2015 QUALIFIED HEALTH PLAN APPLICATION REVIEW TOOLS USER GUIDE: CATEGORY CLASS DRUG COUNT TOOL

Loading and Analyzing the Data

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CATEGORY CLASS DRUG COUNT TOOL OVERVIEW

Tool	Function
Category Class Drug Count Tool	Ensures that the drug count for each U.S. Pharmacopeial Service Medicare Model Guidelines v5.0 (USPv5) category and class meets the state's drug benchmark count.

The Category Class Drug Count Tool is one methodology for using the USP to verify essential health benefits (EHB) compliance. Use of the tool by state regulators or issuers is optional.This review generates the unique count of chemically distinct drugs that are submitted on a given drug list for each category and class pairing, removing the need to interface with the Health Insurance Oversight System (HIOS). It will then check these counts against the state-mandated benchmarks.

The EHB Rx Crosswalk is included with the Category Class Drug Count Tool as an aid to help issuers identify drug coverage needed to meet the state's benchmark count ensuring compliance with the Drug Formulary EHB Standard. The EHB Rx Crosswalk 2015 Public Release is a Centers for Medicare & Medicaid Services (CMS) reference file used to ensure plans' prescription drug benefit packages are in compliance with EHB policy. CMS will use the EHB Rx Crosswalk to map RxCUIs to USPv5 categories and classes of state benchmark drug counts. Also included in the Category Class Drug Count Tool folder is the RxNorm Extract. This document is a reference file that lists the subset of RxCUIs in the RxNorm that are fully specified (ingredient, strength, dose form, and brand name, where applicable). This RxNorm Extract is based on the November 4, 2013, release of RxNorm, and it can be used by issuers to convert drugs on their formularies into RxCUIs.

For the 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. However, filters have been added to the table headings in many of the stand-alone tools and may be used without disrupting tool use.

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.
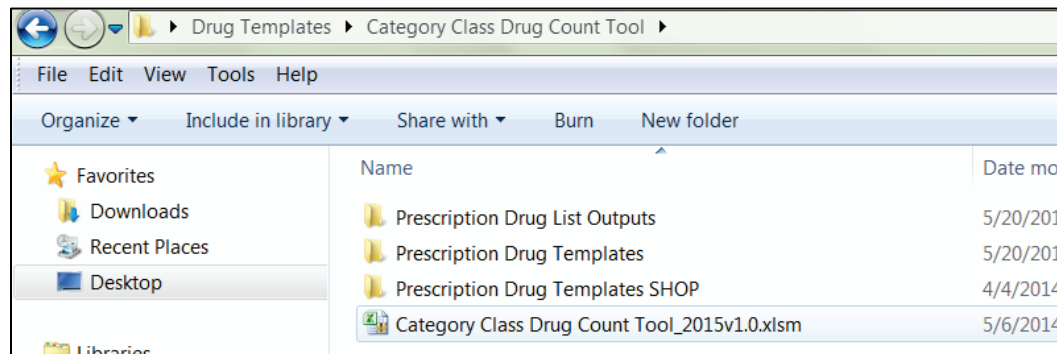
CATEGORY CLASS DRUG COUNT TOOL: LOADING THE DATA

Before you can begin the Category Class Drug Count Tool steps, **download** the tool from SERVIS (states) or CMSzONE (issuers).

1. Place all of the prescription drug Excel templates to be reviewed into a "Prescription Drug Templates" folder. If this folder does not already exist, please create this folder. This folder needs to be located in the same folder where this tool is saved. This folder needs to be located in the same folder where this tool is saved. You must place templates into this folder or the tool will not run.
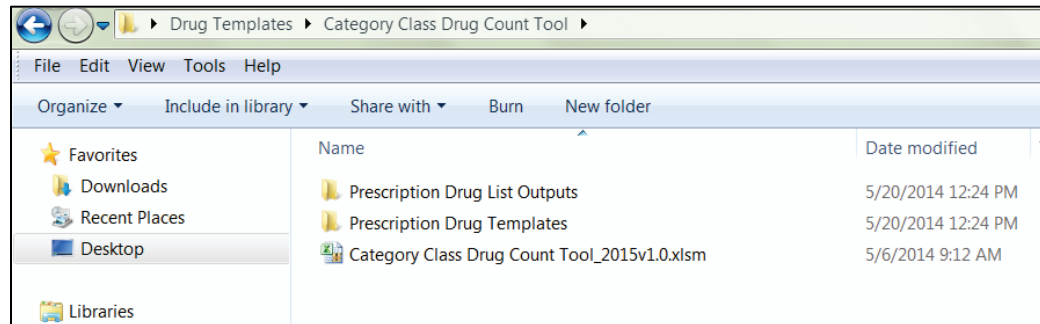
2. In states that collect templates in SERFF, issuers may submit separate sets of templates for individual and Small Business Health Options Program (SHOP) plans. In this case, an issuer can submit two drug lists with the same ID – one for the individual Marketplace and one for the SHOP Marketplace. For this tool to distinguish between these two drug lists, the tool will need to be run separately for each set of templates.

