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2015 QUALIFIED HEALTH PLAN APPLICATION REVIEW TOOLS USER GUIDE: COST SHARING TOOL

Loading and Analyzing the Data

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COST SHARING TOOL OVERVIEW

Tool	Function
Cost Sharing Tool	<ul style="list-style-type: none">• Conducts four cost-sharing standards analyses (when applicable to the specific plan):<ul style="list-style-type: none">– Maximum out-of-pocket (MOOP) review.– Cost sharing reduction (CSR) review.– Catastrophic plan review.

The Cost Sharing Tool offers one methodology for reviewing cost sharing requirements under Federal rulemaking. This tool runs three different checks (when applicable to the plan) for cost sharing standards. This includes: maximum out-of-pocket (MOOP) review, cost sharing reduction (CSR) plan variation review, and catastrophic plan review.

The Cost Sharing Tool can be run for the following plan types: only plans that are offered on the Marketplace, only plans that are offered off the Marketplace, or for all submitted standard plans, both on and off the Marketplace.

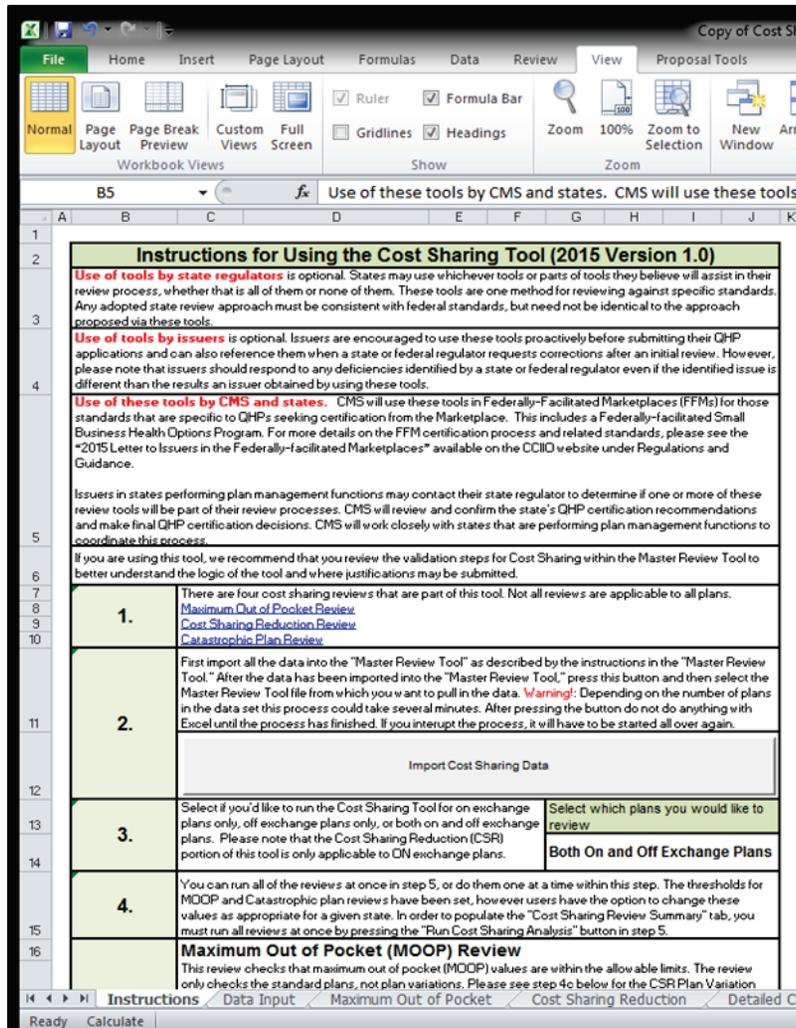
The first step in running the Cost Sharing Tool is to import data into the Master Review Tool. The Cost Sharing Tool will then import its data from data in the Master Review Tool. Please refer to the Master Review Tool User Guide for help with importing data into the Master Review Tool. For the tools to run, it is imperative 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.

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.

COST SHARING REVIEW TOOL: LOADING THE DATA

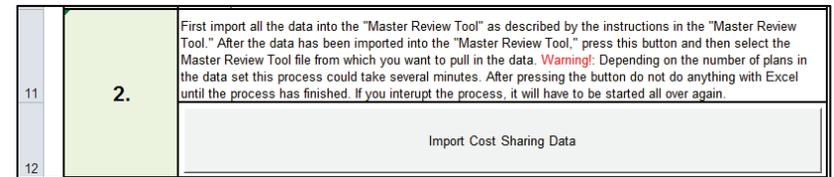


Before you can begin the Cost Sharing Tool steps, **download** the tool from **SERVIS** ([https://servis.cms.gov/resources/document_detail?doc_detail_id=c2de042d-](https://servis.cms.gov/resources/document_detail?doc_detail_id=c2de042d-bf0e-4e2a-46da-53691d3dc025)

