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CCIIIO/SEG



2015 QUALIFIED HEALTH PLAN APPLICATION REVIEW TOOLS USER GUIDE: NON-DISCRIMINATION BENEFIT REVIEW TOOL

Loading and Analyzing the Data

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NON-DISCRIMINATION BENEFIT REVIEW TOOL OVERVIEW

Tool	Function
Non-Discrimination Tool	<ul style="list-style-type: none">• Cross-checks all state plans against predetermined benefits.• Determines coverage discrimination when a benefit has significantly higher copay or coinsurance or a significantly lower quantitative limit than most other plans.

The Non-Discrimination Benefits Tool offers one methodology for assuring that issuers do not employ benefit designs that discourage individuals with significant health needs from enrolling. Significantly higher cost sharing for a benefit potentially indicates discriminatory coverage of that benefit. As a result, this tool performs an outlier analysis for "Qualified Health Plan (QHP) Discriminatory Benefit Design" as discussed in the [2015 Letter to Issuers](#). This tool works by reviewing all plans within the state and assessing a group of pre-determined benefits to determine whether any plans have a significantly higher copay or coinsurance for those benefits.

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

These tools can be run for the following plan types: plans that are only offered on the Marketplace, plans that are only offered off the Marketplace, or for all submitted standard plans on and off the Marketplace. The Master Review Tool will grey-out reviews when they are not applicable on the *Review Summary tab*.

To run the tool, 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 these 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** 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.

NON-DISCRIMINATION BENEFIT REVIEW TOOL: LOADING THE DATA

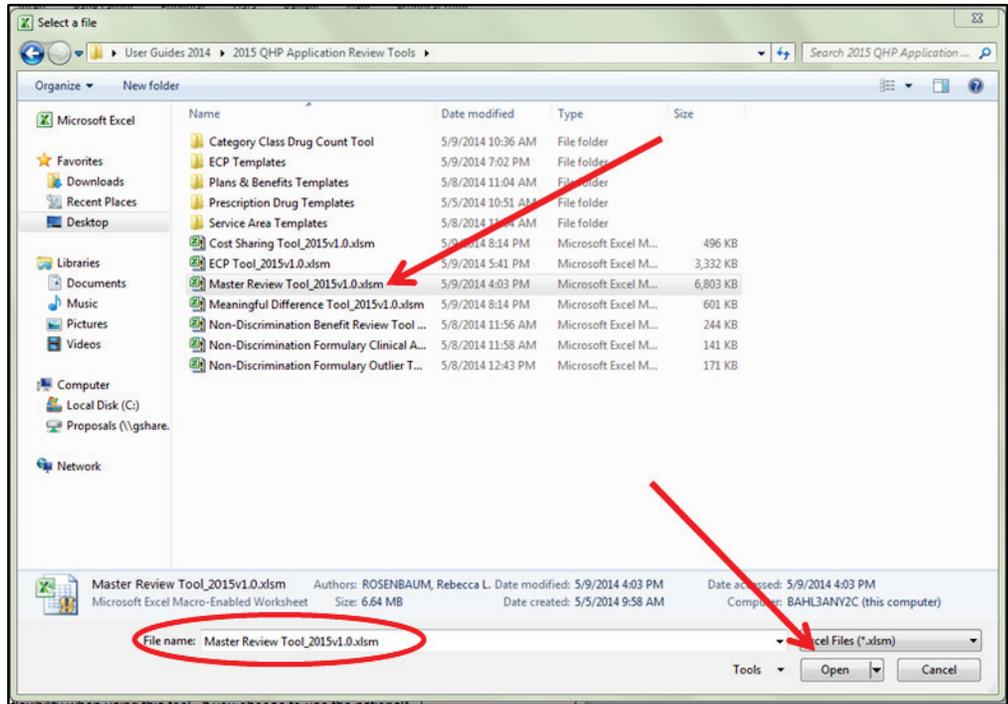
Before you can begin the Non-Discrimination Benefits Tool steps, **download** the tool from SERVIS (https://servis.cms.gov/resources/document_detail?doc_detail_id=c2de042d-bf0e-4e2a-46da-53691d3dc025) (states) or CMSzONE (<https://zone.cms.gov/document/2015-qhp-application-review-tools>) (issuers) and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

If you are using this stand-alone tool, we recommend 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.

