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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

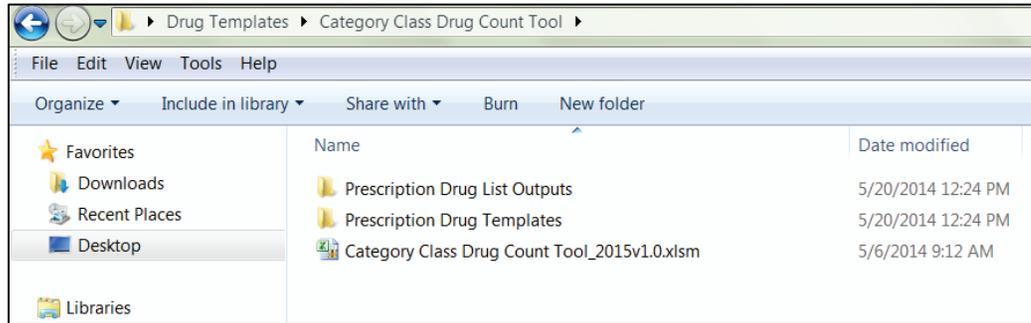
The following characteristics are intended to focus the user to where actions are warranted:

- 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.

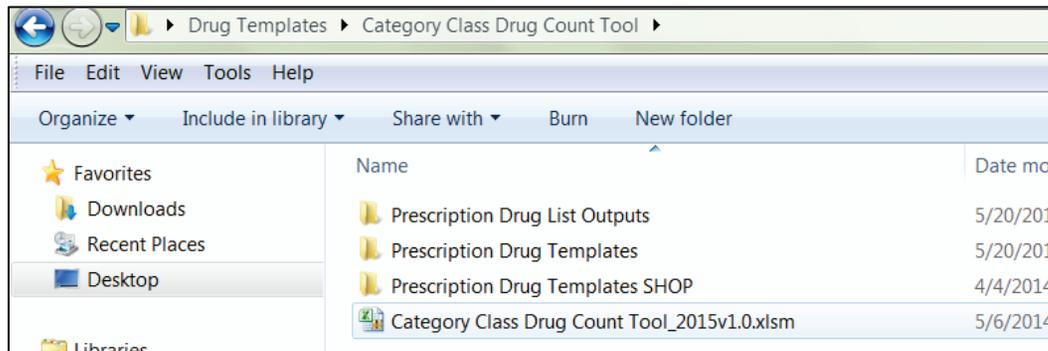
CATEGORY CLASS DRUG COUNT TOOL: LOADING THE DATA

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

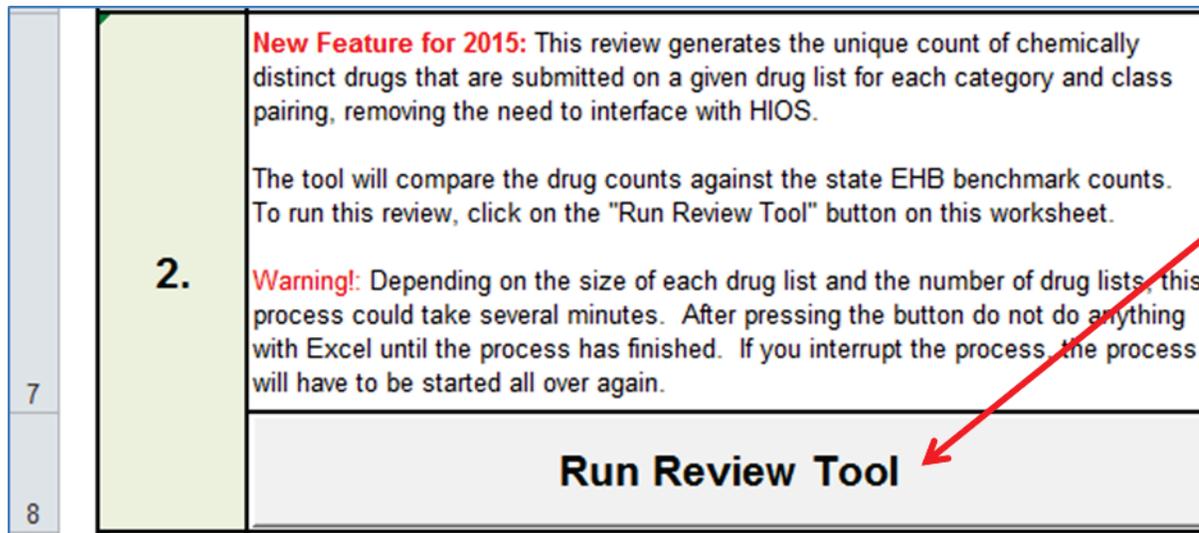
1. Place all of the prescription drug Excel templates to be reviewed into a "Prescription Drug Templates" folder. If this folder does not already exist, please create this folder. This folder needs to be located in the same folder where this tool is saved. This folder needs to be located in the same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



