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

Loading and Analyzing the Data

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CATEGORY CLASS DRUG COUNT TOOL OVERVIEW

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

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

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

For the tool to run, it is imperative that users do not change the worksheet names, format, and overall structure (e.g., adding or deleting rows or columns, changing field names, copying or deleting worksheets), as this could impact the functioning of the tool macros. However, filters have been added to the table headings in many of the stand-alone tools and may be used without disrupting tool use.

Using this Guide

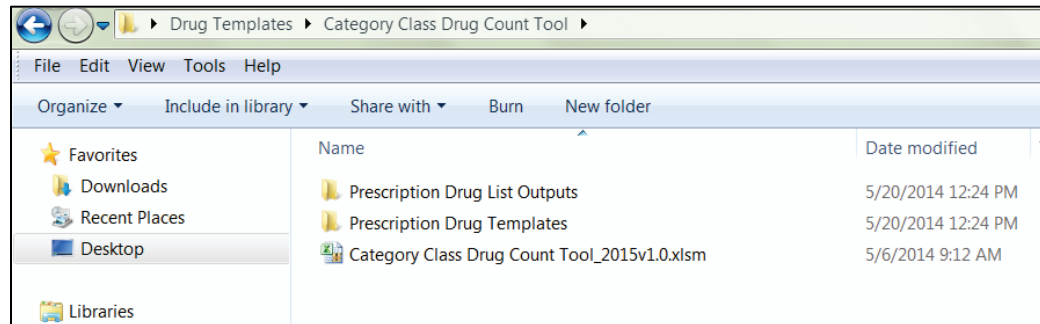
The following characteristics are intended to focus the user to where actions are warranted:

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

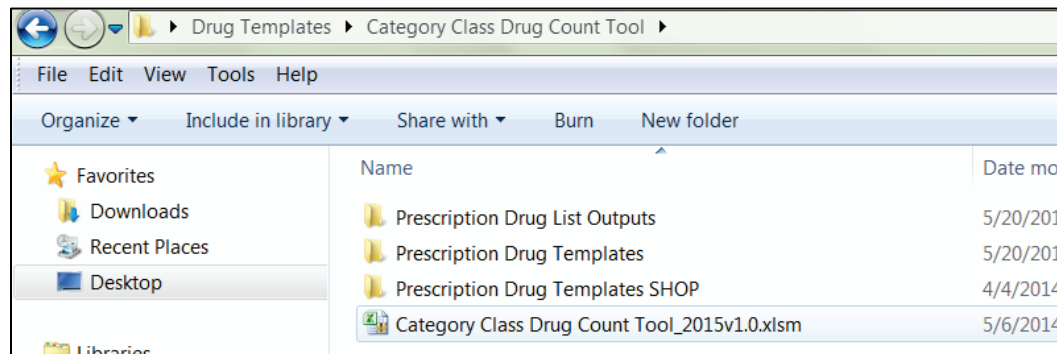
CATEGORY CLASS DRUG COUNT TOOL: LOADING THE DATA

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

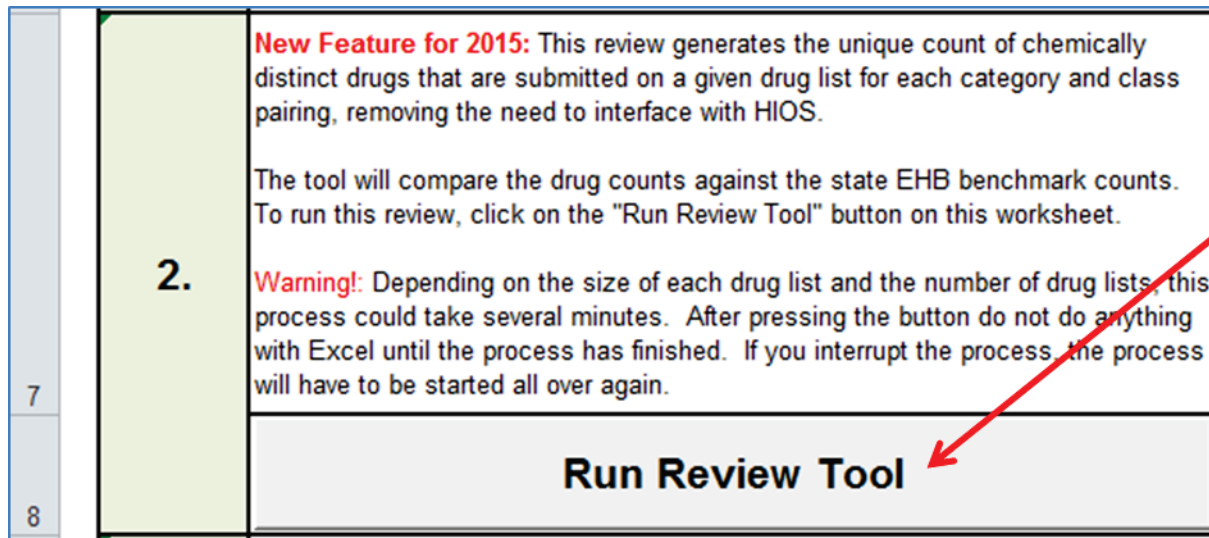
1. Place all of the prescription drug Excel templates to be reviewed into a "Prescription Drug Templates" folder. If this folder does not already exist, please create this folder. This folder needs to be located in the same folder where this tool is saved. This folder needs to be located in the same folder where this tool is saved. You must place templates into this folder or the tool will not run.



