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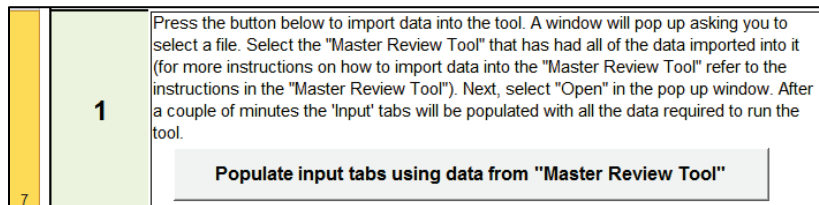
- Items that appear in *italics* are features. (e.g., See the *instructions tab* in the Master Review Tool.)
- Items that are in **bold** are functions. (e.g., **Click "Save." Click "Import data from Master Review Tool.")**
- For space considerations, screenshots of Excel worksheets may not include the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

	1	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. **Populate input tabs using data from "Master Review Tool"**

2. At the *Select a file* pop-up window, **select** the Master Review Tool that has all the imported data.
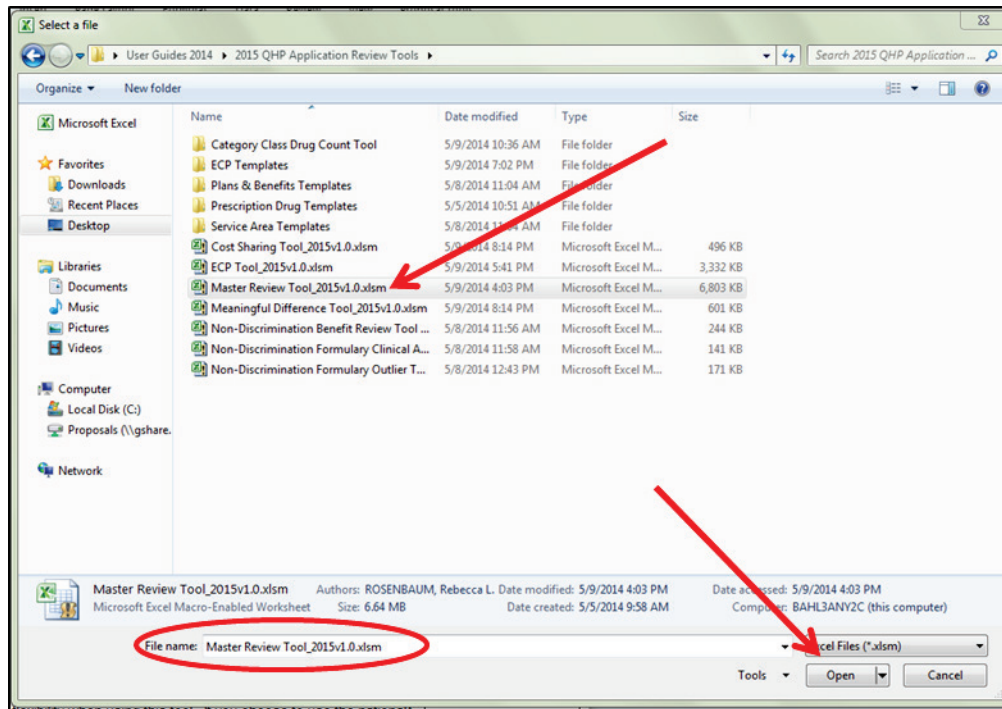
3. Data will load and "All data has finished importing" will appear in a pop-up window.
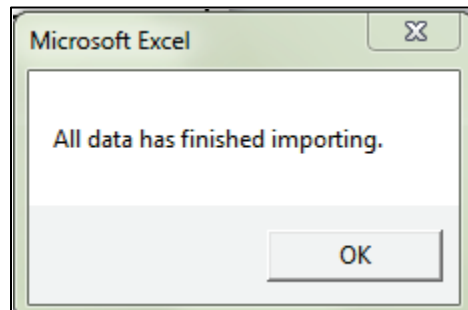
4. Make sure the *Input tab* is populated with data.

