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2015 QUALIFIED HEALTH PLAN APPLICATION REVIEW TOOLS USER GUIDE: MEANINGFUL DIFFERENCE TOOL

Loading and Analyzing the Data

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MEANINGFUL DIFFERENCE TOOL OVERVIEW

QHP Application Review Tool	Function
Meaningful Difference Tool	Compares all plans an issuer offers to identify multiple, essentially identical plans that are offered in the same counties.

The Meaningful Difference Tool provides states and issuers with a means to evaluate qualified health plan (QHP) applications for compliance with the "Supporting Informed Consumer Choice" review. This tool compares all the plans an issuer offers and checks whether there are multiple plans in the same county that would appear virtually identical to a consumer.

This tool has limited utility for issuers as it requires data from all issuers within a state.

The Meaningful Difference Tool contains detailed instructions as to which issuer templates are used as data input and how to operate the tool. The first step for use of this tool is populating the Master Review Tool with data imported from issuers' plans and benefits, service area, and essential community provider (ECP) templates. Most of the QHP Application Review Tools are stand-alone tools from which the data analysis may be imported into the Master Review Tool. It is recommended that users review the validation steps located within the Master Review Tool to better understand the logic behind the tool and see where justifications may be submitted.

For the Meaningful Difference Tool to run, it is imperative that users do not change the worksheet names, format, and overall structure (e.g., adding or deleting rows or columns, changing field names, copying or deleting worksheets), as this could impact the functioning of the tool macros. This tool can be run for plans that are offered on the Marketplace. The Master Review Tool will grey-out reviews when they are not applicable on the *Review Summary tab*.

Using this Guide

The following characteristics are intended to focus the user to where actions are warranted:

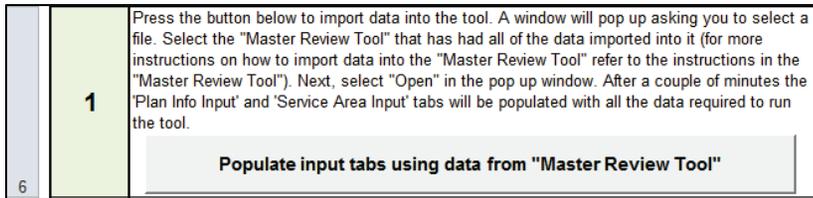
- Items that appear in *italics* are features. (e.g., See the *Instructions tab* in the Master Review Tool.)
- Items that are in **bold** type are functions. (e.g., **Click "Save." Click "Import data from Master Review Tool."**)
- For space considerations, screenshots of Excel worksheets may not include the full data picture.

MEANINGFUL DIFFERENCE TOOL: LOADING THE DATA

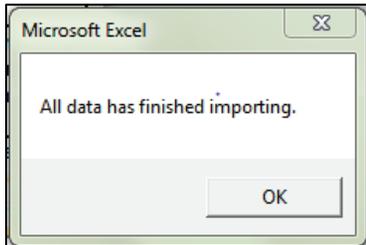
Before you can begin the Meaningful Difference Tool steps, **download** the tool from SERVIS (states) (https://servis.cms.gov/resources/document_detail?doc_detail_id=c2de042d-bf0e-4e2a-46da-53691d3dc025) or CMSzONE (issuers) (<https://zone.cms.gov/document/2015-qhp-application-review-tools>) and complete the **“Import All Plan Data”** and **“Import All Service Area Data”** function in the Master Review Tool *Instructions tab*.

If you use the Meaningful Difference Tool as a 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.

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.