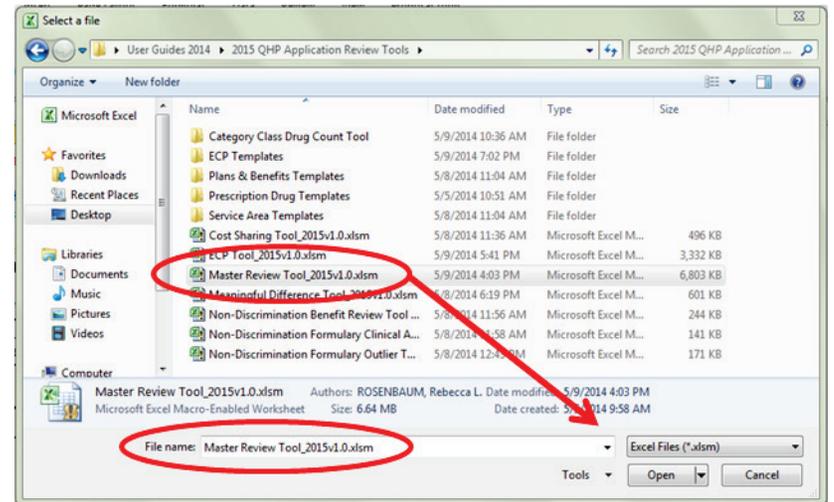
[bf0e-4e2a-46da-53691d3dc025](https://zone.cms.gov/document/2015-qhp-application-review-tools)) (states) or CMSzONE (<https://zone.cms.gov/document/2015-qhp-application-review-tools>) (issuers) and complete the **Import All Plan Data** function in the Master Review Tool *Instructions* tab.

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 understand the logic of the tool and where justifications may overcome the tool's automated results.

1. In the Cost Sharing Tool *Instructions* tab, row 12, click **"Import Cost Sharing Data."**

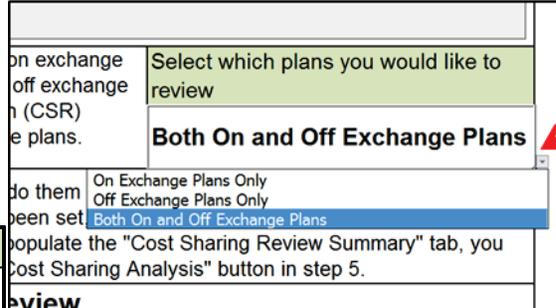


2. At the pop-up window, **select** the Master Review Tool that has all the imported data.



3. After clicking “Open” in the pop-up window, data will load and “All cost-sharing data imported successfully” will appear and the *Data Input* tab opens, fully populated. Select, using the drop down in row 14, if you want to run the Cost Sharing Tool for plans offered on the Marketplace only, plans offered off the Marketplace only, or both plans offered on and off the Marketplace. The CSR portion of this tool only applies to plans offered on the Marketplace.

13	3.	Select if you'd like to run the Cost Sharing Tool for on exchange plans only, off exchange plans only, or both on and off exchange plans. Please note that the Cost Sharing Reduction (CSR) portion of this tool is only applicable to ON exchange plans.	Select which plans you would like to review	on exchange off exchange n (CSR) e plans.	Select which plans you would like to review
14			Both On and Off Exchange Plans	Both On and Off Exchange Plans	



do them
been set

populate the "Cost Sharing Review Summary" tab, you
Cost Sharing Analysis" button in step 5.

review

4. User Option: you can run all the reviews at once in step 5, or run them one at a time within step 4.

5.	Run All Reviews Together			
	<p>1. Running all of the reviews at once will populate their individual review tabs as well as the "Cost Sharing Review Summary" tab, where you can see if each review was met, not met, or not applicable for each plan.</p> <p>2. Before running all reviews, please confirm or update all required fields in the four review sections above and make sure the "Data Input" tab has been completed.</p> <p>3. 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.</p>			
	<table border="1"> <tr> <td>Run Cost Sharing Analysis</td> <td>Clear Summary Data</td> <td>Clear Data From Section Analysis</td> </tr> </table>	Run Cost Sharing Analysis	Clear Summary Data	Clear Data From Section Analysis
Run Cost Sharing Analysis	Clear Summary Data	Clear Data From Section Analysis		

5. User Option: the thresholds for MOOP and catastrophic plan reviews have been set; however, users have the option (see step 4) to change these values as appropriate for a given state.

a. MOOP

19	4a.	Health Plan Individual (Self-Only)	\$	6,600
20		Health Plan Family (Other than Self-Only)	\$	13,200
21		Stand-Alone Dental Plan Individual	\$	350
22		Stand-Alone Dental Plan Family	\$	700

b. Catastrophic

34	4c.	Health Plan Individual (Self-Only)	\$	6,600
35		Health Plan Family (Other than Self-Only)	\$	13,200

NOTE: To populate the *Cost Sharing Review Summary* tab, you must run all reviews at once by pressing the “Run Cost Sharing Analysis” button in step 5, row 42.

