folder.
- Save this file after the data import has completed.

**Warning!** This import may take several minutes to run depending on the number of Service Area templates that have to be processed. You will know that the import has finished processing when the pop up saying, "All Service Area Data import is complete" appears or you receive an error message stopping the import. Until one of these appears, do not try to use Excel, as doing so may cause the tool to take longer and/or fail. If you receive an error message, either try to fix the problem on the template or remove the associated template from the folder until the issue has been resolved. If this happens, you will need to restart the import process.

## IMPORTING DATA FROM THE ESSENTIAL COMMUNITY PROVIDER TEMPLATES

This section details how to pull in data from the ECP templates. It will be used to help expedite running the ECP stand-alone tool. While it is recommended and will make that tool easier, this step is not necessary for using this Master Review Tool.

- Download the Excel versions of issuers' ECP templates from HIOS or SERFF.
- Save all of the ECP templates in the same folder. Ensure that this folder only contains ECP template files. Also, be sure that each ECP template a unique file name
- Ensure that each ECP template contains only ONE worksheet and ensure that the worksheet is named 'Essential Community Providers.' If this is not the case, you will receive an error that will stop the import
- Click the “Import All ECP Data” button below to populate the "All ECP Data" tab. A window will pop up asking you to select the folder where all of the ECP templates were saved (as determined in step 2).
- Navigate to this folder and click once on the folder name; the selected folder's name should appear near the bottom of the pop-up window.

- Next, click the "Select Folder" button in the pop up window. Data will begin loading into the 'All ECP Data' tab. This will pull in ECP data for all ECP template files stored in the selected folder. Save this file after the data import has completed.

**Warning!** This import may take several minutes to run depending on the number of ECP templates that have to be processed. You will know that the import has finished processing when the pop up saying, "All ECP Data import is complete" appears or you receive an error message stopping the import. Until one of these appears, do not try to use Excel, as doing so may cause the tool to take longer and/or fail. If you receive an error message, either try to fix the problem on the template or remove the associated template from the folder until the issue has been resolved. If this happens, you will need to restart the import process.

## APPENDIX II: ECP Tool

### INSTRUCTIONS FOR USING THE ECP TOOL

If you are using this stand-alone tool, we recommend that you review the validation steps for ECPs in the Master Review Tool to better understand the logic of the tool and where justifications may be submitted.

The ECP Tool can only be run for one issuer at a time. The tool will not run for more than one issuer. Only input the information for one issuer at a time, after completing the ECP evaluation for one issuer, move onto the next issuer until all issuers have been evaluated.

- The Generate User List button will generate a list of the issuers in your state so that you can choose which issuer you would like to evaluate.
- For this to work, first all the data has to be imported into the "Master Review Tool" as described by the instructions in the "Master Review Tool."
- After the data has been imported into the "Master Review Tool," press the "Generate User List" button below. A window will pop up asking you to select a file.
- Select the "Master Review Tool" that has had all of the data imported into it. Then select "Open" in the pop-up window.
- A list of the issuers in your state should be populated in the cell below (D7).
- Select which issuer you would like to perform ECP Review for by choosing an issuer for the drop-down menu at right (Cell D7).
- After you choose which issuer you want to perform ECP Review for, press the Populate 'Plan Info Input' tab using data from "Master Review Tool" button. A window will pop up asking you to select a file.
- Select the same "Master Review Tool" that has had all of the data imported into it that you selected in step 1.
- Select "Open" in the pop-up window. After a couple of minutes, the Plan Info Input tab will be populated with all of the necessary information for the issuer selected at right.
- Press the Populate 'Service Area Input' tab using data from "Master Review Tool" button below to import the Service Area Input data. A window will pop up asking you to select a file.
- Select the same "Master Review Tool" that has had all of the data imported into it that you selected in steps 1 and 2.
- Select "Open" in the pop-up window. After a couple of minutes the Service Area Input tab will be populated with all of the necessary information.
- Press the 'Populate ECP Input' tab using data from "Master Review Tool" button below to import the ECP Input data. A window will pop up asking you to select a file.
- Select the same "Master Review Tool" that has had all of the data imported into it that you selected in steps 1, 2, and 3.
- Select "Open" in the pop-up window. After a couple of minutes, the ECP Input tab will be populated with all of the necessary information.
- Ensure that all the information has been correctly entered into the Plan Info Input, Service Area Input, and ECP Input tabs.
- Each issuer will be evaluated against either the regular ECP Standard or the Alternate ECP Standard.
- Click the "Determine Issuer's Type of ECP Review" button below to determine which type of ECP standard the current issuer will be evaluated against. Refer to the "2014 Letter to Issuers on Federally-facilitated and State Partnership Exchanges" draft letter for additional guidance on the different ECP standards.