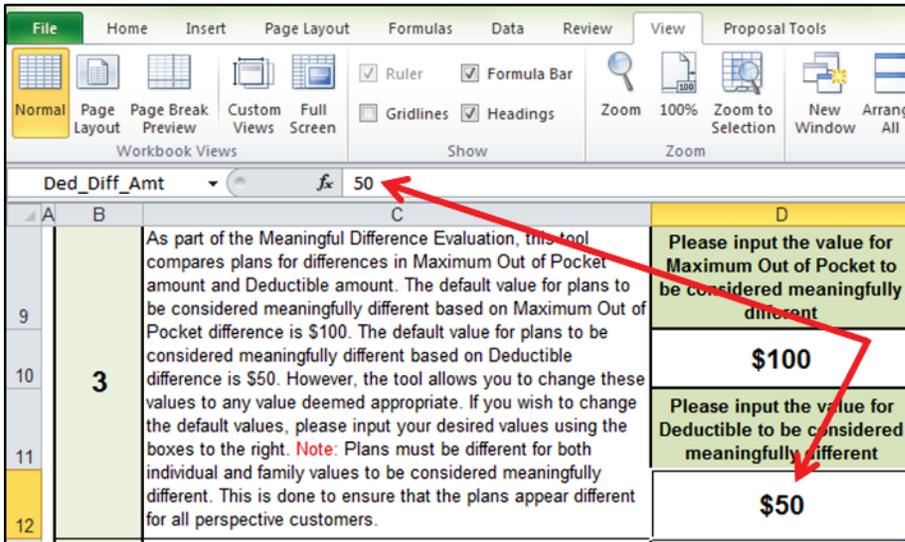


2. The data import is complete when the pop-up states “All data has finished importing” and the *Plan Info Input tab* is populated.

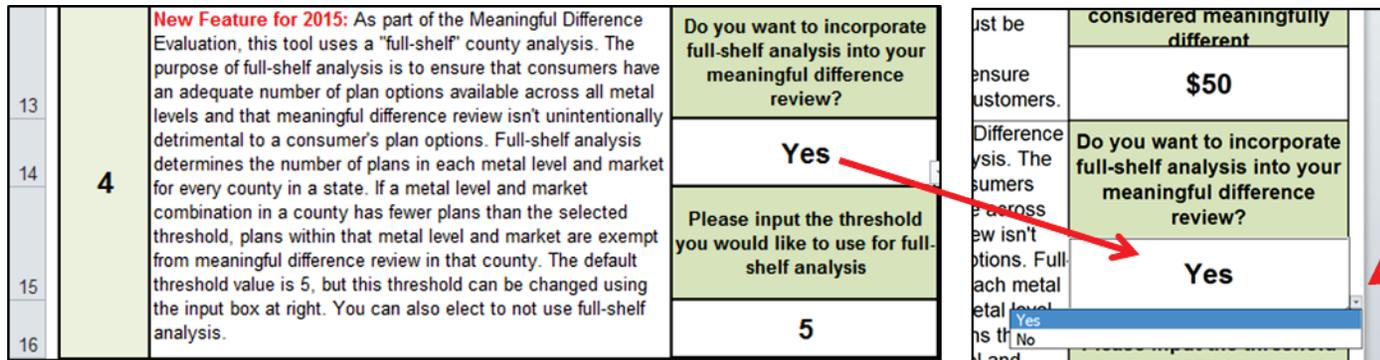


3. In the Meaningful Difference Tool *Instructions tab*, the default value for plans to be considered meaningfully different based on the maximum out-of-pocket (MOOP) difference is \$100 and automatically populated in row 10. To enter a value different than the default value of \$100, click cell D10 and type a value into the cell.

- Follow the same process to change the default value of \$50 for deductibles to be considered meaningfully different. To enter a value different than the default value of \$150, **click** cell D12 and **type** a value into the cell.



- This tool uses a *full-shelf county analysis* to assure that consumers have an adequate number of plan options available across all metal levels and that meaningful difference review is not unintentionally detrimental to a consumer's plan options. If a metal level and market combination in a county has fewer plans than the selected threshold, plans within that metal level and market are exempt from meaningful difference review in that county. Using the drop down in row 14, **choose** "Yes" to run the *full-shelf analysis* or "No" to not run the *full-shelf analysis*. The default threshold value is five, but this threshold can be changed using the input box at right. You can also elect to not run the *full-shelf analysis*.

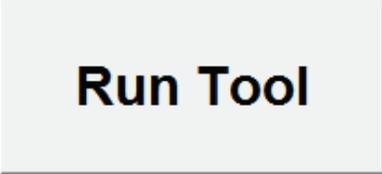


- This tool compares plans for differences in covered benefits. If there are any differences, the tool displays them and allows the user to determine whether they consider the differences meaningfully different. Using the drop down, **indicate “Yes”** to incorporate covered benefit comparisons or **“No”** not to incorporate covered benefits comparisons.

