

QHP APPLICATION REVIEW TOOL - STATES

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., *Summary Review* tab)
- 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.

DOWNLOADING AND SAVING THE QHP APPLICATION REVIEW TOOLS

Note: Accessing the 2015 QHP Application Review Tools from SERVIS requires a 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 (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 (cms_feps@cms.hhs.gov).

Note: The 2015 QHP Application Review Tools and User Guides are also available for state regulators within the state regulator section of SERFF. To access them, log in to your SERFF account and navigate to the "Online Help" section."

Using the SERVIS Homepage to Access and Download the Tools

1. **Open** your web browser, navigate to the SERVIS portal (<https://servis.cms.gov/resources>). **Log in** using your CALT username and password.
2. After the SERVIS homepage opens, **locate** *Activity Areas* in the top toolbars.
3. **Click** *Activity Areas* to see the drop down for linking pages. Click *Plan Management*.
4. **Click** the *2015 QHP Application Review Tools TOC 050614* link.

Note: Hovering the cursor over the link will activate the pop-up descriptor.

5. SERVIS will open up the *Document Detail* page for the 2015 QHP Application Review Tools. **Click** *download* on the right side of the page.
6. **Click** either “Open” or “Save” to open the 2015 QHP Application Review Tool TOC.
7. The overview of the 2015 QHP Application Tools will open. This document provides an overview of the review tools, information on the individual tools, and links to tools and the Data Integrity Tool.
8. **CTRL+Click** the SERVIS link under 2015 QHP APPLICATION REVIEW TOOLS near the top of the page.
9. A SERVIS page, similar to the previous page opened, will appear. **Click** *download* again on the right side of the page.

10. **Click** either “Open” or “Save.”
11. A compressed file will appear. If you have not saved this file on your computer, **save** it now to a location you can easily access. **Double click** on the compressed file to view all the tools and necessary accompanying folders necessary to operate them.

MASTER REVIEW TOOL AND DATA IMPORT

Importing Data from Templates

1. For issuers: Complete, validate, and save the Excel versions of templates. It is also recommended that issuers run the Data Integrity Tool (DIT) before using this tool, to ensure the validity of their data.
2. The first step in the Master Review Tool is to import data from issuers' plans and benefits, service area, and ECP templates. Most of the stand-alone tools, except for the drug tools, will then import data from this data in the Master Review Tool.
3. Save all templates in the appropriate folders before importing. These folders have already been created for you in the ZIP file with all of the tools, and will be available after you have unzipped it.
 - a. **Save** all of the plans and benefits templates in the *Plans and Benefits Templates* folder.
 - b. **Save** all service area templates in the Service Area Templates folder.
 - c. **Save** all ECP templates in the *ECP Templates* folder.
4. Note the **WARNING** in the Master Review Tool instructions: the data import may take up several minutes, upwards of half an hour depending on the number of templates and plans to process.
5. **Click Import all Plan Data** in row 10.
6. 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.
 - c. 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.
 - d. **Click “OK”** when “The plan data import is complete” pops up.
7. **Click** the *All Plan Data* tab to see the populated worksheet.
8. **Save** the Master Review Tool workbook after the data import has completed.
9. **Click Import all Service Area Data** in row 12.
10. 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.

11. **Click “OK”** when “All Service Area Data import is complete” pops up.
12. **Click** the *All Service Area Data* tab to see the populated worksheet.
13. **Save** the Master Review Tool workbook again after the data import is complete.
14. **Click “Import all ECP Data”** in row 14.
15. At the pop-up window, **navigate** to the folder where you saved all the ECP templates (created in step 3).
 - a. **Click** once on the folder name. (The folder name should appear near the bottom of the pop-up window.)
 - b. **Click Select Folder** in the pop-up window; data will begin loading into the *All ECP Data* tab.
16. When “All ECP Data import is complete” pops up, **click “OK.”**
17. **Click** the *All ECP Data* tab to see the populated worksheet.
18. **Save** the Master Review Tool workbook again after the data import has completed.
19. **Go back** to the Master Review Tool *Instructions* tab and determine if you want to evaluate plans offered inside the Marketplace only, plans offered outside the Marketplace only, or both plans offered inside and outside the Marketplace.
20. Once you decide which plans to evaluate, using the drop down in row 16, **click** the option you have chosen.
21. **Go back** to the Master Review Tool *Instructions* tab and **click “Populate Worksheet Headers”** in row 18.
22. **Click** the Master Review Tool *Review Summary* tab to see the populated worksheet headers.

MASTER REVIEW TOOL: ANALYSIS

Review Summary

The Master Review Tool *Review Summary* tab tracks whether each plan has met its applicable QHP standards. You can work directly in this tab or use the information auto-populated based on the information input from the other review tabs. The Master Review Tool is just one option for plan and issuer evaluation. State regulators may use the Master Review Tool *Review Summary* results as they see fit, regardless of whether a plan meets or does not meet its applicable standard(s).