- The ECP Standard Type cell directly to the right in column D displays the type of ECP standard that the current issuer will be evaluated against as determined by step 6.
- Enter the desired minimum expectation percentage. The default minimum expectation percentage is 10 percent.

Note that the number of required ECPs is rounded using standard rounding rules (i.e., any decimal .5 or higher is rounded up, anything else is rounded down). For instance, if there are 89 available ECPs and the percentage is 10 percent, issuers would need to have at least nine ECPs to pass. Refer to the "2014 Letter to Issuers on Federally-facilitated and State Partnership Exchanges" draft letter for additional guidance.

- Enter the desired safe harbor standard percentage. The default safe harbor standard percentage is 20 percent. Note that the number of required ECPs is rounded using standard rounding rules (i.e., any decimal .5 or higher is rounded up, anything else is rounded down). For instance, if there are 89 available ECPs and the percentage is 20 percent, issuers would need to have at least 18 ECPs to pass. Refer to the "2014 Letter to Issuers on Federally-facilitated and State Partnership Exchanges" draft letter for additional guidance.
- Save the workbook before running the tool.
- Run the ECP Tool by clicking the "Run ECP Tool" button below. If an error is displayed, correct that error (if possible) and rerun the tool. If there is no error, continue to the next step.
- Save the workbook again after the results have been determined.
- The Output tab will display the results for every plan entered in the Plan Info Input tab. Column E corresponds to the minimum expectation percentage and will display "Met" or "Not Met" for every plan. Column F corresponds to the safe harbor standard percentage and will display "Met" or "Not Met" for every plan. Columns G through M display the number and type of ECPs that each plan claims to have in its network. Columns N through T display the number and type of ECPs that each plan has available in its service area.

**Warning!** The ECP Tool may take several minutes to run depending on the amount of data that has to be processed. You will know that the ECP Tool has finished processing when a different tab is displayed. After pressing the "Run Tool" button, do not use your computer until the ECP Tool has finished processing. Using your computer while the ECP Tool is processing may cause the tool to take longer and/or fail.

**Disclaimer:** The results generated by this tool depend on complete and accurate data. Some data checks are built into the tool, but there may be data discrepancies and/or inaccuracies that were not anticipated that the tool may not catch. This may create inaccurate or incomplete results. To ensure accurate results, ensure that all data is complete and accurate.

## APPENDIX III: Meaningful Difference Tool

### INSTRUCTIONS FOR USING THE MEANINGFUL DIFFERENCE TOOL

If you are using this stand-alone tool, we recommend that you review the validation steps for Meaningful Difference in the Master Review Tool to better understand the logic of the tool and where justifications may be submitted.

- Input data into the Input tab either manually or by importing. To import the data, press the “Import Plan Info Data from Master Review Tool” button below. A window will pop up asking you to select a file.
- Select the "Master Review Tool" that has had all of the data imported into it (for more instructions on how to import data into the "Master Review Tool," refer to the instructions in the "Master Review Tool").
- Select "Open" in the pop-up window. Data will begin loading into the 'Plan Info Input' tab.  
Warning! Depending on the number of plans in the data set, this process could take anywhere from several minutes to more than half an hour. After pressing the button, do not do anything with Excel until the process has finished. If you interrupt the process, the process will have to be started all over again.
- Press the “Import Service Area Data from Master Review Tool” button below to import the Service Area Input data. A window will pop up asking you to select a file.
- Select the same "Master Review Tool" that has had all of the data imported into it that you selected in step 1. Then select "Open" in the pop-up window. After a couple of minutes, the Service Area Input tab will be populated with all of the necessary information.
- Ensure that all the information has been correctly entered into the Plan Info Input and Service Area Input tabs.
- As part of the Meaningful Difference Evaluation, this tool compares plans for differences in OOPM amount and Deductible amount.
  - The default value for plans to be considered meaningfully different based on OOPM is \$100.
  - The default value for plans to be considered meaningfully different based on Deductible difference is \$50.
  - The tool allows you to change these values to any value deemed appropriate. If you wish to change the default values, input your desired values using the boxes to the right.
- Save the workbook before running the tool.
- Run the Meaningful Difference Tool by clicking the “Run Tool” button below.
- Save the workbook again after the results have been determined.
- The Output tab will display all of the plans and issuers that have a Meaningful Difference issue. Issuers/Plans not displayed on the Output tab do not have Meaningful Difference Issues.
- The Summary tab gives a basic overview for every plan of whether they passed or failed Meaningful Difference.
  - Plans listed as "Incomplete" are listed as incomplete because they were detected as having one or more data errors. These errors are listed in the "Errors" tab.
- The Compiled Service Area tab displays a compiled version of the information that was entered into the Service Area Input tab. This data is provided purely for informational purposes and there is nothing that has to be done with this tab.