3. To run this review, **click** on the "**Run Review Tool**" button on the *Instructions tab* of the Category Class Drug Count Tool.
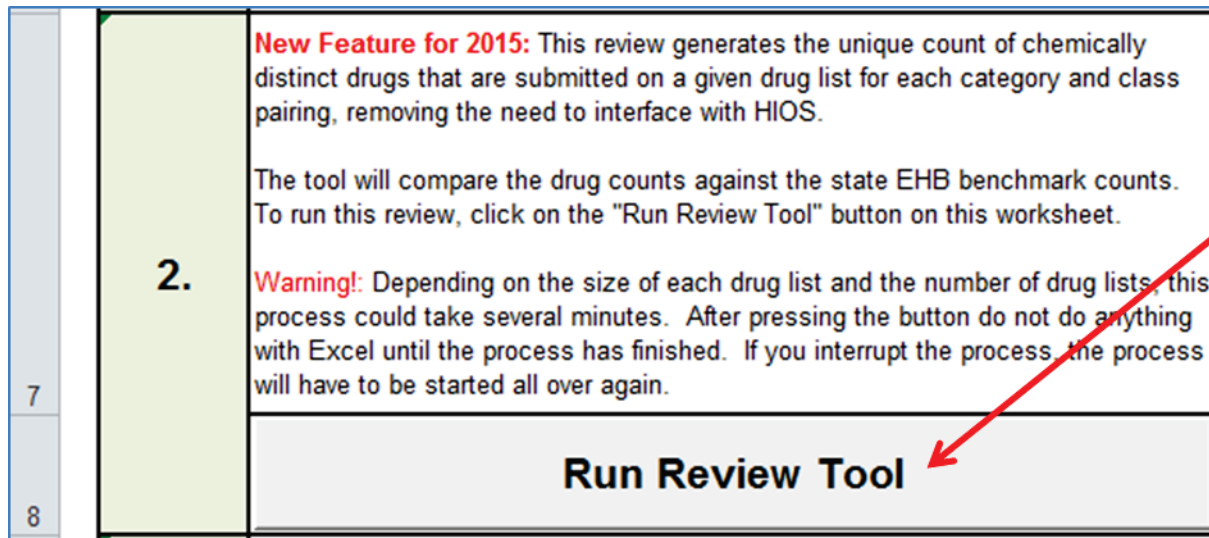
4. The output files for each drug list that was reviewed are saved in the *Prescription Drug List Outputs folder* which is also included in the folder that contains the Category Class Drug Count Tool.
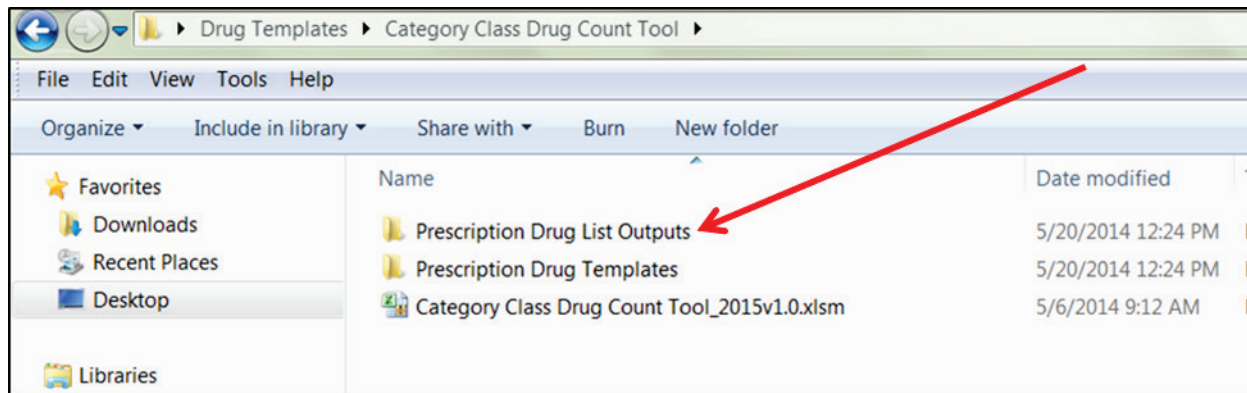
5. To see the results of each drug list, **open** each saved file individually. Each drug list review will be identified according to the issuer ID, issuer state, and drug list ID.