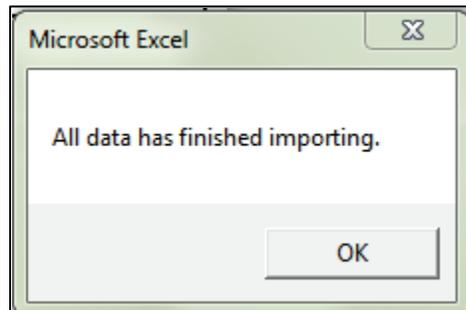
1. In the Non-Discrimination Benefits Tool *Instructions tab*, row 7, click **“Populate Input tabs using data from ‘Master Review Tool.’”**

7	1	<p>Press the button below to import data into the tool. 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. After a couple of minutes the 'Input' tabs will be populated with all the data required to run the tool.</p> <div style="text-align: center;"><input master="" review="" tool"="" type="button" value="Populate input tabs using data from "/></div>
---	---	---

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



3. Data will load and “All data has finished importing” will appear in a pop-up window.



4. Make sure the *Input* tab is populated with data.

Plan Cost-Sharing Information				Imaging (CT/PET Scans, MRIs)		Inpatient Hospital Services (e.g., Hospital Stay)		Mental/Behavioral Health Inpatient Services		Mental/Behavioral Health Outpatient Services	
HIOS Plan ID (Standard Component)	HIOS Issuer ID	Plan Type	Level of Coverage	Copy in Network (Tier 1)	Coinsurance in Network (Tier 1)	Copy in Network (Tier 1)	Coinsurance in Network (Tier 1)	Copy in Network (Tier 1)	Coinsurance in Network (Tier 1)	Copy in Network (Tier 1)	Coinsurance in Network (Tier 1)
4	67899ZZ0350001	67899 PPO	Gold	No Charge	0% Coinsurance after	\$200 Copy per Stay	0% Coinsurance after	\$200.00	0% Coinsurance after	\$30.00	No Charge
5	67899ZZ0350002	67899 PPO	Gold	No Charge	20% Coinsurance after	\$200 Copy per Stay	20% Coinsurance after	\$200.00	20% Coinsurance after	\$10.00	No Charge
6	67899ZZ0350003	67899 PPO	Silver	No Charge	0% Coinsurance after	\$250 Copy per Stay	0% Coinsurance after	\$250.00	0% Coinsurance after	\$30.00	No Charge
7	67899ZZ0350004	67899 PPO	Silver	No Charge	20% Coinsurance after	\$250 Copy per Stay	20% Coinsurance after	\$250.00	20% Coinsurance after	\$35.00	No Charge
8	67899ZZ0290001	67899 PPO	Gold	No Charge	0% Coinsurance after	\$200 Copy per Stay	0% Coinsurance after	\$200.00	0% Coinsurance after	\$30.00	No Charge
9	67899ZZ0290002	67899 PPO	Gold	No Charge	20% Coinsurance after	\$200 Copy per Stay	20% Coinsurance after	\$200.00	20% Coinsurance after	\$10.00	No Charge
10	67899ZZ0290003	67899 PPO	Silver	No Charge	0% Coinsurance after	\$250 Copy per Stay	0% Coinsurance after	\$250.00	0% Coinsurance after	\$30.00	No Charge
11	67899ZZ0290004	67899 PPO	Silver	No Charge	20% Coinsurance after	\$250 Copy per Stay	20% Coinsurance after	\$250.00	20% Coinsurance after	\$35.00	No Charge
12	67899ZZ0320001	67899 PPO	Gold	No Charge	0% Coinsurance after	\$200 Copy per Stay	0% Coinsurance after	\$200.00	0% Coinsurance after	\$30.00	No Charge
13	67899ZZ0320002	67899 PPO	Gold	No Charge	20% Coinsurance after	\$200 Copy per Stay	20% Coinsurance after	\$200.00	20% Coinsurance after	\$10.00	No Charge
14	67899ZZ0320003	67899 PPO	Silver	No Charge	0% Coinsurance after	\$250 Copy per Stay	0% Coinsurance after	\$250.00	0% Coinsurance after	\$30.00	No Charge
15	67899ZZ0320004	67899 PPO	Silver	No Charge	20% Coinsurance after	\$250 Copy per Stay	20% Coinsurance after	\$250.00	20% Coinsurance after	\$35.00	No Charge
16	67899ZZ0350005	67899 PPO	Bronze	No Charge	20% Coinsurance after	\$0 Copy per Stay	0% Coinsurance after	No Charge	0% Coinsurance after	No Charge	20% Coinsurance after
17	67899ZZ0350006	67899 PPO	Bronze	No Charge	0% Coinsurance after	\$0 Copy per Stay	0% Coinsurance after	No Charge	0% Coinsurance after	No Charge	0% Coinsurance after
18	67899ZZ0290005	67899 PPO	Bronze	No Charge	20% Coinsurance after	\$0 Copy per Stay	20% Coinsurance after	No Charge	0% Coinsurance after	No Charge	20% Coinsurance after
19	67899ZZ0290006	67899 PPO	Bronze	No Charge	0% Coinsurance after	\$0 Copy per Stay	0% Coinsurance after	No Charge	0% Coinsurance after	No Charge	0% Coinsurance after
20	67899ZZ0320005	67899 PPO	Bronze	No Charge	20% Coinsurance after	\$0 Copy per Stay	20% Coinsurance after	No Charge	0% Coinsurance after	No Charge	20% Coinsurance after