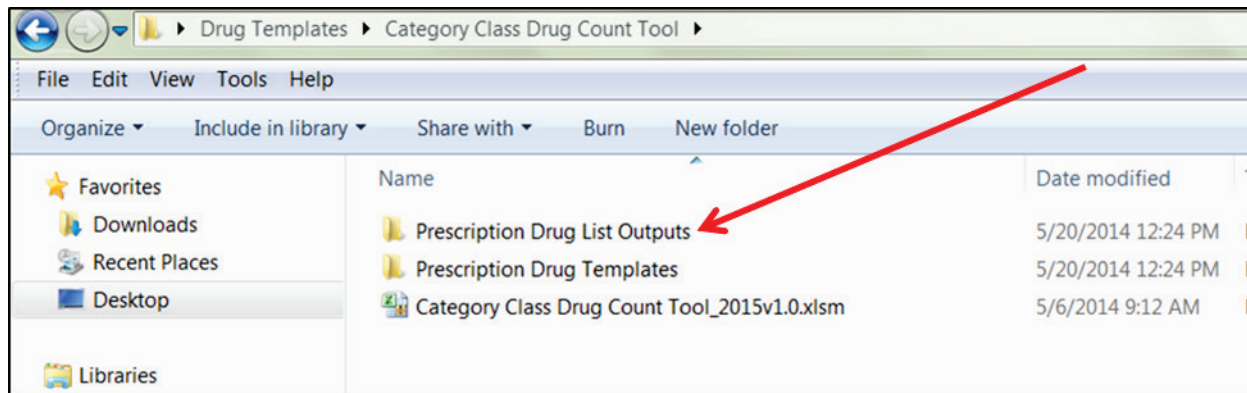
2. In states that collect templates in SERFF, issuers may submit separate sets of templates for individual and Small Business Health Options Program (SHOP) plans. In this case, an issuer can submit two drug lists with the same ID – one for the individual Marketplace and one for the SHOP Marketplace. For this tool to distinguish between these two drug lists, the tool will need to be run separately for each set of templates.



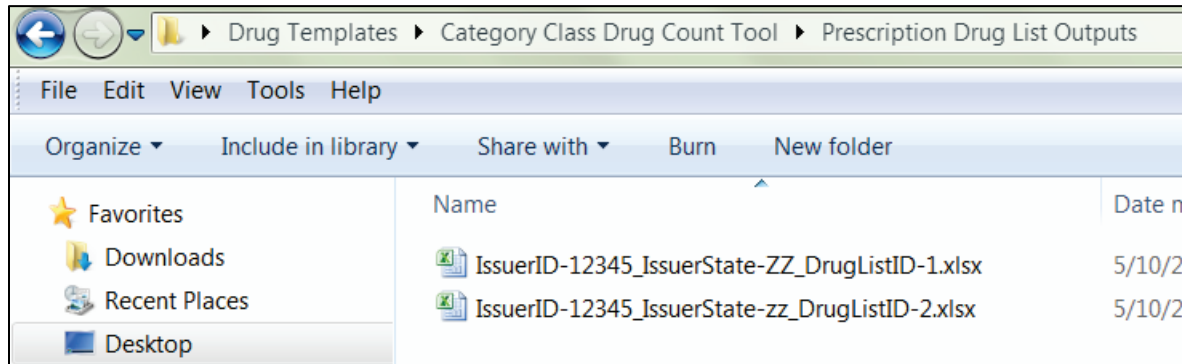
3. To run this review, **click** on the “**Run Review Tool**” button on the *Instructions tab* of the Category Class Drug Count Tool.