The Plan County Combo tab displays a record for every plan and county combination that has a Meaningful Difference issue. All of the pertinent information in the Plan County Combo tab is displayed in the Output tab. The Plan County Combo tab is provided purely for informational purposes and there is nothing that has to be done with it, however it may be used to communicate this information to the issuers.

- If there is an Error tab displayed, this tab lists any errors that were found in the plan data. This tab may not be displayed if no data errors were detected.

Note: There may be data errors that the tool does not detect and 100 percent data accuracy cannot be guaranteed.

**Warning!** The Meaningful Difference Tool may take several minutes to run depending on the amount of data that has to be processed. You will know that the Meaningful Difference Tool has finished processing when the Output tab is displayed. After pressing the “Run Tool” button, do not use your computer until the Meaningful Difference Tool has finished processing. Using your computer while the Meaningful Difference Tool is processing may cause the tool to take longer and/or fail.

## APPENDIX IV: Non-Discrimination Benefit Tool

### INSTRUCTIONS FOR USING THE NON-DISCRIMINATION REVIEW TOOL

If you are using this stand-alone tool, we recommend that you review the validation steps for Meaningful Difference in the Master Review Tool to better understand the logic of the tool and where justifications may be submitted.

- Select if you'd like to run the Non-Discrimination review for plans offered inside of the Marketplace (On Exchange) or outside of the Marketplace (Off Exchange). Unless you are a state that receives data for all the plans offered outside of the Marketplace in your state in HIOS template form, it is not recommended to perform Non-Discrimination review for those plans. Please note that Non-Discrimination review for plans offered outside of the Marketplace pertains only to the EHB portion of Non-Discrimination review; therefore, QHP Non-Discrimination review should not be performed on those plans. Also, please note that the national\* outlier thresholds (step 6) pertain only to plans offered through the Marketplace; therefore, national\* outlier thresholds cannot be used with plans offered in the outside market.
- Select whether you would like to perform EHB Non-Discrimination Review (quantitative limits), QHP Non-Discrimination Review (cost sharing), or Both EHB and QHP from the drop-down menu on the right.

Note: Non-Discrimination Review depends on data from every issuer in your state for accurate results. For that reason, we recommend that you do not perform Non-Discrimination Review until every issuer in your state has submitted data and you have obtained that data.

- Input data into the Input tab either manually or by importing.
  - To import the data, press the Import Data from Master Review Tool button below. A window will pop up asking you to select a file.
  - Select the "Master Review Tool" that has had all of the data imported into it (for more instructions on how to import data into the "Master Review Tool," refer to the instructions in the "Master Review Tool").
  - Next, select "Open" in the pop-up window. Data will begin loading into the 'Input' tab.

**Warning!** Depending on the number of plans in the data set, this process could take anywhere from several minutes to more than half an hour. After pressing the button, do not do anything with Excel until the process has finished. If you interrupt the process, the process will have to be started all over again.

- Ensure that all the information has been correctly entered into the Input tab.
- Input the outlier multiplier (M) that you would like to use for the state level outlier calculations.
  - The default and recommended outlier multiplier value is 1.5; a higher value will result in a more lenient review, while a lower value will result in a more stringent review. The outlier multiplier should be  $1.0 \leq M \leq 2$ .
- Would you like to compare the plans in the Input tab to the national\* outlier thresholds, in addition to your state level thresholds?
  - If you would like to use the national\* outlier thresholds for comparison, select "Yes" from the drop down menu.
  - Next, download the national\* outlier threshold data. HHS will make the national\* outlier data available to states sometime in mid to late May.
  - Copy and paste the national\* outlier threshold information into the tabs "Limit Outlier Values\_NAT" and "CS Outlier Values\_NAT."
    - The option to use the national thresholds is provided to give states additional flexibility when using this tool. If you choose to use the national\*

thresholds, a benefit field will only be identified as not meeting the non-discrimination requirement if it is an outlier at both the state and national levels.