21	67899ZZ0320006	67899 PPO	Bronze	No Charge	0% Coinsurance after	\$0 Copy per Stay	0% Coinsurance after	No Charge	0% Coinsurance after	No Charge	0% Coinsurance after
22	67899ZZ0300001	67899 PPO	Gold	No Charge	0% Coinsurance after	\$200 Copy per Stay	0% Coinsurance after	\$200.00	0% Coinsurance after	\$30.00	No Charge
23	67899ZZ0300002	67899 PPO	Gold	No Charge	20% Coinsurance after	\$200 Copy per Stay	20% Coinsurance after	\$200.00	20% Coinsurance after	\$10.00	No Charge
24	67899ZZ0300003	67899 PPO	Silver	No Charge	0% Coinsurance after	\$250 Copy per Stay	0% Coinsurance after	\$250.00	0% Coinsurance after	\$30.00	No Charge
25	67899ZZ0300004	67899 PPO	Silver	No Charge	20% Coinsurance after	\$250 Copy per Stay	20% Coinsurance after	\$250.00	20% Coinsurance after	\$35.00	No Charge
26	67899ZZ0360001	67899 PPO	Gold	No Charge	0% Coinsurance after	\$200 Copy per Stay	0% Coinsurance after	\$200.00	0% Coinsurance after	\$30.00	No Charge
27	67899ZZ0360002	67899 PPO	Gold	No Charge	20% Coinsurance after	\$200 Copy per Stay	20% Coinsurance after	\$200.00	20% Coinsurance after	\$10.00	No Charge
28	67899ZZ0360003	67899 PPO	Silver	No Charge	0% Coinsurance after	\$250 Copy per Stay	0% Coinsurance after	\$250.00	0% Coinsurance after	\$30.00	No Charge
29	67899ZZ0360004	67899 PPO	Silver	No Charge	20% Coinsurance after	\$250 Copy per Stay	20% Coinsurance after	\$250.00	20% Coinsurance after	\$35.00	No Charge
30	67899ZZ0330001	67899 PPO	Gold	No Charge	0% Coinsurance after	\$200 Copy per Stay	0% Coinsurance after	\$200.00	0% Coinsurance after	\$30.00	No Charge
31	67899ZZ0330002	67899 PPO	Gold	No Charge	20% Coinsurance after	\$200 Copy per Stay	20% Coinsurance after	\$200.00	20% Coinsurance after	\$10.00	No Charge
32	67899ZZ0330003	67899 PPO	Silver	No Charge	0% Coinsurance after	\$250 Copy per Stay	0% Coinsurance after	\$250.00	0% Coinsurance after	\$30.00	No Charge
33	67899ZZ0330004	67899 PPO	Silver	No Charge	20% Coinsurance after	\$250 Copy per Stay	20% Coinsurance after	\$250.00	20% Coinsurance after	\$35.00	No Charge
34	67899ZZ0300005	67899 PPO	Bronze	No Charge	20% Coinsurance after	\$0 Copy per Stay	20% Coinsurance after	No Charge	0% Coinsurance after	No Charge	20% Coinsurance after
35	67899ZZ0300006	67899 PPO	Bronze	No Charge	0% Coinsurance after	\$0 Copy per Stay	0% Coinsurance after	No Charge	0% Coinsurance after	No Charge	0% Coinsurance after
36	67899ZZ0360005	67899 PPO	Bronze	No Charge	20% Coinsurance after	\$0 Copy per Stay	20% Coinsurance after	No Charge	0% Coinsurance after	No Charge	20% Coinsurance after
37	67899ZZ0360006	67899 PPO	Bronze	No Charge	0% Coinsurance after	\$0 Copy per Stay	0% Coinsurance after	No Charge	0% Coinsurance after	No Charge	0% Coinsurance after
38	67899ZZ0330005	67899 PPO	Bronze	No Charge	20% Coinsurance after	\$0 Copy per Stay	20% Coinsurance after	No Charge	0% Coinsurance after	No Charge	20% Coinsurance after
39	67899ZZ0330006	67899 PPO	Bronze	No Charge	0% Coinsurance after	\$0 Copy per Stay	0% Coinsurance after	No Charge	0% Coinsurance after	No Charge	0% Coinsurance after
40	67899ZZ0300016	67899 PPO	Silver	\$250.00	No Charge	\$250 Copy per Stay	30% Coinsurance after	\$250.00	30% Coinsurance after	\$40.00	No Charge
41	67899ZZ0350006	67899 PPO	Silver	\$250.00	No Charge	\$250 Copy per Stay	30% Coinsurance after	\$250.00	30% Coinsurance after	\$40.00	No Charge
42	67899ZZ0360007	67899 PPO	Silver	\$250.00	No Charge	\$250 Copy per Stay	30% Coinsurance after	\$250.00	30% Coinsurance after	\$40.00	No Charge
43	67899ZZ0300017	67899 PPO	Silver	No Charge	20% Coinsurance after	\$250 Copy per Stay	20% Coinsurance after	\$250.00	20% Coinsurance after	No Charge	20% Coinsurance after
44	67899ZZ0330009	67899 PPO	Silver	No Charge	20% Coinsurance after	\$250 Copy per Stay	20% Coinsurance after	\$250.00	20% Coinsurance after	No Charge	20% Coinsurance after
45	67899ZZ0360008	67899 PPO	Silver	No Charge	20% Coinsurance after	\$250 Copy per Stay	20% Coinsurance after	\$250.00	20% Coinsurance after	No Charge	20% Coinsurance after

