CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

2015 QUALIFIED HEALTH PLAN APPLICATION REVIEW TOOLS USER GUIDE: ESSENTIAL COMMUNITY PROVIDER (ECP) TOOL

Loading and Analyzing The Data

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ESSENTIAL COMMUNITY PROVIDER (ECP) REVIEW TOOLS OVERVIEW

Tool	Function
ECP Tool	• Calculates the total ECPs an issuer has in each plan's network in its service area. • Compares the total ECP number to the ECPs available in that service area. • Confirms if the percent of ECPs covered meets a given threshold.

This tool calculates the total number of ECPs in each plan's network in its service area and compares this to the total number of available ECPs in its service area. It verifies whether the issuer's network meets the regulatory standard consistent with Federally-facilitated Marketplace (FFM) policies and validates a reasonable interpretation of the regulation.

For the tools to run, it is imperative 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.

These tools can be run for the following plan types: plans offered on the Marketplace, plans offered off the Marketplace, or for all submitted standard plans, both on and off the Marketplace. The Master Review Tool will gray-out reviews when they are not applicable on the *Review Summary tab*, and the off-Marketplace plans will not be listed on the review tabs of the standards which are not applicable.

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.

ECP TOOL: LOADING THE DATA

Before you can begin the ECP 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). **Import** all data into the Master Review Tool as per the instructions for the Master Review Tool. The ECP Tool will then import its data from data in the Master Review Tool. Please refer to the Master Review Tool user guide for help with importing data into the Master Review Tool.

1. You can run the ECP Tool for only one issuer at a time; therefore, you will input issuer one information and run the ECP Tool for issuer one before going on to issuers two, three, etc.

2. If you use the ECP stand-alone tool, you should familiarize yourself with the validation steps in the Master Review Tool in the ECP tab to better understand the logic of the tool and where justifications can overcome the tool's automated results.

3. **Open** the ECP Tool *Instructions* tab.

4. Click **"Generate Issuer List."**

5. A pop-up window will ask if you would like to change the issuer drop down menu. **Click "Yes"** and all data currently in the input tabs will be removed. Clicking **"No"** will keep data already loaded.

6. At the next pop-up window, **select** the Master Review Tool file that has all the imported data, **click "Open."**
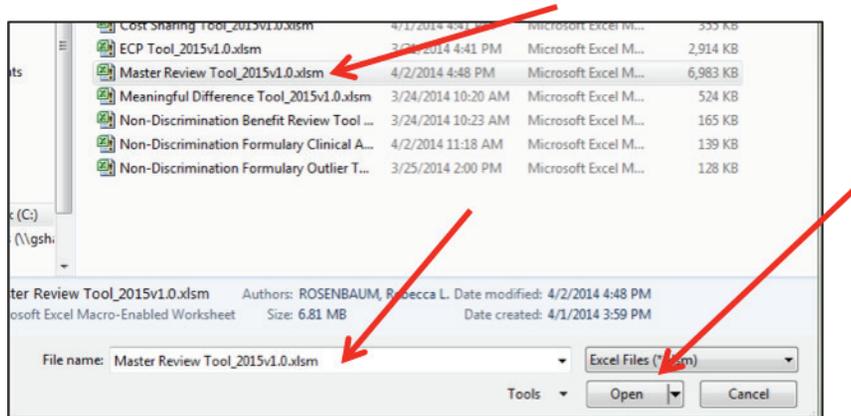
7. **Click "OK"** when the pop up confirms the issuer list is generated.
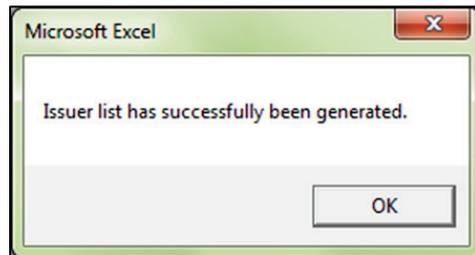
8. When the issuer list is generated, **use** the drop-down option in row 9 to select which issuer you would like to evaluate first.
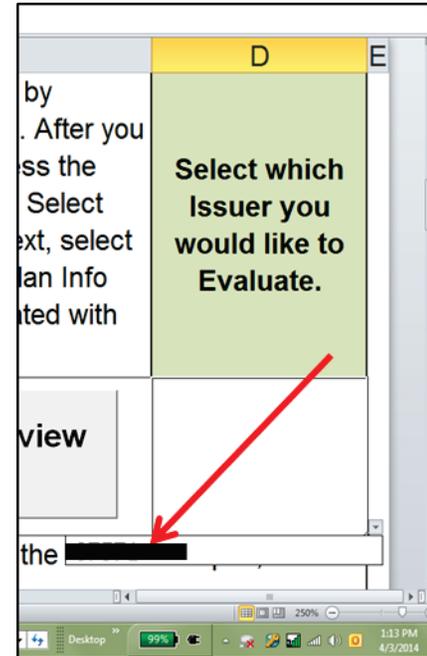
9. Click **"Populate input tabs using date from the "Master Review Tool."**