Accreditation Review

The accreditation review ensures the issuer is accredited by the National Committee for Quality Assurance (NCQA), URAC, or the Accreditation Association for Ambulatory Health Care (AAAHC), or is working toward accreditation. Accreditation is reviewed at the issuer level rather than the plan level.

2. Review issuer accreditation to determine if the provider is accredited by NCQA, URAC, or AAAHC using the issuer application.
3. **Open** the *Accreditation* tab in the Master Review Tool.

3. Using the drop down in row 4 next to SELECT REVIEW RESULTS, **choose “Met” or “Not Met”** for each issuer listed.
4. After you have populated “Met” or “Not Met” for each issuer’s plan in the Master Review Tool *Accreditation* tab, **open** the Master Review Tool *Review Summary* tab to see the auto-populated results in row 11.
5. **Save** the Master Review Tool after you have completed the accreditation review.

Program Attestation Review

The program attestation review evaluates QHP applications for completed issuer attestation. The [QHP instructions document for program attestations](#) lists the attestations for which a “No” answer is acceptable.

1. **Use** the general issuer attestation to determine the program attestation review.
6. **Open** the Master Review Tool *Program Attestation* tab.
7. **Manually populate**, in the SELECT REVIEW RESULT row, “Met” or “Not Met” from the drop-down menus of each column for each issuer’s plan.
8. **Open** the Master Review Tool *Review Summary* tab to see the auto-populated results.
9. **Save** the Master Review Tool after you have completed the accreditation review.

SHOP Participation Review

1. **Use the SHOP participation provision (45 CFR §156.200(g)), the [list of issuers subject to the SHOP participation provision](#), and the provider SHOP participation justifications to complete the *SHOP participation review*** (in the Master Review Tool *SHOP participation* tab) with “Met” or “Not Met” accordingly.
2. **Open** the Master Review Tool and then open the *SHOP Participation* tab.
3. **Read** the *SHOP Participation* validation step descriptions carefully as subsequent *SHOP Participation* validation steps are conditional based on previous *SHOP Participation* validation steps’ “Met” or “Not Met” compliance.
4. In the *SHOP Participation* tab, **manually 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.
5. **Open** the Master Review Tool *Review Summary* tab to see the auto-populated results.
6. **Save** the Master Review Tool after you have completed the SHOP participation review.

Essential Community Provider (ECP) Review

The ECP review process in the Master Review Tool determines whether issuers have networked with an adequate number and geographic distribution of ECPs, where available, to satisfy the 30 percent ECP standard.

1. Open the QHP application review tools folder and run the ECP Tool for all the issuers' plans you wish to evaluate. You must run the ECP Tool only one issuer at a time, so be sure to save each completed ECP Tool with a unique filename, e.g., by issuer ID. See the ECP Tool User Guide for instructions.
2. If you decide to use the ECP stand-alone tool, review the validation steps in the Master Review Tool ECP tab to better understand the logic behind the ECP Tool or to see where you can submit justifications.
3. Open the Master Review Tool and then **open** the *ECP* tab.
4. **Open** the *ECP Tool Output* tab to see the issuer's plans you wish to review.

Note: If the issuer has selected categories for both Provider Type and ECP Category (column C and D) in the ECP template, the ECP Tool will give you an error message. "NA" must be selected all the way down in either column C or column D for the tool to run correctly. For more information, refer to the ECP Tool User Guide.

5. Using the data in the *ECP Tool Output* tab, go to the Master Review Tool *ECP* tab and use the drop-down menus at the top of each column in the SELECT REVIEW RESULT row to indicate if an issuer's plan has met the 30 percent ECP standard.
6. **Open** the Master Review Tool *Review Summary* tab to see the auto-populated results.
7. **Save** the Master Review Tool after you have completed the ECP review.

Category Class Drug Count

The formulary review process in the Master Review Tool ensures compliance with EHB and checks for discrimination by counting drugs in each USP category and class.

1. **Open** the QHP application review tools folder and **run** the Category Class Drug Count Tool for the drug lists you wish to evaluate. *See the Category Class Drug Count Tool User Guide for instructions.*
2. **Open** the *Category Class Drug Count Prescription Drug List Output* for the issuer's drug list you wish to evaluate.
3. **Open** the Master Review Tool and then open the *Category Class Drug Count* tab.
4. Using the data in the *Category Class Drug Count Prescription Drug List Output*, **go to** the Master Review Tool *Category Class Drug Count* tab to indicate if an issuer's drug lists have met the formulary requirement. **Populate** the "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.
5. **Open** the Master Review Tool *Review Summary* tab to see the auto-populated results in row 15.
8. **Save** the Master Review Tool after you have completed the formulary review.

Non-Discrimination Formulary Outlier Tool

This tool identifies and flags as outliers those plans that have unusually large numbers of drugs subject to prior authorization and/or step therapy requirements in the following USP classes: insulins; anti-diabetic agents; immunomodulators; immune suppressants; antivirals/anti-HIV agents (non-nucleoside reverse transcriptase inhibitors); antivirals/anti-HIV agents (nucleoside and nucleotide reverse transcriptase inhibitors); and antivirals/anti-HIV agents (protease inhibitors).