4. The output files for each drug list that was reviewed are saved in the *Prescription Drug List Outputs* folder which is also included in the folder that contains the Category Class Drug Count Tool.



5. To see the results of each drug list, **open** each saved file individually. Each drug list review will be identified according to the issuer ID, issuer state, and drug list ID.

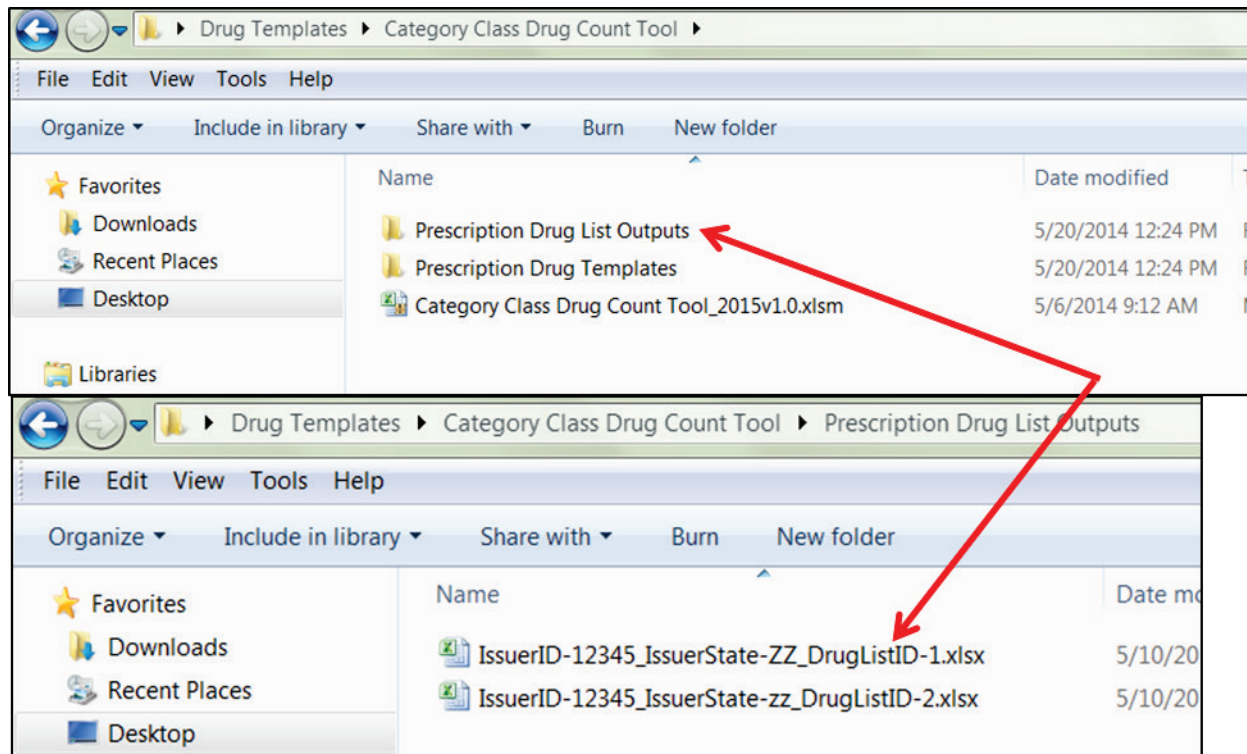


Note: Outputs will be overwritten if they are not removed from the output folder. Please remove the outputs from the "Prescription Drug List Outputs" folder before running a new review if you want to save the previous results.