- States can choose to either use or ignore the national\* levels. National\* outliers should only be used after the national\* outlier threshold data has been released.
- Would you like to calculate the state outlier thresholds?
  - It is recommended that you only calculate the state outlier thresholds after all of the data for every issuer in your state has been imported into the Non-Discrimination Review Tool. Waiting to calculate the state outlier thresholds until after all of the data has been obtained will give more complete and accurate results. After calculating the state thresholds the first time, you should not recalculate the state thresholds after issuers resubmit their applications. Recalculating the thresholds may yield different results and cause some issuers to become outliers when they were not with the initial data. This could create a "moving target" which would be unfair to issuers and make it difficult for them to comply. Would you like to calculate the state outlier thresholds?  
Yes
- Save the workbook before running the tool.
- Run the "Non-Discrimination Review Tool" by clicking the "Run Tool" button below.
- Save the workbook again after the results have been determined.
- The "Limit Conversion" tab displays the limit quantities and limit units that are used to calculate the limit outlier threshold values. The limit quantity used for the calculation may be the same as what was originally input by the issuer, or could have been translated to an annual basis when applicable. This is done to make the direct comparison of more limits possible. The columns "Translated Limit Quantity" and "Translated Limit Unit" display the values that were used for the limit outlier threshold calculations.
- The "CS Conversion" tab displays the cost-sharing values that are used to calculate the cost-sharing outlier threshold values. The translated cost-sharing values are simply the numeric values extracted from the original text string. "No Charge" and "No Charge after Deductible" are treated as zero for the purpose of comparison. The columns that begin with "Translated..." show the values that are used for the outlier threshold calculations.
- The "Limit Outlier Values\_ST" tab displays the state level limit outlier thresholds for each benefit and every potential limit unit. "No Result" is displayed if there were fewer than five plans that listed that particular limit unit for the corresponding benefit. This means that there was too little data to accurately calculate an outlier threshold. A numeric value is displayed if a limit outlier threshold was calculated. Any plan with a value below that threshold is an outlier.
- The "CS Outlier Values\_ST" tab displays the state level cost-sharing outlier thresholds for each benefit and metal level. "No Result" is displayed if there were fewer than five plans that had that particular cost sharing for the corresponding metal level and benefit. This means that there was too little data to accurately calculate an outlier threshold. A numeric value is displayed if a cost-sharing outlier threshold was calculated. Any plan with a value above that threshold is an outlier.
- The "Output\_ST" tab will display the results of the state level Non-Discrimination Review. Column E will display "Met," "Not Met," or "Incomplete" for every plan entered into the Input tab. "Not Met" will be displayed in Column E if one or more of the columns from Column F through AP display "Outlier." "Outlier" will be displayed in Columns F through AP when the corresponding benefit field value is determined to be an outlier for that plan. "Incomplete" will be displayed in Column E if one or more of the columns from Column F to Column AP display "Bad Data." "Bad Data" will be displayed in Columns F through AP if a data error is found for that particular data field. "N/A" will be displayed in Columns F through AP if the corresponding threshold is equal to "No Result." "Okay" will be displayed in Columns F through AP if the corresponding threshold is a numeric value and the plan's value is not an outlier.

\* National level refers to the sample of data that HHS has access to by May 2013 from all states that are a Federally-facilitated Marketplace (FFM) including State Partnership Marketplaces (SPM) where issuers have submitted their QHP Applications via the HIOS.

**Warning!** The Non-Discrimination Benefit Review Tool may take several minutes to run depending on the amount of data that has to be processed. You will know that the Non-Discrimination Benefit Review Tool has finished processing when the Output tab is displayed. After pressing the Run Tool button, do not use your computer until the Non-Discrimination Benefit Review Tool has finished processing. Using your computer while the tool is processing may cause the tool to take longer and/or fail.

**Disclaimer:** The results generated by this tool depend on complete and accurate data. Some data checks are built into the tool, but there may be data discrepancies and/or inaccuracies that were not anticipated that the tool may not catch. This may create inaccurate or incomplete results. To ensure accurate results, ensure that all data is complete and accurate.

## APPENDIX V: Cost Sharing Tool

### INSTRUCTIONS FOR USING THE COST SHARING TOOL

If you are using this stand-alone tool, we recommend that you review the validation steps for Cost Sharing within the Master Review Tool to better understand the logic of the tool and where justifications may be submitted.