5. **Determine** the outlier multiplier and **type** it into the box in row 10.¹

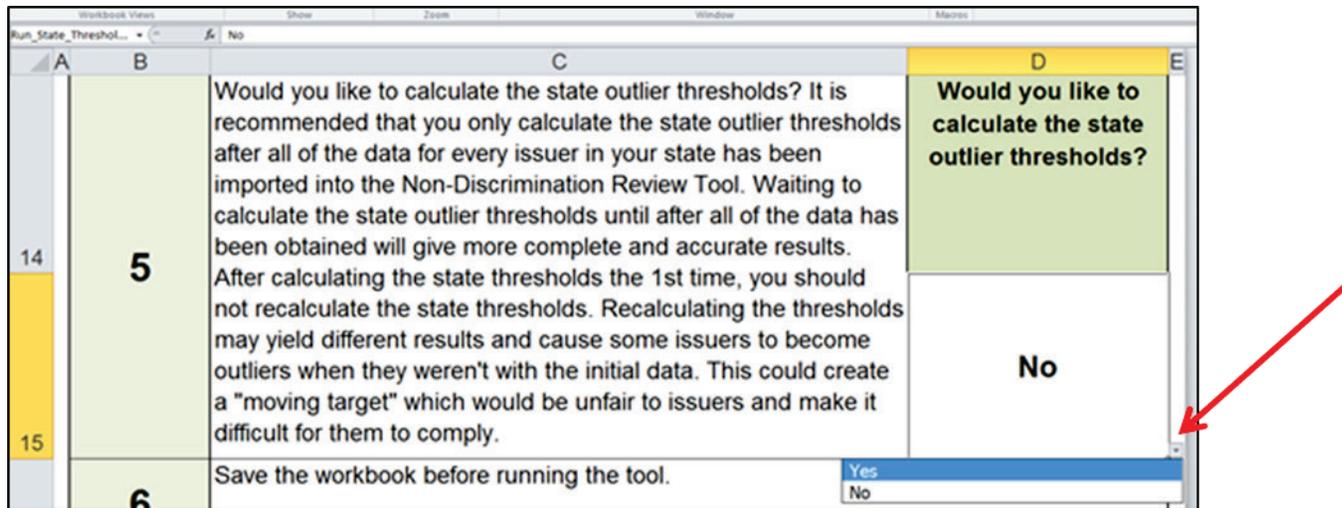
Instructions_Outlier...		fx 1.5	
A	B	C	D
8	2	Ensure that all the information has been correctly entered into the Input tab.	
9	3	Please input the outlier multiplier (M) that you would like to use for the state level outlier calculations. The default and recommended outlier multiplier value is 1.5; a 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 $1.0 \leq M \leq 3.0$. Please refer to the "Master Review Tool" for a detailed description of the outlier methodology.	Please enter the outlier multiplier (M) below:
10			1.5