6. Running the Reviews One at a Time:

a. MOOP Review

In the Cost Sharing Tool *Instructions* tab, **confirm** the defaults or **update** the proper qualified health plan (QHP) and stand-alone dental plan (if applicable) limits in rows 19-22. The MOOP fields have been populated with the annual dollar limitation specified in the [U.S. Department of Health and Human Services \(HHS\) Notice of Benefit and Payment Parameters for 2015](https://www.federalregister.gov/articles/2014/03/11/2014-05052/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2015).
(<https://www.federalregister.gov/articles/2014/03/11/2014-05052/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2015>)

1. Click **“Run MOOP Analysis”** in row 25; to clear the data after the analysis, click **“Clear Data,”** also in row 25.

16	Maximum Out of Pocket (MOOP) Review	
17	This review checks that maximum out of pocket (MOOP) values are within the allowable limits. The review only checks the standard plans, not plan variations. Please see step 4c below for the CSR Plan Variation review for the check that plan variations have MOOP values within the allowable limits.	
18	1. Before running the Maximum Out of Pocket Review, states may confirm or update the Health Plan and Stand-Alone Dental Plan Limits. The maximum out of pocket fields have been populated with the annual dollar limitation specified in the HHS Notice of Benefit and Payment Parameters for 2015. Please see this document for more details on the annual limits on cost sharing.	
19	Health Plan Individual (Self-Only)	\$ 6,600
20	Health Plan Family (Other than Self-Only)	\$ 13,200
21	Stand-Alone Dental Plan Individual	\$ 350
22	Stand-Alone Dental Plan Family	\$ 700
23	2. To run the Maximum Out of Pocket Review, press the "Run MOOP Analysis" button below. The results will appear in the "Maximum Out of Pocket" with the deficient fields bolded and underlined. New feature for 2015: The "Description of Issue" column to the far right will give more details on what is causing the issue.	
24	3.To clear all of the results from the "Maximum Out of Pocket" tab, press the "Clear Data" button below.	
25	Run MOOP Analysis	Clear Data

2. The MOOP analysis is successful when the *MOOP* tab is fully populated.

	A	B	C	D	E	F	Maximum Out of Pocket for Medical EHB Benefits							
							In Network		In Network (Tier 2)		Combined In/Out			
	HIOS Plan ID* (Standard Component + Variant)	Compliant?	Family MOOP Values Missing	Dental Only Plan	Medical & Drug Maximum Out of Pocket Integrated?	Multiple In Network Tiers?	Individual	Family	Individual	Family	Individual	Family	Individual	Family
4	12345Z20010001-00	Not Met		Yes		No	700	1400			Not Applica	Not Applicable		
5	12345Z20010001-01	Not Met		Yes		No	700	1400			Not Applica	Not Applicable		
6	12345Z20010002-00	Not Met		Yes		No	700	1400			Not Applica	Not Applicable		
7	12345Z20010002-01	Not Met		Yes		No	700	1400			Not Applica	Not Applicable		
8	12345Z20030001-00	Not Met		Yes		No	700	1400			Not Applica	Not Applicable		
9	12345Z20030001-01	Not Met		Yes		No	700	1400			Not Applica	Not Applicable		
10	12345Z20030002-00	Not Met		Yes		No	700	1400			Not Applica	Not Applicable		
11	12345Z20030002-01	Not Met		Yes		No	700	1400			Not Applica	Not Applicable		
12	67899Z20360001-01	Met		No	Yes	No								
13	67899Z20360002-01	Met		No	Yes	No								
14	67899Z20360003-01	Met		No	Yes	No								
15	67899Z20360004-01	Met		No	Yes	No								
16	67899Z20290001-00	Met		No	Yes	No								
17	67899Z20290001-01	Met		No	Yes	No								
18	67899Z20290002-00	Met		No	Yes	No								
19	67899Z20290002-01	Met		No	Yes	No								
20	67899Z20290003-00	Met		No	Yes	No								
21	67899Z20290003-01	Met		No	Yes	No								
22	67899Z20290004-00	Met		No	Yes	No								
23	67899Z20290004-01	Met		No	Yes	No								
24	67899Z20320001-00	Met		No	Yes	No								
25	67899Z20320001-01	Met		No	Yes	No								
26	67899Z20320002-00	Met		No	Yes	No								
27	67899Z20320002-01	Met		No	Yes	No								
28	67899Z20320003-00	Met		No	Yes	No								
29	67899Z20320003-01	Met		No	Yes	No								
30	67899Z20320004-00	Met		No	Yes	No								
31	67899Z20320004-01	Met		No	Yes	No								
32	67899Z20360005-01	Met		No	Yes	No								
33	67899Z20360006-01	Met		No	Yes	No								

b. CSR Review

1. In the Cost Sharing Tool *Instructions* tab, click “Run CSR Analysis;” to clear the data after the analysis, click “Clear Data.”