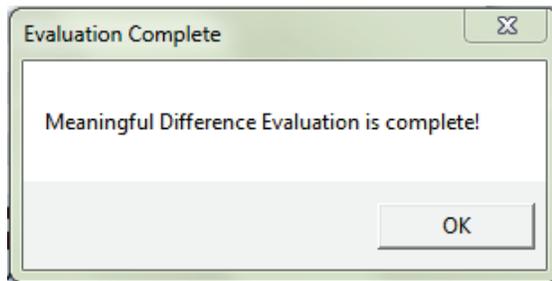
5	New Feature for 2015: As part of the Meaningful Difference Evaluation, this tool compares plans for differences in covered benefits. If there are any differences, the tool displays the differences and allows the user to determine whether they consider the differences meaningfully different. Please indicate whether you would like to incorporate covered benefit comparison into your meaningful difference review.	Do you want to incorporate covered benefit comparison into your meaningful difference review? Yes
6	Save the workbook before running the tool.	Yes No



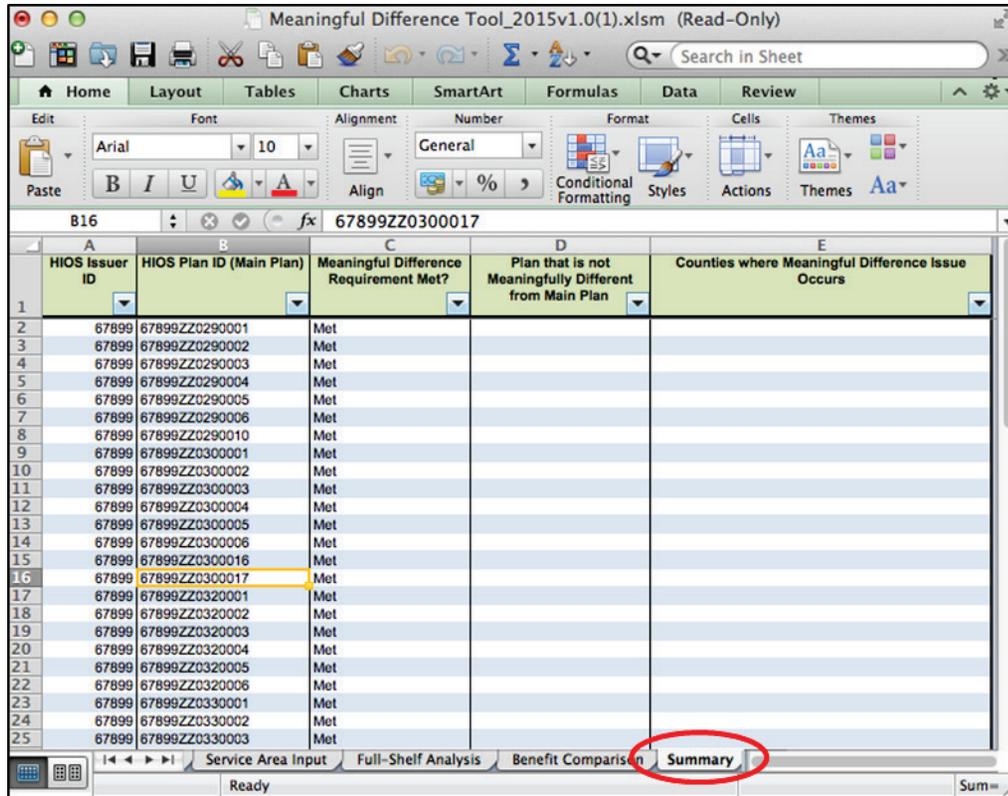
- Save the Meaningful Difference Tool.
- Run the Meaningful Difference Tool by clicking **“Run Tool”** in row 28.

20	7	Run the Meaningful Difference Tool by clicking the Run Tool button below.
28		

- A pop-up window will open stating the Meaningful Difference Evaluation is complete!



10. The Meaningful Difference Tool has run successfully when the *Summary* tab is fully populated.



11. Save the meaningful difference workbook.

Note: 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 is not guaranteed depending on the data submitted by issuers.

MEANINGFUL DIFFERENCE TOOL: ANALYSIS

The meaningful difference review process in the Master Review Tool reviews an issuer's QHPs of the same plan type and metal level in a county for substantial differences.