6. **Determine** whether reviews will be conducted using national outlier thresholds in addition to state-level thresholds and, using the drop down, **click "Yes" or "No."** Please note that national outlier thresholds will not be available until late summer 2014.

national_outliers		fx No	
A	B	C	D
11	4	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, copy and paste the national* outlier threshold information into the "CS Outlier Values_NAT" tab. 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 States can choose to either use or ignore the national* levels.	Would you like to use the national* outlier thresholds, in addition to your state level thresholds?
12			No
13			Yes No

¹ The outlier multiplier should be $1.0 \leq M \leq 2.0$. See appendix for a detailed description of the outlier methodology (Tukey's Outlier Test).

7. **Determine** if the state outlier thresholds should be calculated and, using the drop down, click “Yes” or “No.”



8. Save the workbook.
9. Click “Run Tool” in row 28.



10. Save the Non-Discrimination Benefits Tool workbook again.

NON-DISCRIMINATION BENEFIT REVIEW TOOL: ANALYSIS

1. **Open** the QHP Application State Review Tools folder and run the Non-Discrimination Benefits Tool for all the plans you wish to evaluate.
2. **Open** the Master Review Tool and open the *Non-Discrimination Benefit* tab to see the issuer's plans you wish to review. Using the standards provided in the Master Review Tool *Non-Discrimination Benefit* tab, **determine** regulatory compliance of plans analyzed in the Non-Discrimination Benefit Tool.

The top screenshot displays a document titled "Discriminatory Cost Sharing Review Process Steps". A red text box highlights the following instruction: "There is a stand-alone tool available to assist in the non-discrimination review. The following explains the steps followed in the tool." Below this, a table titled "Steps if using the stand-alone Meaningful Difference Tool" provides a structured review process.

The bottom screenshot shows a "State Level Results" data table. The table includes the following columns: HIOS Plan ID (Standard Component), HIOS Issuer ID, Plan Type, Level of Coverage, Any Issue?, Copayment (Tier 1), Coinsurance (Tier 1), Copayment (per Day) (Tier 1), Copayment (per Stay) (Tier 1), Coinsurance (Tier 1), Copayment (Tier 1), Coinsurance (Tier 1), Copayment (Tier 1), and Coinsurance (Tier 1). The data rows list various HIOS plans with their respective issuer IDs, plan types (e.g., Gold, Silver, Bronze), and coverage levels (e.g., Met, N/A). The "Any Issue?" column indicates the status of each plan, with most entries marked as "N/A" or "Okay".