10. At the pop-up window, **select** the same Master Review Tool file you selected in step 1 with all the imported data.
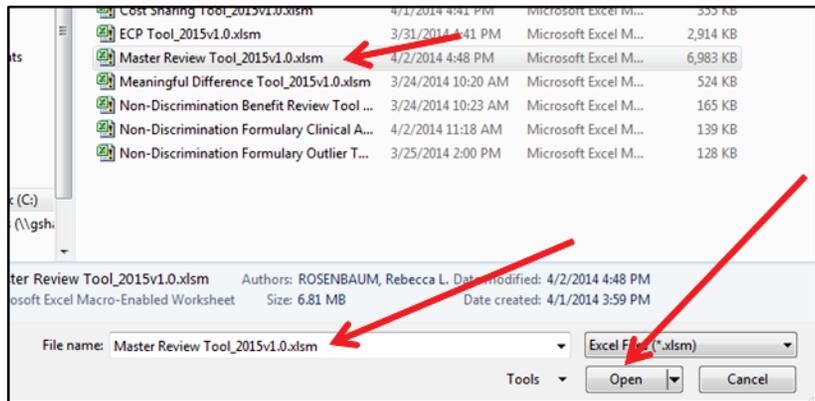
11. **Open** the *Plan Info Input, Service Area Input*, and *ECP Input tabs* to make sure all are populated with data.

12. In the ECP Tool *Instructions tab*, **click** "**Determine Issuer's Type of ECP Review**" in row 13 to designate whether "ECP Standard" or "Alternate ECP Standard" should be used for evaluation.

13. Row 15 will show which "ECP Standard Type" will be used for this issuer's evaluation.
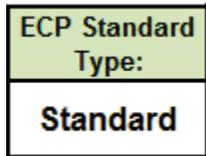
14. If you would like the tool to identify potentially duplicate ECP records while running the data, **click "Yes"** using the drop down in row 16. If you do not want to identify potentially duplicate ECP records, **click "No"** in the drop down in row 17.
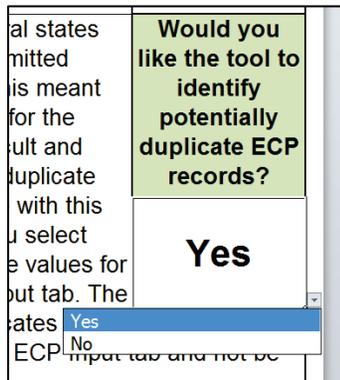
Note: If you select "Yes," the tool will identify ECP records that have the same values for issuer ID, street address, city, and state in the ECP Input tab. The user will then indicate whether or not they consider the records duplicate.

15. **Enter** the desired threshold percentage in row 20.

16. **Save** the ECP Tool workbook.

17. **Run** the ECP Tool by clicking **"Run ECP Tool"** in row 28.

18. If you selected "Yes" in Step 6, the *ECP Input tab* will open.

19. **Scroll** right using the tool bar slider to see column M.

a. **Read** and **follow** the instructions in row 2.

b. Determine if the highlighted items are duplicates and, using the drop down, **answer "Yes"** or **"No"** for each.

22. **Click** "**Run ECP Tool**" at the top of column K once all highlighted cells have been populated with **"Yes"** or "**"No."**