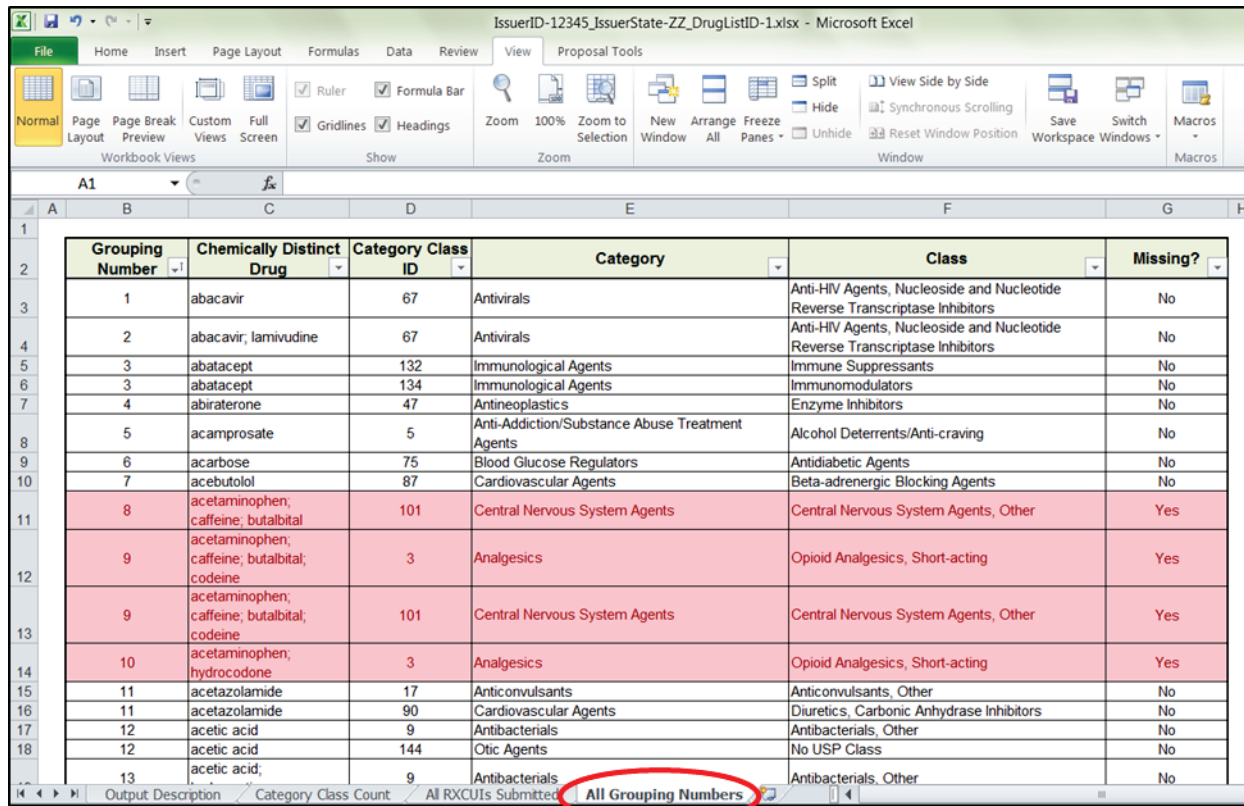
Warning! Depending on the size of each drug list and the number of drug lists this process could take several minutes. After pressing the button do not do anything with Excel until the process has finished. If you interrupt the process, the process will have to start over again.

CATEGORY CLASS DRUG COUNT TOOL: ANALYSIS

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



3. In the output file, the *All Grouping Numbers* tab provides a list of every grouping number, or chemically distinct drug that appears in the EHB Rx Crosswalk. This tab identifies if a grouping number is missing from a drug list. It also identifies the grouping number an RxCUI is in and the categories and classes that a particular grouping number will impact.