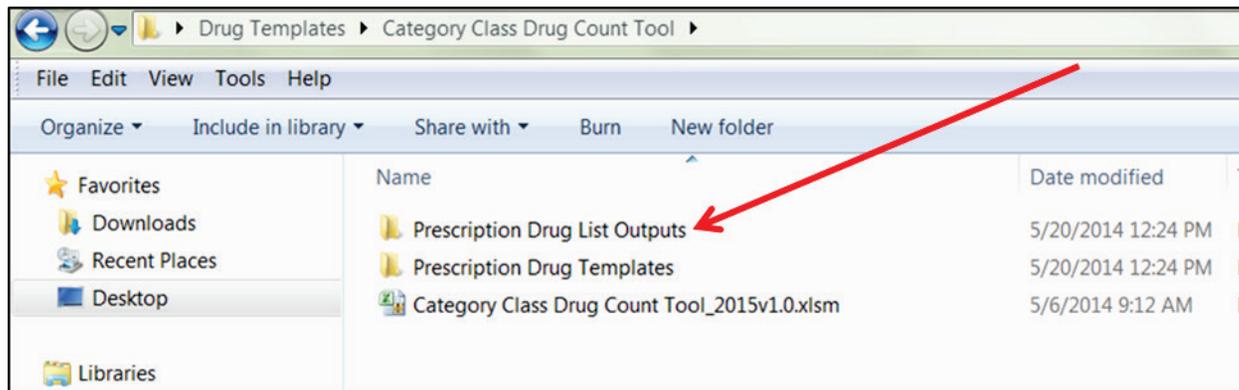
2. In states that collect templates in SERFF, issuers may submit separate sets of templates for individual and Small Business Health Options Program (SHOP) plans. In this case, an issuer can submit two drug lists with the same ID – one for the individual Marketplace and one for the SHOP Marketplace.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



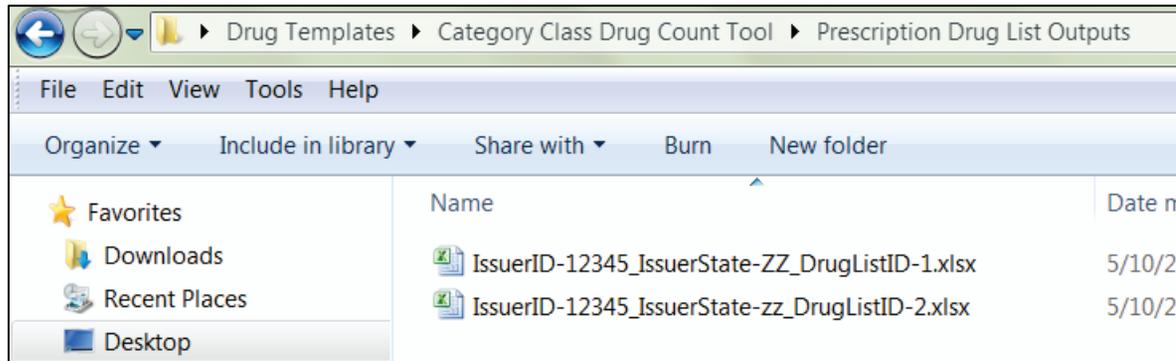
- To run this review, click on the “Run Review Tool” button on the *Instructions tab* of the Category Class Drug Count Tool.



- 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.