26	4b.	Cost Sharing Reduction (CSR) Plan Variation Review	
27		This review checks that each plan has the required plan variations and that the variations meet specific regulatory requirements. It is only applicable to Individual market plans that do not have a coverage level of 1. To run the <i>Cost Sharing Reduction Review</i> , press the "Run CSR Analysis" button below. The "Cost Sharing Reduction" tab contains a list of all of the requirements that make up the CSR review across the top, and will indicate if a plan has met each of those requirements. Note: Many of the reviews check successive cost sharing, see the "Successive Cost Sharing" tab for details and examples of this review. New feature for 2015: For all checks that are not met, the "Detailed CSR Results" tab will contain a more detailed description of the issue, as well as a link back to the "Data Input" tab to show exactly where the issue is.	
28		2. To clear all of the data from the "Cost Sharing Reduction" tab and the "Detailed CSR Results" tab, press the "Clear Data" button below.	
29		Run CSR Analysis	Clear Data
30			

2. The CSR analysis is successful when the *Cost Sharing Reduction* tab is fully populated.

The screenshot shows an Excel spreadsheet with the following data table:

	A	B	C	D	E	F	G	H
1								Silver Plan
2	HIOS Plan ID (Standard Component)	Level of Coverage	Overall CSR Review Results	All plan silver plan variations exist	AV for all plan variations must be within the de minimus (+/- 1%)	The 73% AV plan variation must be at least 2 percentage points greater than the associated standard plan	MOOP for 73% AV plan variation must be at or below the allowable threshold (\$5200 for individuals; \$10400 for families)	MOOP for 87% AV plan variation must be at or below the allowable threshold (\$2250 for individuals; \$4500 for families)
3	67899Z20350001	Gold	Met	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
4	67899Z20350002	Gold	Met	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
5	67899Z20350003	Silver	Met	Met	Met	Met	Met	Met
6	67899Z20350004	Silver	Met	Met	Met	Met	Met	Met
7	67899Z20290001	Gold	Met	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
8	67899Z20290002	Gold	Met	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
9	67899Z20290003	Silver	Met	Met	Met	Met	Met	Met
10	67899Z20290004	Silver	Met	Met	Met	Met	Met	Met
11	67899Z20320001	Gold	Met	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
12	67899Z20320002	Gold	Met	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
13	67899Z20320003	Silver	Met	Met	Met	Met	Met	Met
14	67899Z20320004	Silver	Met	Met	Met	Met	Met	Met
15	67899Z20350005	Bronze	Met	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
16	67899Z20350006	Bronze	Met	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
17	67899Z20290005	Bronze	Met	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
18	67899Z20290006	Bronze	Met	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
19	67899Z20320005	Bronze	Met	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
20	67899Z20320006	Bronze	Met	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
21								

The bottom navigation bar shows tabs: Maximum Out of Pocket, **Cost Sharing Reduction** (circled in red), Detailed CSR Results, and Catast. The status bar at the bottom right shows 'Sum=0'.

- For all checks that are not met, the *Detailed CSR Results* tab will contain a more detailed description of the issue, as well as a link back to the *Data Input* tab to show exactly where the issue is.