| Grouping Number | Chemically Distinct Drug | Category Class ID | Category | Class | Missing? |
|-----------------|--|-------------------|---|---|----------|
| 1 | abacavir | 67 | Antivirals | Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors | No |
| 2 | abacavir, lamivudine | 67 | Antivirals | Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors | No |
| 3 | abatacept | 132 | Immunological Agents | Immune Suppressants | No |
| 3 | abatacept | 134 | Immunological Agents | Immunomodulators | No |
| 4 | abiraterone | 47 | Antineoplastics | Enzyme Inhibitors | No |
| 5 | acamprosate | 5 | Anti-Addiction/Substance Abuse Treatment Agents | Alcohol Deterrents/Anti-craving | No |
| 6 | acarbose | 75 | Blood Glucose Regulators | Antidiabetic Agents | No |
| 7 | acebutolol | 87 | Cardiovascular Agents | Beta-adrenergic Blocking Agents | No |
| 8 | acetaminophen, caffeine, butalbital | 101 | Central Nervous System Agents | Central Nervous System Agents, Other | Yes |
| 9 | acetaminophen, caffeine, butalbital, codeine | 3 | Analgesics | Opioid Analgesics, Short-acting | Yes |
| 9 | acetaminophen, caffeine, butalbital, codeine | 101 | Central Nervous System Agents | Central Nervous System Agents, Other | Yes |
| 10 | acetaminophen, hydrocodone | 3 | Analgesics | Opioid Analgesics, Short-acting | Yes |
| 11 | acetazolamide | 17 | Anticonvulsants | Anticonvulsants, Other | No |
| 11 | acetazolamide | 90 | Cardiovascular Agents | Diuretics, Carbonic Anhydrase Inhibitors | No |
| 12 | acetic acid | 9 | Antibacterials | Antibacterials, Other | No |
| 12 | acetic acid | 144 | Otic Agents | No USP Class | No |
| 13 | acetic acid; | 9 | Antibacterials | Antibacterials, Other | No |

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

| ID | Category | Class | Drug List Count | Benchmark Count | Benchmark Reevaluation | Count Standard Met? |
|---|---------------------|--|-----------------|-----------------|------------------------|---------------------|
| Total Number of Category and Classes with Count Standard Not Met | | | 14 | | | |
| Issuer Details: | | | | | | |
| Issuer ID: 12345 | | | | | | |
| Issuer State: AX | | | | | | |
| Drug List: 2 | | | | | | |
| 14 | Antibacterials | Quinolones | 8 | 8 | 8 | Yes |
| 15 | Antibacterials | Sulfonamides | 4 | 4 | 4 | Yes |
| 16 | Antibacterials | Tetracyclines | 4 | 4 | 4 | Yes |
| 17 | Anticonvulsants | Anticonvulsants, Other | 4 | 2 | 2 | Yes |
| 18 | Anticonvulsants | Calcium Channel Modifying Agents | 4 | 4 | 4 | Yes |
| 19 | Anticonvulsants | Gamma-aminobutyric Acid (GABA) Augmenting Agents | 4 | 5 | 5 | No |
| 20 | Anticonvulsants | Glutamate Reducing Agents | 3 | 3 | 3 | Yes |
| 21 | Anticonvulsants | Sodium Channel Agents | 9 | 7 | 7 | Yes |
| 22 | Antidementia Agents | Antidementia Agents, Other | 1 | 1 | 1 | Yes |
| 23 | Antidementia Agents | Cholinesterase Inhibitors | 3 | 3 | 3 | Yes |
| 24 | Antidementia Agents | N-methyl-D-aspartate (NMDA) Receptor Antagonist | 1 | 1 | 1 | Yes |
| 25 | Antidepressants | Antidepressants, Other | 7 | 8 | 8 | No |
| 26 | Antidepressants | Monoamine Oxidase Inhibitors | 4 | 4 | 4 | Yes |
| 27 | Antidepressants | Serotonin/Norepinephrine Reuptake Inhibitors | 10 | 9 | 9 | Yes |

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

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

- Yes – Revaluated: The drug count does not meet the state EHB benchmark count, but it meets the revaluated benchmark count. The decision is left to the state to require a further review.
- No: The drug count does not meet the state EHB benchmark count or the revaluated benchmark count. Further review is required. Ensure inadequate category/class count supporting documentation and justification (http://www.serff.com/documents/plan_management_data_instructions_ch16c_2015.pdf) is submitted.