1. **Open** the QHP Application Review Tools folder and run the Meaningful Difference Tool for all the plans you wish to evaluate. If you decide to use the Meaningful Difference Tool as a stand-alone tool, **review** the validation steps in the Master Review Tool *Meaningful Difference* tab to better understand the logic behind the Meaningful Difference Tool or to see where you can submit justifications.
2. **Open** the Meaningful Difference Tool *Summary* tab to determine whether every plan passed or failed meaningful difference.

	A	B	C	D	E
	HIOS Issuer ID	HIOS Plan ID (Main Plan)	Meaningful Difference Requirement Met?	Plan that is not Meaningfully Different from Main Plan	Counties where Meaningful Difference Issue Occurs
1					
2	67899	67899ZZ0290001	Met		
3	67899	67899ZZ0290002	Met		
4	67899	67899ZZ0290003	Met		
5	67899	67899ZZ0290004	Met		
6	67899	67899ZZ0290005	Met		
7	67899	67899ZZ0290006	Met		
8	67899	67899ZZ0290010	Met		
9	67899	67899ZZ0300001	Met		
10	67899	67899ZZ0300002	Met		
11	67899	67899ZZ0300003	Met		
12	67899	67899ZZ0300004	Met		
13	67899	67899ZZ0300005	Met		
14	67899	67899ZZ0300006	Met		
15	67899	67899ZZ0300016	Met		
16	67899	67899ZZ0300017	Met		
17	67899	67899ZZ0320001	Met		
18	67899	67899ZZ0320002	Met		
19	67899	67899ZZ0320003	Met		
20	67899	67899ZZ0320004	Met		
21	67899	67899ZZ0320005	Met		
22	67899	67899ZZ0320006	Met		
23	67899	67899ZZ0330001	Met		
24	67899	67899ZZ0330002	Met		
25	67899	67899ZZ0330003	Met		

- Open the Meaningful Difference Tool *Full Shelf Analysis* tab to see the number of plans in each metal level and market for every county. Counties with a plan count below the selected threshold lack a full-shelf for that metal level and market combination.

Full-Shelf Analysis			Individual Market					SHOP (Small Group) Market			
FIPs Code	State	County Name	# of Catastrophic Plans	# of Bronze Plans	# of Silver Plans	# of Gold Plans	# of Platinum Plans	# of Bronze Plans	# of Silver Plans	# of Gold Plans	# of Platinum Plans
38	40069	ZZ 35 Smith	1	6	6	6	0	6	12	6	0
39	40071	ZZ 36 Smith	1	4	4	4	0	4	8	4	0
40	40073	ZZ 37 Smith	1	6	6	6	0	6	12	6	0
41	40075	ZZ 38 Smith	1	4	4	4	0	4	8	4	0
42	40077	ZZ 39 Smith	1	4	4	4	0	4	8	4	0
43	40079	ZZ 40 Smith	1	6	6	6	0	6	12	6	0
44	40081	ZZ 41 Smith	1	6	6	6	0	6	12	6	0
45	40083	ZZ 42 Smith	1	6	6	6	0	6	12	6	0
46	40085	ZZ 43 Smith	1	6	6	6	0	6	12	6	0
47	40087	ZZ 44 Smith	1	6	6	6	0	6	12	6	0
48	40089	ZZ 45 Smith	1	4	4	4	0	4	8	4	0
49	40091	ZZ 46 Smith	1	4	4	4	0	4	8	4	0
50	40093	ZZ 47 Smith	1	4	4	4	0	4	8	4	0
51	40095	ZZ 48 Smith	1	6	6	6	0	6	12	6	0
52	40097	ZZ 49 Smith	1	6	6	6	0	6	12	6	0
53	40099	ZZ 50 Smith	1	6	6	6	0	6	12	6	0
54	40101	ZZ 51 Smith	1	4	4	4	0	4	8	4	0
55	40103	ZZ 52 Smith	1	4	4	4	0	4	8	4	0
56	40105	ZZ 53 Smith	1	4	4	4	0	4	8	4	0
57	40107	ZZ 54 Smith	1	4	4	4	0	4	8	4	0
58	40109	ZZ 55 Smith	1	6	6	6	0	6	12	6	0
59	40111	ZZ 56 Smith	1	6	6	6	0	6	12	6	0
60	40113	ZZ 57 Smith	1	4	4	4	0	4	8	4	0
61	40115	ZZ 58 Smith	1	4	4	4	0	4	8	4	0
62	40117	ZZ 59 Smith	1	6	6	6	0	6	12	6	0
63	40119	ZZ 60 Smith	1	6	6	6	0	6	12	6	0
64	40121	ZZ 61 Smith	1	6	6	6	0	6	12	6	0
65	40123	ZZ 62 Smith	1	6	6	6	0	6	12	6	0
66	40125	ZZ 63 Smith	1	6	6	6	0	6	12	6	0
67	40127	ZZ 64 Smith	1	4	4	4	0	4	8	4	0
68	40129	ZZ 65 Smith	1	4	4	4	0	4	8	4	0
69	40131	ZZ 66 Smith	1	6	6	6	0	6	12	6	0
70	40133	ZZ 67 Smith	1	6	6	6	0	6	12	6	0
71	40135	ZZ 68 Smith	1	6	6	6	0	6	12	6	0