	A	B	C	D	E
1					
2	HIOS Plan ID (Standard Component)	Plan variation type	Requirement that was not met	Benefit/Field	Detailed Description
3	22222OK0350002	Limited	MOOP for limited cost sharing plan variation must be the same as standard plan	MOOP	The limited plan variation is not equal to the associated standard plan for the total In Network Family MOOP values.
4	22222OK0350003	Zero	All MOOP values for zero cost sharing plan variation must all be \$0	MOOP	The total In Network Individual MOOP is 1000.
5	22222OK0350003	Silver	MOOP for 87% AV plan variation must be within the threshold (\$2250 for individuals; \$4500 for families)	MOOP	The total In Network Individual MOOP is \$2600.
6	22222OK0350003	Silver	MOOP for 87% AV plan variation must be within the threshold (\$2250 for individuals; \$4500 for families)	MOOP	The total In Network Family MOOP is \$5000.
7	22222OK0350003	Silver	The deductibles must follow the successive cost sharing rule	Deductible	Successive cost sharing is not followed between the 87% AV plan variation and the 94% AV plan variation for the medical In Network Family deductible values.
8	22222OK0350003	Limited	MOOP for limited cost sharing plan variation must be the same as standard plan	MOOP	The limited plan variation is not equal to the associated standard plan for the total Out of Network Individual MOOP values.
9	22222OK0290004	Silver	The 73% AV plan variation must be at least 2% greater than the associated standard plan	Issuer Actuarial Value	The AV for the 73% AV plan variation is 0.72 and the AV for the associated standard plan is 0.7073.
10	22222OK0320003	Limited	Cost sharing for EHBs for limited cost sharing plan variation must be the same as standard plan	Chiropractic Care	The cost sharing for Chiropractic Care In Network (Tier 1) coinsurance is 10% Coinsurance after deductible for the limited plan variation and is 0% Coinsurance after deductible for the associated standard plan.
11	22222OK0320004	Silver	Cost sharing for all EHBs must follow the successive cost sharing rule	Allergy Testing	Successive cost sharing is not followed between the 87% AV plan variation and the 94% AV plan variation for In Network (Tier 1) coinsurance for Allergy Testing.
12	22222OK0350005	Zero	Cost sharing for EHBs in the zero cost sharing plan variation must be \$0 or 0%	Chemotherapy	The cost sharing for Chemotherapy In Network (Tier 1) coinsurance is 20% Coinsurance after deductible.
13	22222OK0350005	Limited	Cost sharing for EHBs for limited cost sharing plan variation must be the same as standard plan	Chiropractic Care	The cost sharing for Chiropractic Care Out of Network coinsurance is 60% Coinsurance after deductible for the limited plan variation and is 40% Coinsurance after deductible for the associated standard plan.

c. Catastrophic Plan Review

1. In the Cost Sharing Tool *Instructions* tab, **confirm** the proper deductible and MOOP limits in rows 42 and 43. The [HHS Notice for Benefit and Payment Parameters for 2015](#) provides more guidance.
2. Click “Run Catastrophic Analysis” to clear the data after the analysis, click “Clear Data.”

31	4c.	Catastrophic Plan Review	
32		This review checks that each catastrophic plan meets specific regulatory requirements. It is only applicable to plans that have a coverage level of catastrophic.	
33		The individual and family limits below apply to the EHB maximum out of pocket and deductible values for catastrophic plan. Note: Numbers have been updated to reflect 2015 limits.	
34		Health Plan Individual (Self-Only)	\$ 6,600
35		Health Plan Family (Other than Self-Only)	\$ 13,200
36		1. To run the <i>Catastrophic Plan Review</i> , 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.	
37		Run Catastrophic Analysis	Clear Data

3. The catastrophic plan analysis is successful when the *Catastrophic* tab is fully populated; if you receive an errors occurred message, see the respective error log tab.

	A	B	C	D	E	F	G	H	I
	HIOS Plan ID (Standard Component + Variant)	Compliant?	Family MOOP and/or Deductible Values Missing	Medical & Drug Maximum Out of Pocket Integrated?	Medical & Drug Deductibles Integrated?	Multiple in Network Tiers?	All EHBs (except for Preventive Care and Primary Care) must have zero cost sharing after deductible	All EHBs (except for Preventive Care and Primary Care) must be subject to the deductible	MOOP and Deductible must be integrated and equal to the regulatory limits
4	67899ZZ0290010-00	Not Met	Yes	Yes	Yes	No	Not Met	Not Met	Not Met
5	67899ZZ0290010-01	Not Met	Yes	Yes	Yes	No	Not Met	Not Met	Not Met

- For all checks that are not met, the *Detailed Catastrophic Results* tab will contain a more detailed description of the issue, and a link to the *Data Input* tab to pinpoint the issue.

HIOS Plan ID (Standard Component + Variant)	Requirement that was not met	Benefit/Field	Description	Override?
67899ZZ0290010-00	MOOP and Deductible must be integrated and equal to the regulatory limits	MOOP	The total In Network Individual MOOP is not equal to the required limit.	
67899ZZ0290010-00	MOOP and Deductible must be integrated and equal to the regulatory limits	MOOP	The total In Network Family MOOP is not equal to the required limit.	
67899ZZ0290010-00	MOOP and Deductible must be integrated and equal to the regulatory limits	Deductible	The total In Network Individual deductible is not equal to the required limit.	
67899ZZ0290010-00	MOOP and Deductible must be integrated and equal to the regulatory limits	Deductible	The total In Network Family deductible is not equal to the required limit.	
67899ZZ0290010-01	MOOP and Deductible must be integrated and equal to the regulatory limits	MOOP	The total In Network Individual MOOP is not equal to the required limit.	
67899ZZ0290010-01	MOOP and Deductible must be integrated and equal to the regulatory limits	MOOP	The total In Network Family MOOP is not equal to the required limit.	
67899ZZ0290010-01	MOOP and Deductible must be integrated and equal to the regulatory limits	Deductible	The total In Network Individual deductible is not equal to the required limit.	
67899ZZ0290010-01	MOOP and Deductible must be integrated and equal to the regulatory limits	Deductible	The total In Network Family deductible is not equal to the required limit.	
67899ZZ0290010-00	All EHBs (except for Preventive Care and Primary Care) must have zero cost sharing after deductible	Eye Glasses for Children	The cost sharing for In Network (Tier 1) Eye Glasses for Children will appear to the consumer as "No Charge," instead of "No Charge after deductible."	
67899ZZ0290010-00	All EHBs (except for Preventive Care and Primary Care) must be subject to the deductible	Eye Glasses for Children	The EHB Eye Glasses for Children is not subject to the deductible.	