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

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

There is a stand-alone tool available to assist in the category class count review. The following explains the steps follow

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.

| Review | Review step | Review description and procedure | Step description | Source | Met | Not Met |
|--------|-------------|---|--|----------------------------------|--------------------|---------|
| 1 | | Create a list of <i>RxCUI</i> s included in the drug list under review. | | | Met | Not Met |
| 1 | a | | For each <i>RxCUI</i> , if the <i>RxCUI</i> has a <i>Tier Level</i> not equal to "NA" in the formulary-drug list under review, add the <i>RxCUI</i> to the list of <i>RxCUI</i> s for review. <i>RxCUI</i> s with a <i>Tier Level</i> equal to "NA" are not included in the given drug list. | <i>RxCUI</i> , <i>Tier Level</i> | Met | Met |
| 2 | | Map <i>RxCUI</i> s to categories and classes by using the EHB Rx Crosswalk. | | | Met | See |
| 2 | a | | For each <i>RxCUI</i> being reviewed, if the <i>RxCUI</i> is included in the EHB Rx Crosswalk, map the <i>RxCUI</i> to one or more categories and classes. If the <i>RxCUI</i> is not included in the EHB Rx Crosswalk, ignore the <i>RxCUI</i> . | <i>RxCUI</i> , EHB Rx Crosswalk | Met | Met |
| 3 | | Convert the <i>RxCUI</i> s to grouping numbers by using the EHB Rx Crosswalk. | | | Validation Results | Met |
| 3 | a | | For each <i>RxCUI</i> , if the <i>RxCUI</i> is included in the EHB Rx Crosswalk, map the <i>RxCUI</i> to a grouping number. If the <i>RxCUI</i> is not included in the EHB Rx Crosswalk, ignore the <i>RxCUI</i> . | <i>RxCUI</i> , EHB Rx Crosswalk | Met | 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.

| Validation Results | |
|--------------------|---------|
| HIOS Issuer ID: | 12345 |
| REVIEW RESULT: | Met |
| Source | Met |
| | Not Met |

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

| Section/Standard | Function of Review | Not Met | Met | Met | 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 covering drugs in each CSR category and class. | Met | Met | Met | | Not Met | Not Met | Not Met |
| 16 Non-Discrimination Exemption | 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 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 OVERALL PLAN VALIDATION | | Not Met | Not Met | Not Met | | Not Met | Not Met | Not Met |

9. Save the Master Review Tool after you have completed the review.

APPENDIX: ACRONYMS AND TERMS

| Acronym | Definition |
|---------|---|
| AAAH | 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 |
| BPC | 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 |
| DPP | diabetes prevention program |
| DSH | disproportionate share hospital |
| EIDM | electronic imaging and document management |
| EIN | employer identification number |

| Acronym | Definition |
|---------|---|
| ECP | essential community provider |
| EH | essential health benefit |
| EPO | exclusive provider organization |
| FEIN | Federal employer identification number |
| FPL | Federal poverty level |
| FQHC | Federally qualified health center |
| FFM | Federally-facilitated Marketplace |
| GSA | General Services Administration |
| GPCK | generic pack |
| HHS | U.S. Department of Health and Human Services |
| HIOS | Health Insurance Oversight System |
| HIPAA | Health Insurance Portability and Accountability Act |
| HMO | health maintenance organization |
| HPSA | health professional shortage area |
| HRA | health reimbursement arrangement |
| HSA | health savings account |
| ISS | interactive survey system |
| MCO | managed care organization |
| MOOP | maximum out-of-pocket |
| M | multiplier |
| NAIC | National Association of Insurance Commissioners |
| NCQA | National Committee for Quality Assurance |
| NPI | national provider identifier |

| Acronym | Definition |
|---------|--|
| OIG | Office of the Inspector General |
| OOPM | out-of-pocket maximum |
| POS | point of service |
| PPO | preferred provider organization |
| PA | prior authorization |
| QHP | qualified health plan |
| RXCUI | RxNorm Concept Unique Identifier |
| SBC | summary of benefits and coverage |
| SBD | semantic branded drug |
| SCD | semantic clinical drug |
| SHOP | Small Business Health Options Program |
| SEP | special enrollment period |
| SBM | State-based Marketplace |
| SPM | State Partnership Marketplace |
| SSN | social security number |
| SGLT2 | sodium glucose co-transporter 2 inhibitors |
| ST | step therapy |
| TIN | taxpayer identification number |
| TNF | tumor necrosis factors |
| TTY | term types |
| UMLS | Unified Medical Language System |
| UCAA | Uniform Certificate of Authority Application |
| USP | United States Pharmacopeia |
| .xlms | Excel macro-enabled workbook |