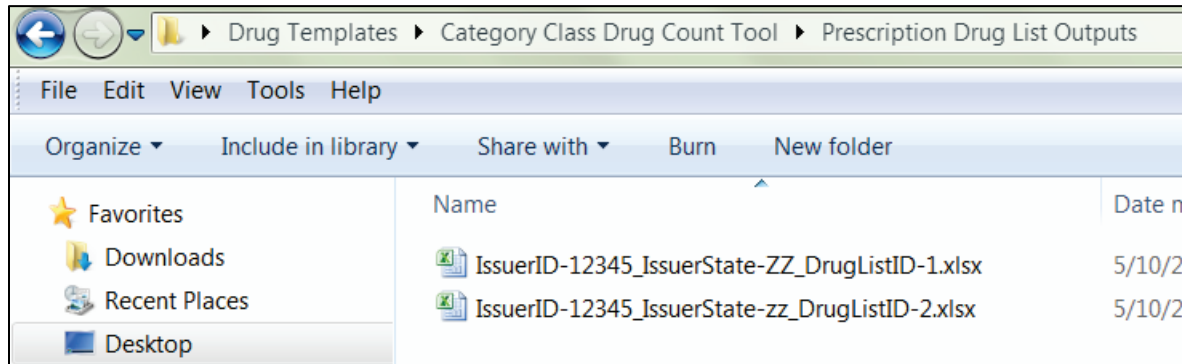
Note: Outputs will be overwritten if they are not removed from the output folder. Please remove the outputs from the "Prescription Drug List Outputs" folder before running a new review if you want to save the previous results.
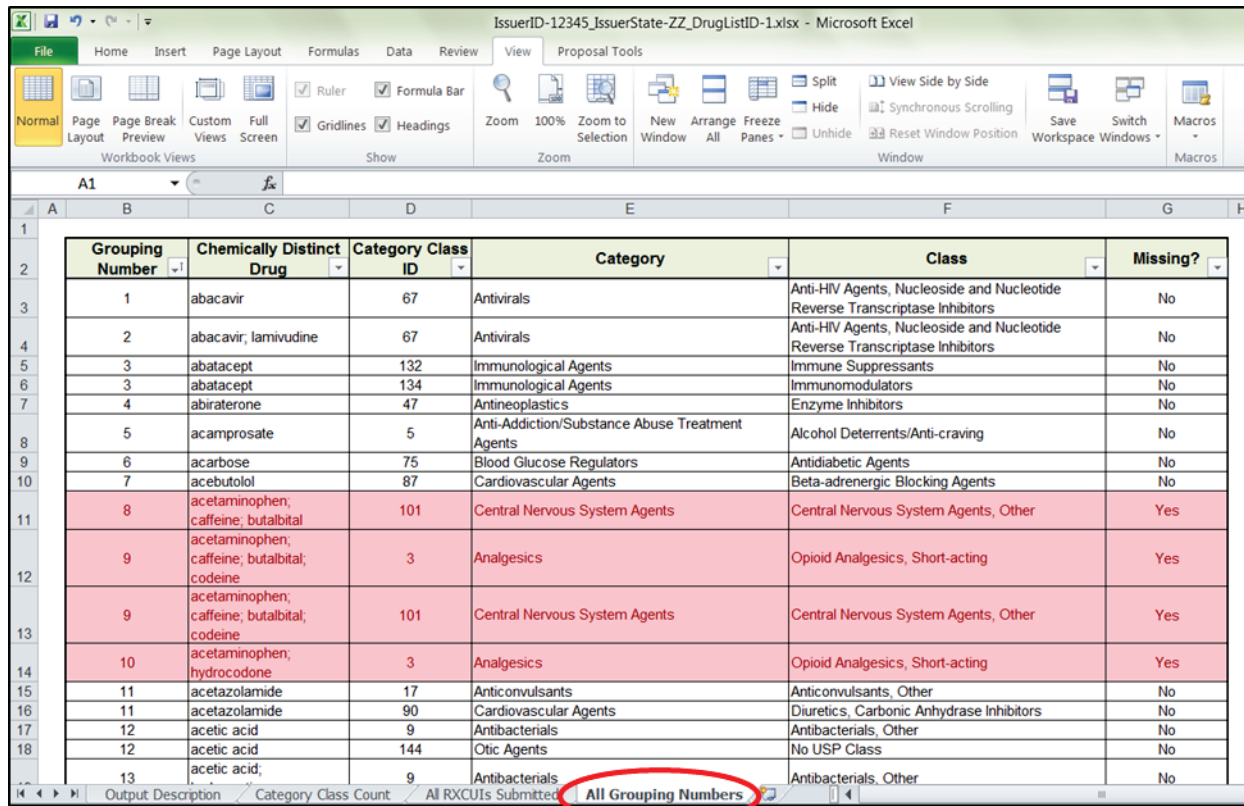
Warning! Depending on the size of each drug list and the number of drug lists this process could take several minutes. After pressing the button do not do anything with Excel until the process has finished. If you interrupt the process, the process will have to start over again.