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 / 10		**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 <= M <= 3.0. Please refer to the "Master Review Tool" for a detailed description of the outlier methodology.	**Please enter the outlier multiplier (M) below:** **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.
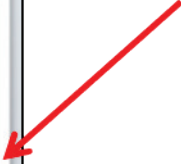
national_outliers ▼		fx No		
	A	B	C	D	E
11 / 12 / 13		**4**	Would you like to compare the plans in the Input tab to the national* outlier thresholds, in addition to your state level thresholds? If you would like to use the national* outlier thresholds for comparison, please select "Yes" from the drop 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?** **No** Yes No	

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[1] The outlier multiplier should be 1.0 <= M <= 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.

3. **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.

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.

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.

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

		HIOS Issuer ID:	L	M	N	O	P	Q	
			67899	67899	67899	67899	67899	67899	6789
		Type of Plan:	Standard Gold On Exchange Plan	Standard Silver On Exchange Plan	Standard Silver On Exchange Plan	Standard Gold Off Exchange Plan	Standard Gold On Exchange Plan	Standard Gold Off Exchange Plan	Stan Exch
		Plan ID:	67899ZZ0350002-01	67899ZZ0350003-01	67899ZZ0350004-01	67899ZZ0290001-00	67899ZZ0290001-01	67899ZZ0290002-00	6789
		Plan Benefit Workbook Name, Benefits Package:	PlanBenefits_ZZ_IND v2.xlsm, Benefits Package 1	PlanBenefits_ZZ_IND v2.xlsm, Benefits Package 1	PlanBenefits_ZZ_IND v2.xlsm, Benefits Package 1	PlanBenefits_ZZ_IND v2.xlsm, Benefits Package 1	PlanBenefits_ZZ_IND v2.xlsm, Benefits Package 1	PlanBenefits_ZZ_IND v2.xlsm, Benefits Package 1	Plan v2.xl Pacl
		Formulary ID:	ZZF005	ZZF006	ZZF006	ZZF001	ZZF001	ZZF001	ZZF(
		Network ID:	ZZN003	ZZN003	ZZN003	ZZN001	ZZN001	ZZN001	ZZN(
		Service area ID:	ZZS003	ZZS003	ZZS003	ZZS001	ZZS001	ZZS001	ZZS(
	Section/Standard	**Function of Review**							
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 Outlier	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	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		
22									
23	**OVERALL PLAN VALIDATION**		Not Met	Not Met	Not Met	Not Met	Not Met	Not Met	

5. **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:

$IQR = Q3 - Q1$.
Lower Bound (LB) $= Q1 - (M \times IQR)$.
Upper Bound (UB) $= Q3 + (M \times IQR)$.

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.
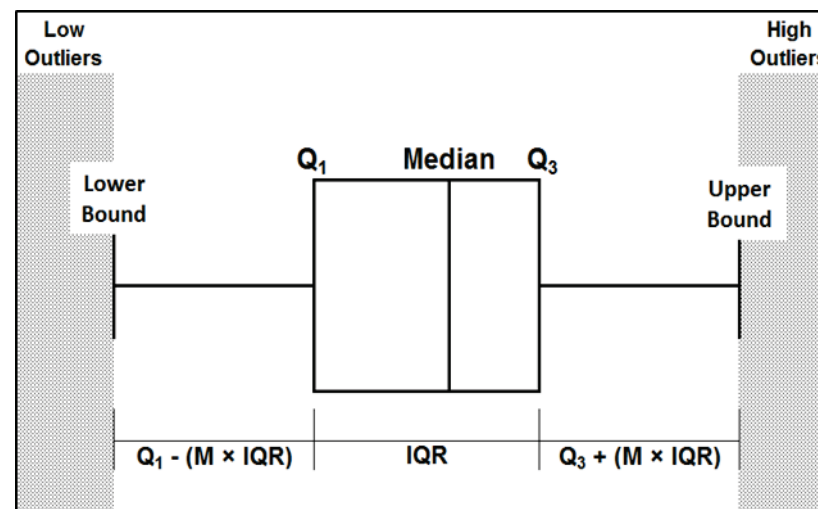
APPENDIX: ACRONYMS AND TERMS

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
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

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