There are four cost-sharing reviews that are part of this tool. Not all reviews are applicable to all plans.

1. OOPM Review.
2. Small Group Deductible Review.
3. Cost Sharing Reduction Review.
4. Catastrophic Plan Review.

- Input data into the Input tab either manually or by importing. To import the data, press the Import Cost Sharing Data button and then select the Master Review Tool file from which you want to pull in the data.

**Warning!** Depending on the number of plans in the data set, this process could take several minutes. After pressing the button, do not do anything with Excel until the process has finished. If you interrupt the process, the process will have to be started all over again.

- Select if you'd like to run the Cost Sharing Tool for plans offered inside of the Marketplace only, plans offered outside of the Marketplace only, or both plans offered inside and outside of the Marketplace. Please note that the Cost Sharing Reduction (CSR) portion of this tool is only applicable to plans offered inside of the Marketplace.
- You can run all of the reviews at once in step 4, or do them one at a time within step 3.
  - Before running the reviews, you must set the parameters for the OOPM, SGD, and Catastrophic reviews. In order to populate the "Summary Plan Level" tab, you must run all reviews at once by pressing the "Run Cost Sharing Analysis" button in step 4.

#### *OOPM Review*

This review checks that the OOPM is within the allowable limits. It is only applicable to the standard variant of plans.

- Before running the OOPM Review, confirm or update the proper QHP and Stand-Alone Dental Plan (if applicable) limits. Please see the "Letter to Issuers on Federally-facilitated and State Partnership Exchanges" for more details on the annual limits on cost sharing. This letter is available on the Center for Consumer Information and Insurance Oversight (CCIIO) website ([cciio.cms.gov](http://cciio.cms.gov)) under Regulations & Guidance. As stated in this letter, CMS anticipates that the Internal Revenue Service (IRS) will publish the annual limitation for cost sharing for 2014 in the spring of 2013. The default QHP values here are estimates only.
  - QHP Family: \$12,800.
  - QHP Individual : \$6,400.
  - Stand-Alone Dental Family: \$1,400.

- Stand-Alone Dental Individual: \$700.
- To run the OOPM Review, press the "Run OOPM Analysis" button below. To clear all of the data from the OOPM table on the "Out-Of-Pocket Max" tab, press the "Clear Data" button below.

#### *Small Group Deductible (SGD) Review*

This review checks that the deductibles are within the allowable limits. It is only applicable to plans in the small group market that do not have a coverage level of catastrophic.

- Before running the Small Group Deductible Review, confirm or update the proper Individual and Family Limits.
  - Family Deductible Maximum: \$4,000.
  - Individual Deductible Maximum: \$2,000.
- To run the Small Group Deductible Review, press the "Run SGD Analysis" button below. To clear all of the data from the SGD table in the "Small Group Deductible" tab, press the "Clear Data" button below.

#### *Cost-Sharing Reduction (CSR) Review*

This review makes sure that the plan has the required plan variations and they meet all of the requirements. It is only applicable to Individual market plans that do not have a coverage level of catastrophic.

- To run the Costs-Sharing Reduction Review, press the "Run CSR Analysis" button below. To clear all of the data from the CSR table in the "Cost Sharing Reduction Tab," press the "Clear Data" button below.

#### *Catastrophic Plan Review*

This review makes sure a catastrophic plan meets all of the requirements. It is only applicable to plans that have a coverage level of catastrophic.

- Before running the Catastrophic Plan Review, confirm or update the proper deductible and OOPM limits.
  - IRS Family HDHP: \$12,800.
  - IRS Individual HDHP: \$6,400.
- To run the Catastrophic Plan Review, press the "Run Catastrophic Analysis" button below. To clear all of the data from the Catastrophic table in the "Catastrophic" tab, press the "Clear Data" button below.

#### *Run All Reviews Together*

Running all of the reviews at once will populate their individual review tabs as well as the "Summary Plan Level" tab, where you can see if each review was met, not met, or not applicable for each plan.

- Before running all reviews, confirm or update all required fields in the four review sections above and make sure the "Data Input" tab has been completed. To run all of the reviews and generate the summary sheet, press the "Run Cost Sharing Analysis" button below. To clear all of the data from the Summary table, press the "Clear Data" button below. To clear the data from the individual review tabs, press the "Clear Data From Section Analysis" button below.