CATEGORY CLASS DRUG COUNT TOOL: ANALYSIS

1. **Click** on an issuer file in the *Prescription Drug List Output folder*. The output file is the result of running the Category Class Drug Count Tool. It is a separate file from the tool itself and only contains the results of a single drug list review. The name of the file indicates the issuer ID, issuer state, and drug list ID related to this output. Make sure to save all issuers files needed for later review in a new folder as running the tool for another issuer will delete previously run files saved in the *Prescription Drug List Outputs folder*.

2. In the output file, the *All RxCUIs Submitted tab* provides a list of every RxCUI submitted on the drug list. This tab identifies if a submitted RxCUI has been retired, its reassigned RxCUI, and the date it was retired. It also identifies the chemically distinct drug that a particular RxCUI impacts.
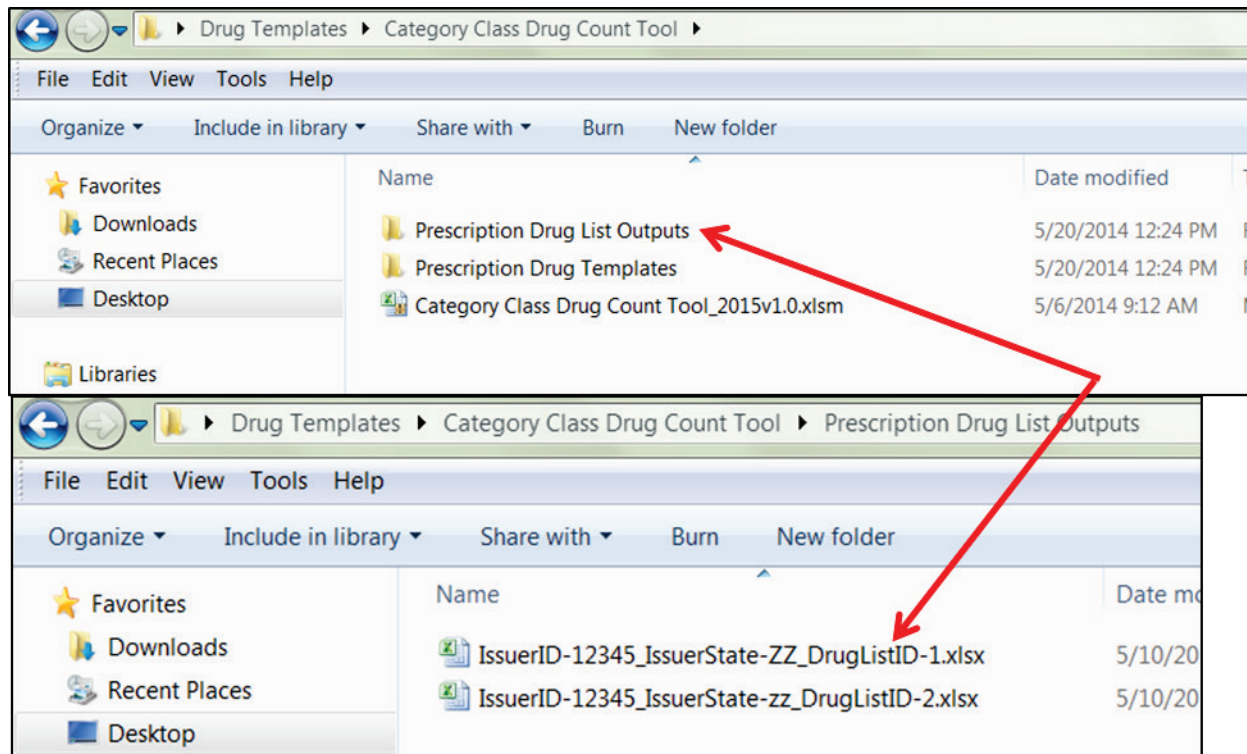
3. In the output file, the *All Grouping Numbers tab* provides a list of every grouping number, or chemically distinct drug that appears in the EHB Rx Crosswalk. This tab identifies if a grouping number is missing from a drug list. It also identifies the grouping number an RxCUI is in and the categories and classes that a particular grouping number will impact.