1. **Open** the QHP Application Review Tools folder and run the Non-Discrimination Formulary Outlier Tool for the drug lists you wish to evaluate. *See the Non-Discrimination Formulary Outliers Tool User Guide for instructions.*
2. **Open** the Non-Discrimination Formulary Outlier Tool tabs for the issuer's drug list you wish to evaluate.
3. Using the data in the Non-Discrimination Formulary Outlier Tool *Summary Results* tab, **go to** the Master Review Tool *Formulary Outlier* tab and indicate if an issuer's drug lists have met the formulary requirement. For each issuer's drug list, **populate** "Met" or "Not Met" from the drop-down menus at the top of each column in the SELECT REVIEW RESULT row.
4. **Open** the Master Review Tool *Review Summary* tab to see the auto-populated results in row 16.
5. **Save** the Master Review Tool after you have completed the formulary outlier review.

Non-Discrimination Formulary Clinical Appropriateness Tool

This tool analyzes the availability of covered drugs associated with four conditions (diabetes, rheumatoid arthritis, bipolar disorder, and schizophrenia), as recommended in clinical guidelines, to ensure issuers are offering a sufficient type and number of drugs.

1. **Open** the QHP Application Review Tools folder and **run** the Non-Discrimination Formulary Clinical Appropriateness Tool for the drug lists you wish to evaluate. *See the Non-Discrimination Formulary Clinical Appropriateness Tool User Guide for instructions.*
2. **Open** the Non-Discrimination Formulary Clinical Appropriateness Tool *Summary Results* tab for the issuer's drug list you wish to evaluate.
3. Using the data in Non-Discrimination Formulary Clinical Appropriateness Tool *Summary Results* tab, **go to** the Master Review Tool *Clinical Appropriateness* tab and indicate if an issuer's drug lists have met the formulary requirement. For each issuer's drug list, **populate** "Met" or "Not Met" from the drop-down menus at the top of each column in the SELECT REVIEW RESULT row.
4. When completed, **open** the Master Review Tool *Review Summary* tab to see the auto-populated results in row 17.
5. **Save** the Master Review Tool after you have completed the clinical appropriateness review.

Benefit Cost Sharing Review

1. **Open** the QHP Application Review Tools folder and run the Cost Sharing Tool for all the plans you wish to evaluate. *See the Cost Sharing Tool User Guide for instructions.*
2. **Open** the Cost Sharing Tool *Cost Sharing Review Summary* tab to see the issuer's plans you wish to review.

3. Using the data in the Cost Sharing Tool Cost Sharing *Review Summary* 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.
4. **Open** the Master Review Tool *Review Summary* tab to see the auto-populated results in row 18.
5. **Save** the Master Review Tool after you have completed the benefit cost sharing review.

Meaningful Difference Review

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. *See the Meaningful Difference Tool User Guide for instructions.*
2. **Open** the Meaningful Difference Tool *Summary* tab to see the issuer’s plans you wish to review.
3. Using the data in the Meaningful Difference Tool *Summary* tab, **go to** the Master Review Tool *Meaningful Difference* tab. **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.
4. 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.
5. **Save** the Master Review Tool after you have completed the meaningful difference review.

Non-Discrimination Benefit Review

The non-discrimination benefit review conducts 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.

1. **Open** the QHP Application Review Tools folder and **run** the Non-Discrimination Benefit Tool for all the plans you wish to evaluate. *See the Non-Discrimination Benefit Review Tool User Guide for instructions.*
2. **Open** the Non-Discrimination Benefit Review Tool *Output* tab to see the issuer’s plans you wish to review.
3. Using the data in the Non-Discrimination Benefit Review Tool *Output* tab, **go to** the *Non-Discrimination Benefit* tab in the Master Review Tool. **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.
4. After you have populated “Met” or “Not Met” for each issuer’s plan in the Master Review Tool *Non-Discrimination* tab, **open** the Master Review Tool *Review Summary* tab to see the auto-populated results in row 21.
5. **Save** the Master Review Tool after you have completed the non-discrimination benefit review.

Service Area Review

The service area review verifies that each service area meets geographic standards set forth in the [Exchange Final Rule](#) and is nondiscriminatory (e.g., service areas of at least an entire county).

1. Use the *service area templates* to complete the service area review.
2. **Open** the Master Review Tool.
3. **Open** the *service area templates* for issuers listed in the Master Review Tool.
4. **Populate** “**Met**” or “**Not Met**” for each issuer’s plan in row 4 SELECT REVIEW RESULT in the Master Review Tool *Service Area* tab.
5. **Open** the Master Review Tool *Review Summary* tab to see the auto-populated results.
6. **Save** the Master Review Tool after you have completed the service area review.