----- When checking cost sharing and subject to the deductible, the only benefit that the tool considers to be primary care is "Primary Care Visit to Treat an Injury or Illness," and the only benefit considered preventive care is "Preventive Care/Screening/Immunization." States may use this override column if there are additional benefits they believe fall into these categories.

7. Running the Reviews Together

Confirm or **update** the default values in all review analyses. (Rows 19-22 for the MOOP review; and rows 34 and 35 for the catastrophic plan review.)

a. MOOP

19	4a.	Health Plan Individual (Self-Only)	\$	6,600
20		Health Plan Family (Other than Self-Only)	\$	13,200
21		Stand-Alone Dental Plan Individual	\$	350
22		Stand-Alone Dental Plan Family	\$	700

b. Catastrophic

34	4c.	Health Plan Individual (Self-Only)	\$	6,600
35		Health Plan Family (Other than Self-Only)	\$	13,200

1. In the Cost Sharing Tool *Instructions* tab, click **“Run Cost Sharing Analysis.”** To clear the data from the *Summary Plan Level* tab after the analysis, click **“Clear Summary Data;”** to clear data from the individual review tabs, click **“Clear Data from Section Analysis.”**

38	5.	Run All Reviews Together		
39		1. Running all of the reviews at once will populate their individual review tabs as well as the "Cost Sharing Review Summary" tab, where you can see if each review was met, not met, or not applicable for each plan.		
40		2. Before running all reviews, please confirm or update all required fields in the four review sections above and make sure the "Data Input" tab has been completed.		
41		3. 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.		
42		Run Cost Sharing Analysis	Clear Summary Data	Clear Data From Section Analysis

- The cost-sharing analysis is successful when the *Cost Sharing Reduction* tab is fully populated; if there are errors in any of the reviews, *errors occurred* messages will appear specific to the corresponding review.

	A	B	C	D	E	F	G	H	I
1	HIOS Plan ID (Standard Component)	Overall Cost Sharing Compliance	Family MOOP and/or Deductible Value Missing	Market Coverage	Dental Only Plan	Level of Coverage	Maximum Out of Pocket	Cost Sharing Reduction	Catastrophic
2	12345ZZ0010001-00	Not Met		Individual	Yes	High	Not Met	Not Applicable	Not Applicable
3	12345ZZ0010001-01	Not Met		Individual	Yes	High	Not Met	Not Applicable	Not Applicable
4	12345ZZ0010002-00	Not Met		Individual	Yes	Low	Not Met	Not Applicable	Not Applicable
5	12345ZZ0010002-01	Not Met		Individual	Yes	Low	Not Met	Not Applicable	Not Applicable
6	12345ZZ0030001-00	Not Met		Individual	Yes	High	Not Met	Not Applicable	Not Applicable
7	12345ZZ0030001-01	Not Met		Individual	Yes	High	Not Met	Not Applicable	Not Applicable
8	12345ZZ0030002-00	Not Met		Individual	Yes	Low	Not Met	Not Applicable	Not Applicable
9	12345ZZ0030002-01	Not Met		Individual	Yes	Low	Not Met	Not Applicable	Not Applicable
10	67899ZZ0350001-01	Met		Individual	No	Gold	Met	Met	Not Applicable
11	67899ZZ0350002-01	Met		Individual	No	Gold	Met	Met	Not Applicable
12	67899ZZ0350003-01	Met		Individual	No	Silver	Met	Met	Not Applicable
13	67899ZZ0350004-01	Met		Individual	No	Silver	Met	Met	Not Applicable
14	67899ZZ0290001-00	Met		Individual	No	Gold	Met	Not Applicable	Not Applicable
15	67899ZZ0290001-01	Met		Individual	No	Gold	Met	Met	Not Applicable
16	67899ZZ0290002-00	Met		Individual	No	Gold	Met	Not Applicable	Not Applicable
17	67899ZZ0290002-01	Met		Individual	No	Gold	Met	Met	Not Applicable
18	67899ZZ0290003-00	Met		Individual	No	Silver	Met	Not Applicable	Not Applicable
19	67899ZZ0290003-01	Met		Individual	No	Silver	Met	Met	Not Applicable
20	67899ZZ0290004-00	Met		Individual	No	Silver	Met	Not Applicable	Not Applicable
21	67899ZZ0290004-01	Met		Individual	No	Silver	Met	Met	Not Applicable
22	67899ZZ0320001-00	Met		Individual	No	Gold	Met	Not Applicable	Not Applicable
23	67899ZZ0320001-01	Met		Individual	No	Gold	Met	Met	Not Applicable
24	67899ZZ0320002-00	Met		Individual	No	Gold	Met	Not Applicable	Not Applicable
25	67899ZZ0320002-01	Met		Individual	No	Gold	Met	Met	Not Applicable
26	67899ZZ0320003-00	Met		Individual	No	Silver	Met	Not Applicable	Not Applicable
27	67899ZZ0320003-01	Met		Individual	No	Silver	Met	Met	Not Applicable
28	67899ZZ0320004-00	Met		Individual	No	Silver	Met	Not Applicable	Not Applicable
29	67899ZZ0320004-01	Met		Individual	No	Silver	Met	Met	Not Applicable
30	67899ZZ0350005-01	Met		Individual	No	Bronze	Met	Met	Not Applicable
31	67899ZZ0350006-01	Met		Individual	No	Bronze	Met	Met	Not Applicable
32	67899ZZ0290005-00	Met		Individual	No	Bronze	Met	Not Applicable	Not Applicable
33	67899ZZ0290005-01	Met		Individual	No	Bronze	Met	Met	Not Applicable
34	67899ZZ0290006-00	Met		Individual	No	Bronze	Met	Not Applicable	Not Applicable