4. This review generates the unique count of chemically distinct drugs that were submitted on a given drug list for each category and class pairing. It then checks those counts against the state-mandated benchmarks. In the output file, the *Category Class Count tab* outputs the unique drug counts for all categories and classes. This tab identifies the categories and classes with a drug count not meeting the EHB standard.

5. The *Category Class Count tab* outputs the unique drug counts for all categories and classes. This tab identifies the categories and classes with a drug count that does not meet the EHB benchmark count. A category and class row will be highlighted in red if it does not meet the EHB benchmark count or the revaluated benchmark count. The definitions for the values that each row can take in the *EHB Benchmark Count Met?* column are described below:

• Yes: The drug count meets the state EHB benchmark count. No further review is required.

- Yes – Revaluated: The drug count does not meet the state EHB benchmark count, but it meets the revaluated benchmark count. The decision is left to the state to require a further review.

- No: The drug count does not meet the state EHB benchmark count or the revaluated benchmark count. Further review is required. Ensure inadequate category/class count supporting documentation and justification (http://www.serff.com/documents/plan_management_data_instructions_ch16c_2015.pdf) is submitted.

Note: In several situations, it may be impossible for a particular category and class to meet the EHB benchmark count because the number of available chemically distinct drugs in the EHB Rx Crosswalk, which was downloaded and saved as part of the initial Qualified Health Plan (QHP) Application Review Tools package. In those situations, a further review of the drug list is not required. Please see the table located in the Category Class Count tab for these situations.

6. **Examine** justification documents for categories and classes requiring further review:
7. Using the data in the *Category Class Drug Count Prescription Drug List Outputs*, **go to** the Master Review Tool *Category Class Drug Count tab*, and **indicate** if an issuer's drug lists have met the formulary requirement.

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.

8. After you have populated "Met" or "Not Met" from the drop-down menus at the top of each column in the SELECT REVIEW RESULT row for each issuer's drug list in the Master Review Tool *Category Class Drug Count tab*, **open** the Master Review Tool *Review Summary tab* to see the auto-populated results in row 15.

9. **Save** the Master Review Tool after you have completed the 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
CCIIO	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
DOI	Department of Insurance
DPP	diabetes prevention program
DSH	disproportionate share hospital
EIDM	electronic imaging and document management
EIN	employer identification number

Acronym	Definition
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
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

Acronym	Definition
OIG	Office of the Inspector General
OOPM	out-of-pocket maximum
POS	point of service
PPO	preferred provider organization
PA	prior authorization
QHP	qualified health plan
RXCUI	RxNorm Concept Unique Identifier
SBC	summary of benefits and coverage
SBD	semantic branded drug
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