HIOS Plan ID (Standard Component)	HIOS Issuer ID	Plan Type	Level of Coverage	Any Issue?	Copayment (Tier 1)	Coinsurance (Tier 1)	Copayment (per Day) (Tier 1)	Copayment (per Stay) (Tier 1)	Coinsurance (Tier 1)	Copayment (Tier 1)	Coinsurance (Tier 1)	Copayment (Tier 1)	Coinsurance (Tier 1)
67899Z0350001	67899	PPO	Gold	Met	N/A	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0350002	67899	PPO	Gold	Met	N/A	Okay	Okay	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0350003	67899	PPO	Silver	Met	Okay	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0350004	67899	PPO	Silver	Met	Okay	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0290001	67899	PPO	Gold	Met	N/A	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0290002	67899	PPO	Gold	Met	N/A	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0290003	67899	PPO	Silver	Met	Okay	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0290004	67899	PPO	Silver	Met	Okay	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0320001	67899	PPO	Gold	Met	N/A	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0320002	67899	PPO	Gold	Met	N/A	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0320003	67899	PPO	Silver	Met	Okay	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0320004	67899	PPO	Silver	Met	Okay	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0350005	67899	PPO	Bronze	Met	Okay	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0350006	67899	PPO	Bronze	Met	Okay	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0290005	67899	PPO	Bronze	Met	Okay	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0290006	67899	PPO	Bronze	Met	Okay	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0320005	67899	PPO	Bronze	Met	Okay	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0320006	67899	PPO	Bronze	Met	Okay	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0300001	67899	PPO	Gold	Met	N/A	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0300002	67899	PPO	Gold	Met	N/A	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0300003	67899	PPO	Silver	Met	Okay	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0300004	67899	PPO	Silver	Met	Okay	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0360001	67899	PPO	Gold	Met	N/A	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0360002	67899	PPO	Gold	Met	N/A	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0360003	67899	PPO	Silver	Met	Okay	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0360004	67899	PPO	Silver	Met	Okay	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0330001	67899	PPO	Gold	Met	N/A	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0330002	67899	PPO	Gold	Met	N/A	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0330003	67899	PPO	Silver	Met	Okay	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0330004	67899	PPO	Silver	Met	Okay	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A
67899Z0330005	67899	PPO	Bronze	Met	Okay	Okay	N/A	Okay	Okay	Okay	Okay	Okay	N/A

- Go to the Master Review Tool *Non-Discrimination Benefit* 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.

The screenshot shows an Excel spreadsheet with the following content:

- Worksheet Title:** Discriminatory Cost Sharing Review Process Steps
- Row 3:** There is a stand-alone tool available to assist in the non-discrimination review. The following explains the steps followed in the tool.
- Row 6:** Steps if using the stand-alone Meaningful Difference Tool
- Row 9:** Perform the EHB Non-Discrimination Language Review Business Rules for all plans.
- Table Headers (Row 8):** Review, Review step, Review description and procedure, Step description, Source
- Table Data (Rows 10-20):**

Review	Review step	Review description and procedure	Step description	Source
1		Review Exclusions and Explanation (text field) for discriminatory language.		Met
1	a	Review that the Exclusions and Explanation fields do not contain limit information that contradicts information entered in the corresponding limit data elements: • Limit Quantity • Limit Unit. Also, review text for the following: • Discriminatory language related to limits or exclusions • Obvious policy violations • Unlawful exclusions or limits. Pay special attention to the terms listed for EHB text review (see "Text Review Approach"). The list is not exhaustive; if any text in an Exclusions or Explanation field has one or more of the above characteristics, it may be discriminatory. EHB text review should focus on language related to limits or other restrictions to covered benefits. QHP text review should focus on language related to cost sharing.	Benefits 1–13: Exclusions, Explanation (text field), Limit Quantity, Limit Unit	Met
1	b	If any discriminatory language was identified, check whether justification was submitted. If justification was not submitted or is insufficient based on policy.		Met
- Annotations:**
 - A yellow box at the top right explains that users can select "Met" or "Not Met" at the top of the worksheet to auto-populate the summary review.
 - A red circle highlights the "SELECT REVIEW RESULT" dropdown menu in the Source column.
 - A red arrow points from the dropdown menu to a "Validation Results" dropdown menu on the right.
 - A red arrow points from the "Validation Results" dropdown menu to the "Source" column of the table.
- Validation Results Dropdown (Right):**

Validation Results	
HIOS Issuer ID:	12345
Plan ID:	12345ZZ0010002-00 12345ZZ00
SELECT REVIEW 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.

- Open the Master Review Tool *Review Summary* tab to see the auto-populated results in row 20.

Section/Standard	Function of Review	L	M	N	O	P	Q
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	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	Not Met	Met	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:	Met	Not Met	Not 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
21	Service Area Confirm that issuers include full counties or have a justifiable reason for partial counties.	Not Met	Not Met	Not Met		Met	
OVERALL PLAN VALIDATION		Not Met					

- Save the Master Review Tool after you have completed the non-discrimination benefit review.