- Open the Master Review Tool and then open the *Meaningful Difference* tab. Using the data in the Meaningful Difference Tool *Summary* tab, go to the Master Review Tool *Meaningful Difference* tab to determine if plans analyzed meet regulatory requirements.

The screenshot displays two overlapping Excel windows. The background window is titled 'Master Review Tool_2015v1.0.xlsx' and shows a worksheet with the following content:

Meaningful Difference Review Process Steps			
There is a stand-alone tool available to assist in the meaningful difference review. The following explains the s			
Review	Review step	Review description and procedure	
1	a		If Dental Only Plan SADPs from the ana
1	b		If Dental Only Plan these plans in the ana
2		Remove all plans that are not the standard variation.	
2	a		If CSR Variation Typ

The foreground window is titled 'Meaningful Difference Tool_2015v1.0(1).xlsm (Read-Only)' and shows a detailed data table with the following columns:

A	B	C	D	E
HIOS Issuer ID	HIOS Plan ID (Main Plan)	Meaningful Difference Requirement Met?	Plan that is not Meaningfully Different from Main Plan	Counties where Meaningful Difference Issue Occurs
67899	67899ZZ0290001	Met		
67899	67899ZZ0290002	Met		
67899	67899ZZ0290003	Met		
67899	67899ZZ0290004	Met		
67899	67899ZZ0290005	Met		
67899	67899ZZ0290006	Met		
67899	67899ZZ0290010	Met		
67899	67899ZZ0300001	Met		
67899	67899ZZ0300002	Met		
67899	67899ZZ0300003	Met		
67899	67899ZZ0300004	Met		
67899	67899ZZ0300005	Met		
67899	67899ZZ0300006	Met		
67899	67899ZZ0300016	Met		
67899	67899ZZ0300017	Met		
67899	67899ZZ0320001	Met		
67899	67899ZZ0320002	Met		
67899	67899ZZ0320003	Met		
67899	67899ZZ0320004	Met		
67899	67899ZZ0320005	Met		
67899	67899ZZ0320006	Met		
67899	67899ZZ0330001	Met		
67899	67899ZZ0330002	Met		
67899	67899ZZ0330003	Met		

The 'Meaningful Difference' tab name is circled in red in the background window's tab bar.

4. Populate “Met” or “Not Met” from the drop-down menus at the top of each column in the SELECT REVIEW RESULT row for each issuer.

Users may select if the overall standard is “Met” or “Not Met” at the top of the worksheet which will auto-populate the summary review. This is the only information auto-populated to the review summary from this tab.

Review	Review step	Review description and procedure	Step description	Source	SELECT REVIEW RESULT:
1		Remove SADPs from the analysis.			
1	a		If <i>Dental Only Plan</i> = “Yes,” the plan is an SADP. Remove SADPs from the analysis.	<i>Dental Only Plan</i>	
1	b		If <i>Dental Only Plan</i> = “No,” the plan is not an SADP. Keep these plans in the analysis.	<i>Dental Only Plan</i>	
2		Remove all plans that are not the standard variation.			
2	a		If <i>CSR Variation Type</i> = “Standard ... Plan,” the plan is the standard variation. Keep these plans in the analysis.	<i>HIOS Plan ID (Standard Component + Variant), CSR Variation Type</i>	
2	b		If <i>CSR Variation Type</i> = anything other than “Standard ... Plan,” the plan is not the standard variation. Remove these plans from the analysis.	<i>HIOS Plan ID (Standard Component + Variant), CSR Variation Type</i>	
3		Assign plans to each county that they cover in their service area.			
3	a		For the given state, assign every plan to every county that it covers in the state. Also, indicate whether the plan partially or fully covers the county.	<i>HIOS Plan ID, Service Area ID, State, County Name, Partial County, Service Area Zip Code(s)</i>	

Validation Results

HIOS Issuer ID:	12345
VIEW RESULT:	Met
Source	Met
	Not Met

Each standard provides space for user determined evaluation of whether the standards are “Met” or “Not Met.” Additional information on standards review may be included in the space adjacent to the standard review steps.