- Save the Cost Sharing Tool before closing.

COST SHARING REVIEW TOOL: ANALYSIS

1. **Open** the QHP application review tools folder and run the Cost Sharing Tool for all the plans you wish to evaluate. See instructions above:
Cost Sharing Tool: Loading the data
2. **Review** the validation steps in the Master Review Tool *Benefit Cost Sharing* tab to better understand the logic behind the Cost Sharing Tool or to see where you can submit justifications.

- Open the Master Review Tool and open the *Benefit Cost Sharing* tab to see the issuer's plans you wish to review. Using the analysis run and presented in the tabs of the Cost Sharing Tool, **determine** if the plans analyzed meet the regulatory standards.

Benefit Cost Sharing Review Process Steps

There is a stand-alone tool available to assist in the cost sharing reviews. The following explains the steps followed in the tool.

Review	Review step	Review description and procedure	Step description
1	b		If an issuer enters "Not Applicable" for all the relevant MOOPs, mark as "Not Met". If an issuer enters "Applicable" for all family MOOPs, proceed to next review. Otherwise, go to review 3.
2		If family MOOP values are all "Not Applicable," check the Business Rules Template to see whether the plan is intended to be offered to individuals only, not to families.	
2	a	If the given Plan ID and Product ID do not exist in Business Rules Template, use the default issuer (the row where both the Plan ID and Product ID are blank).	
2	b	If the given Plan ID does not exist in the Business Rules Template, the given Product ID exists in the template, and the What relationships between primary and dependent are allowed, and is the dependent required to live in the same household as the primary subscriber? field is blank for the given Product ID, use the default Issuer Rule.	
		If the given Plan ID does not exist in the Business Rules Template, the given Product ID exists in the template, and the What relationships between primary and dependent are allowed, and is the dependent required to live in the same household as the primary subscriber? field is blank for the given Product ID, use the default Issuer Rule.	