## APPENDIX VI: Formulary (Drug) Tool

### INSTRUCTIONS FOR USING THE FORMULARY (DRUG) TOOL

- Place all of the Prescription Drug Excel templates in the "Prescription Drug Templates" folder, which has already been created for you.
- Select your state on the "Start Sheet" tab of this workbook.
- Click on the "Create TXT Files" button on the "Start Sheet" of this workbook. This button runs a macro that will create a .txt file named IssuerID<Issuer ID>\_DrugList<DrugList ID>.txt for each drug list. The .txt files are automatically stored in the "Prescription Drug TXT Uploads" folder.

**Warning!** Depending on the size of each drug list and the number of drug lists, this process could take anywhere from several minutes to more than half an hour. After pressing the button, do not do anything with Excel until the process has finished. If you interrupt the process, the process will have to be started all over again. While the macro is running, cell B4 on the "Start Sheet" will say "Macro running." Do NOT touch your computer while the macro is running. A message box will appear letting you know when the macro is complete.

- If there were any problems with the Prescription Drug templates, an "Error Report" sheet will appear. Please investigate these errors before proceeding to the next step.
- Log in to the USP Category Class Count Service within HIOS.\*

For each drug list:

- Upload the .txt file into the USP Category Class Count Service.
- Click Check Status to view the resulting report(s).
- Save the Category Class Count Report.csv file on your computer. All reports from the Count Service are deleted upon initiation of a download.
- Open each Category Class Count Report in Excel and copy all of the data except the header row (row 1).
- Paste the data copied from the Category Class Count Report into the results table on the "Start Sheet" tab of this workbook.
- View the "Output" sheet of this workbook to identify any categories and classes with a drug count not meeting the EHB standard.
- Click the "Clear Results Table" button to delete all data from the results table on the "Start Sheet" tab before evaluating the next drug list.

For more information about the USP Category Class Count Service, refer to the User Guide available on HIOS. To access HIOS, register for a User ID at <https://portal.cms.gov/>. After logging in to HIOS, request the role titled "Category Class Count User." For questions about HIOS or accessing the Count Service, call 1-855-CMS-1515 or email [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov).

## APPENDIX VII: Acronyms and Terms

Acronym	Definition
AV	Actuarial Value
AVC	Actuarial Value Calculator
APTC	Advance Payment of the Premium Tax Credit
ACA	Affordable Care Act
API	Application Programming Interface
BPCK	Branded Pack
CCIO	Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare & Medicaid Services
COA	Certificate of Authority
CALT	Collaborative Application Lifecycle Tool
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CSR	Cost-Sharing Reduction
HHS	Department of Health and Human Services
DOI	Department of Insurance
DSH	Disproportionate Share Hospital
EIN	Employer Identification Number
ECP	Essential Community Provider
EHB	Essential Health Benefit
EPO	Exclusive Provider Organization
FEIN	Federal Employer Identification Number
FPL	Federal Poverty Level Version 1 B-2
FQHC	Federally Qualified Health Center
FFM	Federally-Facilitated Marketplace
GSA	General Services Administration
GPCK	Generic Pack
HIOS	Health Insurance Oversight System
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
HPSA	Health Professional Shortage Area
HRA	Health Reimbursement Arrangement

Acronym	Definition
HSA	Health Savings Account
ISS	Interactive Survey System
MCO	Managed Care Organization
MOOP, also OOPM	Maximum Out of Pocket, also OOPM
M	Multiplier
NAIC	National Association of Insurance Commissioners
NCQA	National Committee for Quality Assurance
NPI	National Provider Identifier
OIG	Office of the Inspector General
OOPM, also MOOP	Out-Of-Pocket Maximum, also MOOP
POS	Point of Service
PPO	Preferred Provider Organization
QHP	Qualified Health Plan
SBD	Semantic Branded Drug
SCD	Semantic Clinical Drug Version 1 B-3
SHOP	Small Business Health Options Program
SGD	Small Group Deductible
SEP	Special Enrollment Period
SBM	State Based Marketplace
SERVIS	State Exchange Resource Virtual Information System
SPM	State Partnership Marketplaces
SBC	Summary of Benefits and Coverage
SERFF	System for Electronic Rate and Form Filing
TIN	Taxpayer Identification Number
TTY	Term Types
UMLS	Unified Medical Language System
UCAA	Uniform Certificate of Authority Application
USP	United States Pharmacopeia
.xlms	Excel Macro-Enabled Workbook