- After you have manually populated “Met” or “Not Met” for each issuer’s plan in the Master Review Tool *Meaningful Difference* tab, open the Master Review Tool *Review Summary* tab to see the auto-populated results in row 19.

Section/Standard	Function of Review	L	M	N	O	P	Q
ECP	Ensure issuers have ECPs, where available, that meet the policy standards.	Not Met					
Category Class Drug Count	Ensure compliance with EHBs and check for discrimination by counting drugs in each USP category and class.	Met	Met	Met	Not Met	Not Met	Not Met
Non-Discrimination Formulary	Identifies plans with an unusually large number of drugs that require step therapy or prior authorization in one of five	Not Met	Met	Met	Not Met	Not Met	Not Met
Outlier	Ensures that enrollees have access to the drugs recommended in clinical guidelines for four diseases:	Met	Not Met	Not Met	Met	Met	Met
Appropriateness	Check in-network out-of-pocket maximum costs for individual and family EHB coverage against the annual dollar limit and ensure the cost sharing variations and catastrophic plans meet all requirements.	Met	Met	Met	Met	Met	Met
Benefit Cost Sharing	Identify if an issuer submits one or more QHPs of the same plan type and metal level in a county and review further for network, deductible, and out-of-pocket maximum differences.	Met	Met	Met	Met	Met	Met
Non-Discrimination Benefit	Perform an outlier analysis on selected benefits cost-sharing.	Met	Met	Met	Met	Met	Met
Service Area	Confirm that issuers include full counties or have a justifiable reason for partial counties.	Not Met	Not Met	Not Met	Met	Met	Met
OVERALL PLAN VALIDATION		Not Met					

- Save the Master Review Tool after you have completed the meaningful difference review.

APPENDIX: ACRONYMS AND TERMS

Acronym	Definition
AAAHC	Accreditation Association for Ambulatory Health Care
AV	actuarial value
AVC	actuarial value calculator
APTC	advance premium tax credits
ACA	Affordable Care Act
API	Application Programming Interface
BCBS	Blue Cross Blue Shield
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
DOB	date of birth
DIT	data integrity tool
DMARDs	disease-modifying antirheumatic drugs

Acronym	Definition
DOI	Department of Insurance
DPP	diabetes prevention program
DSH	disproportionate share hospital
EIDM	Electronic imaging and document management
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
FQHC	Federally qualified health center
FFM	Federally-facilitated Marketplace
GSA	General Services Administration
GPCK	generic pack
HHS	U.S. Department of Health and Human Services
HIOS	Health Insurance Oversight System
HIPAA	Health Insurance Portability and Accountability Act
HMO	health maintenance organization

Acronym	Definition
HPSA	health professional shortage area
HRA	health reimbursement arrangement
HSA	health savings account
ISS	interactive survey system
MCO	managed care organization
MOOP	maximum out-of-pocket
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	out-of-pocket maximum
POS	point of service
PPO	preferred provider organization
PR	prior authorization
QHP	qualified health plan
RXCUI	RxNorm Concept Unique Identifier
SBC	summary of benefits and coverage
SBD	semantic branded drug

Acronym	Definition
SCD	semantic clinical drug
SHOP	Small Business Health Options Program
SEP	special enrollment period
SBM	State-based Marketplace
SPM	State Partnership Marketplace
SSN	Social Security number
SGLT2	sodium glucose co-transporter 2 inhibitors
ST	step therapy
TIN	taxpayer identification number
TNF	tumor necrosis factors
TTY	term types
UMLS	Unified Medical Language System
UCAA	Uniform Certificate of Authority Application
USP	United States Pharmacopeia
.xlms	Excel macro-enabled workbook