HIOS Plan ID (Standard Component)	Overall Cost Sharing Compliance	Family MOOP and/or Deductible Value	Market Coverage	Dental Only Plan	Level of Coverage	Maximum Out of Pocket	Cost Sharing Reduction	Catastrophic
12345Z20010001-00	Not Met	Missing	Individual	Yes	High	Not Met	Not Applicable	Not Applicable
12345Z20010001-01	Not Met	Missing	Individual	Yes	High	Not Met	Not Applicable	Not Applicable
12345Z20010002-00	Not Met	Missing	Individual	Yes	Low	Not Met	Not Applicable	Not Applicable
12345Z20010002-01	Not Met	Missing	Individual	Yes	Low	Not Met	Not Applicable	Not Applicable
12345Z20030001-00	Not Met	Missing	Individual	Yes	High	Not Met	Not Applicable	Not Applicable
12345Z20030001-01	Not Met	Missing	Individual	Yes	High	Not Met	Not Applicable	Not Applicable
12345Z20030002-00	Not Met	Missing	Individual	Yes	Low	Not Met	Not Applicable	Not Applicable
12345Z20030002-01	Not Met	Missing	Individual	Yes	Low	Not Met	Not Applicable	Not Applicable
67899Z20350001-01	Met		Individual	No	Gold	Met	Met	Not Applicable
67899Z20350002-01	Met		Individual	No	Gold	Met	Met	Not Applicable
67899Z20350003-01	Met		Individual	No	Silver	Met	Met	Not Applicable
67899Z20350004-01	Met		Individual	No	Silver	Met	Met	Not Applicable
67899Z20290001-00	Met		Individual	No	Gold	Met	Not Applicable	Not Applicable
67899Z20290001-01	Met		Individual	No	Gold	Met	Not Applicable	Not Applicable
67899Z20290002-01	Met		Individual	No	Gold	Met	Not Applicable	Not Applicable
67899Z20290003-00	Met		Individual	No	Silver	Met	Not Applicable	Not Applicable
67899Z20290003-01	Met		Individual	No	Silver	Met	Met	Not Applicable
67899Z20290004-00	Met		Individual	No	Silver	Met	Not Applicable	Not Applicable
67899Z20290004-01	Met		Individual	No	Silver	Met	Met	Not Applicable
67899Z20320001-00	Met		Individual	No	Gold	Met	Not Applicable	Not Applicable
67899Z20320001-01	Met		Individual	No	Gold	Met	Met	Not Applicable
67899Z20320002-00	Met		Individual	No	Gold	Met	Not Applicable	Not Applicable
67899Z20320002-01	Met		Individual	No	Gold	Met	Met	Not Applicable
67899Z20320003-00	Met		Individual	No	Silver	Met	Met	Not Applicable
67899Z20320003-01	Met		Individual	No	Silver	Met	Met	Not Applicable
67899Z20320004-01	Met		Individual	No	Silver	Met	Not Applicable	Not Applicable
67899Z20350005-01	Met		Individual	No	Bronze	Met	Met	Not Applicable
67899Z20350006-01	Met		Individual	No	Bronze	Met	Met	Not Applicable
67899Z20290005-00	Met		Individual	No	Bronze	Met	Not Applicable	Not Applicable
67899Z20290005-01	Met		Individual	No	Bronze	Met	Met	Not Applicable
67899Z20290006-00	Met		Individual	No	Bronze	Met	Not Applicable	Not Applicable

4. Using the data in the Cost Sharing Tool *Summary Plan Level* tab, go to the Master Review Tool *Benefit Cost Sharing* tab and 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.

There is a stand-alone tool available to assist in the cost sharing reviews. The following explains the steps followed in the tool.

Review	Review step	Review description and procedure	Step description	Source	Validation Results
1	b		If an issuer enters “Not Applicable” for all the relevant MOOPs, mark as “Not Met.” If an issuer enters “Not Applicable” for all family MOOPs, proceed to next review. Otherwise, go to review 3.		Met
2		If family MOOP values are all “Not Applicable,” check the Business Rules Template to see whether the plan is intended to be offered to individuals only, not to families.	Business Rules Template: <i>Product ID, Plan ID (Standard Component), What relationships between primary and dependent are allowed, and is the dependent required to live in the same household as the primary subscriber?</i>		TBD
2	b		Rules Template, the given Product ID exists in the template, and the <i>What relationships between primary and dependent are allowed, and is the dependent required to live in the same household as the primary subscriber?</i> field is blank for the given Product ID, use the default Issuer Rule.		Met
			If the given Plan ID does not exist in the Business		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.

5. Open the Master Review Tool *Review Summary* tab to see the auto-populated results in row 18.

Section/Standard	Function of Review	M	N	O	P	Q	R
11	Accreditation Ensure the issuer is accredited by NCQA or URAC, or is assumed to be working towards accreditation.	Not Met	Not Met		Not Met		Not Met
12	Program Attestation Confirm submission of program attestations.	Not Met	Not Met		Not Met		Not Met
13	SHOP Participation Confirm issuer compliance with SHOP Participation Provision; if noncompliant, confirm satisfactory justification has been provided.	Not Met	Not Met		Not Met		Not Met
14	ECP Ensure issuers have ECPs, where available, that meet the policy standards.	Not Met	Not Met		Not Met		Not Met
15	Category Class Drug Count Ensure compliance with EHBs and check for discrimination by counting drugs in each USP category and class.	Met	Met	Not Met	Not Met	Not Met	Not Met
16	Non-Discrimination Formulary Identifies plans with an unusually large number of drugs that require step therapy or prior authorization in one of five	Met	Met	Not Met	Not Met	Not Met	Not Met
17	Outlier Non-Discrimination Clinical Appropriateness Ensures that enrollees have access to the drugs recommended in clinical guidelines for four diseases:	Not Met	Not Met	Met	Met	Met	Met
18	Benefit Cost Sharing 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
19	Meaningful Difference 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
20	Non-Discrimination Benefit Perform an outlier analysis on selected benefits cost-sharing	Met	Met	Met	Met	Met	Met

6. Save the Master Review Tool after you have completed the benefit cost sharing 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
PA	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