APPENDIX: TUKEY OUTLIER

Non-Discrimination Review Outlier Methodology

The outlier test used for the Non-Discrimination Cost-Sharing Outlier and Non-Discrimination Formulary Outlier reviews is a modified version of Tukey's Outlier Test 1. Tukey's Outlier Test (also known as Tukey's Outlier Filter or Tukey's Method) uses quartiles to determine the outliers in a given data set. It is a commonly utilized outlier test due to its ease of use and applicability to a variety of analyses. Tukey's Outlier Test can be used regardless of data distribution, while most other outlier tests require advance knowledge or assumptions about the data distribution.

To find outliers, the test first finds the interquartile range (IQR) of the data set: the middle 50 percent of the data set, or the 75th percentile (Q3) minus the 25th percentile (Q1). The IQR is then multiplied by a multiplier (M), subtracted from Q1, and added to Q3. The two most commonly used multiplier values are 1.5 and 2.0 (1.5 is the default value used in the tools). The two resulting values then set the bounds for what is considered an outlier. (Anything outside of the bounds is an outlier, and anything inside the bounds is not an outlier.) Expressed mathematically, the two bounds are calculated as follows:

$$\text{IQR} = Q3 - Q1.$$

$$\text{Lower Bound (LB)} = Q1 - (M \times \text{IQR}).$$

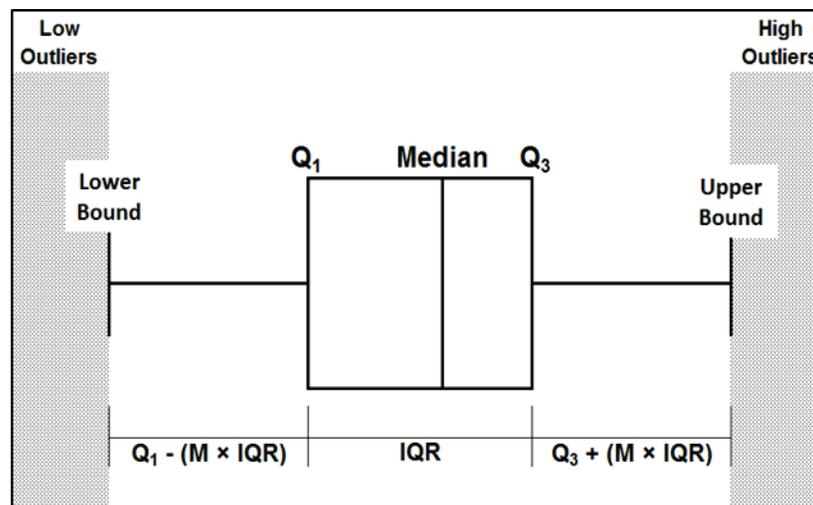
$$\text{Upper Bound (UB)} = Q3 + (M \times \text{IQR}).$$

One flaw of using the IQR is the potential for a zero IQR if too many data points have the same value. A zero IQR makes it impossible to identify outliers using the method described above. Although the chances of this occurring are low, it does present a potential issue. The test used for the reviews modifies Tukey's Outlier Test so that if an IQR is initially equal to zero, Q1 will be multiplied by 0.75, and Q3 will be multiplied by 1.25. This will create a spread between Q1 and Q3 and make a non-zero IQR. The rest of the test will then be performed as described above.

Another flaw of Tukey's Outlier Test is that there needs to be at least five data points in a data grouping to calculate outlier bounds. If there are four data points or less in a data grouping, none of the data points in that grouping can be evaluated.

Any value below the LB is considered a "low outlier," while any value above the UB is considered a "high outlier." For the Non-Discrimination Cost-Sharing Outlier review, Tukey's Outlier Test is used to identify high outliers in the cost-sharing fields. For the Non-Discrimination Formulary Outlier review, Tukey's Outlier Test is used to identify low outliers in the number of unrestricted drugs for various USP classes. The test is often displayed as a "box-and-whiskers plot," as shown below.

[1] David Hoaglin, Frederick Mosteller, and John Tukey, eds., *Understanding Robust and Exploratory Data Analysis* (New York: John Wiley & Sons, 1983), p. 39, 54, 62, 223.



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
DOI	Department of Insurance

Acronym	Definition
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
HPSA	health professional shortage area
HRA	health reimbursement arrangement

Acronym	Definition
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
SCD	semantic clinical drug
SHOP	Small Business Health Options Program

Acronym	Definition
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