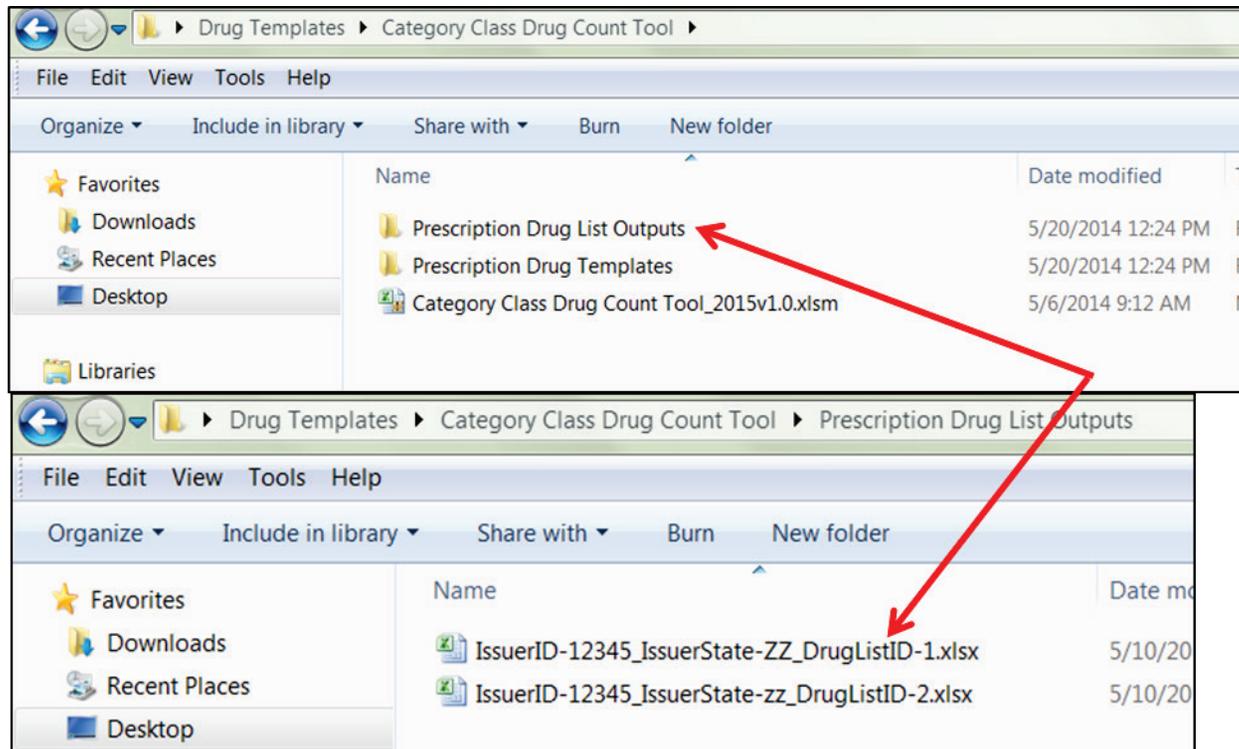


Note: Outputs will be overwritten if they are not removed from the output folder. Please remove the outputs from the "Prescription Drug List Outputs" folder before running a new review if you want to save the previous results.

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.



- In the output file, the *All RxCUIs Submitted* tab provides a list of every RxCUI submitted on the drug list. This tab identifies if a submitted RxCUI has been retired, its reassigned RxCUI, and the date it was retired. It also identifies the chemically distinct drug that a particular RxCUI impacts.

The screenshot shows an Excel spreadsheet with the following data:

Total Number of Retired RXCUIs Submitted		119				
RXCUI	Grouping Number	Drug Name	Retired?	Date Retired	Reassigned RXCUI	Category Class Impact
1000000	Not In Crosswalk	Not In Crosswalk	No			Not In Crosswalk
1000005	Not In Crosswalk	Not In Crosswalk	No			Not In Crosswalk
1000048	283	doxepin	No			28; 71; 156
1000054	283	doxepin	No			28; 71; 156
1000058	283	doxepin	No			28; 71; 156
1000064	283	doxepin	No			28; 71; 156
1000070	283	doxepin	No			28; 71; 156
1000076	283	doxepin	No			28; 71; 156
1000089	25	alcaftadine	No			141
1000093	283	doxepin	No			105
1000095	283	doxepin	No			105
1000097	283	doxepin	No			28; 71; 156
1000111	433	incobotulinumtoxin a	No			62

The tab name 'All RXCUIs Submitted' is circled in red in the original image.

- 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

- 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?
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

- 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.

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
					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, 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, EHB Rx Crosswalk</i>	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, EHB Rx Crosswalk</i>	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.

- 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	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 scanning drugs in each CSR category and class.	Met	Met	Met	Not Met	Not Met	Not Met
16	Non-Discrimination Exemption 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	
OVERALL PLAN VALIDATION		Not Met					

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

APPENDIX: ACRONYMS AND TERMS

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

Acronym	Definition
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
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