23. The *ECP Output tab* will open automatically.

HIOS Plan ID (Standard Component)	HIOS Issuer ID	Network ID	Service Area ID	General ECP Standard Percentage At least 30% of Available ECPs? (rounded, include	ECPs that overlap with service area compared to total # of available ECPs (includes write-ins in	plan's networked ECPs that are write-ins	# of Claimed ECPs in Plan's Network that Overlap with Plan's Service Area								# of Available ECPs in Plan's Service Area (Reflects only those on the HHS non-exhaustive ECP list)						
							Total # of Unique ECP	Total # of Write-ECPs	FQHC	Ryan Whi	Indian Provi	Family Planni	Hospital	Other EC	Total # of Unique ECP	FQHC	Ryan Whi	Indian Provi	Family Plann	Hospita	Other EC
555552Z0290001	55555	ZZN001	ZZS001	Met		42%	30%	147	44	59	0	2	5	80	2	308	62	5	59	102	82	3
555552Z0290002	55555	ZZN001	ZZS001	Met		42%	30%	147	44	59	0	2	5	80	2	308	62	5	59	102	82	3
555552Z0290003	55555	ZZN001	ZZS001	Met		42%	30%	147	44	59	0	2	5	80	2	308	62	5	59	102	82	3
555552Z0290004	55555	ZZN001	ZZS001	Met		42%	30%	147	44	59	0	2	5	80	2	308	62	5	59	102	82	3
555552Z0290005	55555	ZZN001	ZZS001	Met		42%	30%	147	44	59	0	2	5	80	2	308	62	5	59	102	82	3
555552Z0290006	55555	ZZN001	ZZS001	Met		42%	30%	147	44	59	0	2	5	80	2	308	62	5	59	102	82	3
555552Z0290010	55555	ZZN001	ZZS001	Met		42%	30%	147	44	59	0	2	5	80	2	308	62	5	59	102	82	3
555552Z0300001	55555	ZZN001	ZZS001	Met		42%	30%	147	44	59	0	2	5	80	2	308	62	5	59	102	82	3
555552Z0300002	55555	ZZN001	ZZS001	Met		42%	30%	147	44	59	0	2	5	80	2	308	62	5	59	102	82	3
555552Z0300003	55555	ZZN001	ZZS001	Met		42%	30%	147	44	59	0	2	5	80	2	308	62	5	59	102	82	3
555552Z0300004	55555	ZZN001	ZZS001	Met		42%	30%	147	44	59	0	2	5	80	2	308	62	5	59	102	82	3
555552Z0300005	55555	ZZN001	ZZS001	Met		42%	30%	147	44	59	0	2	5	80	2	308	62	5	59	102	82	3
555552Z0300006	55555	ZZN001	ZZS001	Met		42%	30%	147	44	59	0	2	5	80	2	308	62	5	59	102	82	3
555552Z0300016	55555	ZZN001	ZZS001	Met		42%	30%	147	44	59	0	2	5	80	2	308	62	5	59	102	82	3
555552Z0320001	55555	ZZN002	ZZS002	Met		33%	29%	107	31	45	0	1	5	55	2	232	62	5	59	95	73	3
555552Z0320002	55555	ZZN002	ZZS002	Met		33%	29%	107	31	45	0	1	5	55	2	232	62	5	59	95	73	3
555552Z0320003	55555	ZZN002	ZZS002	Met		33%	29%	107	31	45	0	1	5	55	2	232	62	5	59	95	73	3
555552Z0320004	55555	ZZN002	ZZS002	Met		33%	29%	107	31	45	0	1	5	55	2	232	62	5	59	95	73	3
555552Z0320005	55555	ZZN002	ZZS002	Met		33%	29%	107	31	45	0	1	5	55	2	232	62	5	59	95	73	3
555552Z0320006	55555	ZZN002	ZZS002	Met		33%	29%	107	31	45	0	1	5	55	2	232	62	5	59	95	73	3
555552Z0330001	55555	ZZN002	ZZS002	Met		33%	29%	107	31	45	0	1	5	55	2	232	62	5	59	95	73	3
555552Z0330002	55555	ZZN002	ZZS002	Met		33%	29%	107	31	45	0	1	5	55	2	232	62	5	59	95	73	3
555552Z0330003	55555	ZZN002	ZZS002	Met		33%	29%	107	31	45	0	1	5	55	2	232	62	5	59	95	73	3
555552Z0330004	55555	ZZN002	ZZS002	Met		33%	29%	107	31	45	0	1	5	55	2	232	62	5	59	95	73	3
555552Z0330005	55555	ZZN002	ZZS002	Met		33%	29%	107	31	45	0	1	5	55	2	232	62	5	59	95	73	3
555552Z0330006	55555	ZZN002	ZZS002	Met		33%	29%	107	31	45	0	1	5	55	2	232	62	5	59	95	73	3
555552Z0330008	55555	ZZN002	ZZS002	Met		33%	29%	107	31	45	0	1	5	55	2	232	62	5	59	95	73	3
555552Z0350001	55555	ZZN003	ZZS003	*Not Met*		10%	14%	22	3	14	0	0	1	8	0	208	46	5	40	64	54	3
555552Z0350002	55555	ZZN003	ZZS003	*Not Met*		10%	14%	22	3	14	0	0	1	8	0	208	46	5	40	64	54	3
555552Z0350003	55555	ZZN003	ZZS003	*Not Met*		10%	14%	22	3	14	0	0	1	8	0	208	46	5	40	64	54	3
555552Z0350004	55555	ZZN003	ZZS003	*Not Met*		10%	14%	22	3	14	0	0	1	8	0	208	46	5	40	64	54	3
555552Z0350005	55555	ZZN003	ZZS003	*Not Met*		10%	14%	22	3	14	0	0	1	8	0	208	46	5	40	64	54	3
555552Z0350006	55555	ZZN003	ZZS003	*Not Met*		10%	14%	22	3	14	0	0	1	8	0	208	46	5	40	64	54	3
555552Z0360001	55555	ZZN003	ZZS003	*Not Met*		10%	14%	22	3	14	0	0	1	8	0	208	46	5	40	64	54	3
555552Z0360002	55555	ZZN003	ZZS003	*Not Met*		10%	14%	22	3	14	0	0	1	8	0	208	46	5	40	64	54	3
555552Z0360003	55555	ZZN003	ZZS003	*Not Met*		10%	14%	22	3	14	0	0	1	8	0	208	46	5	40	64	54	3
555552Z0360004	55555	ZZN003	ZZS003	*Not Met*		10%	14%	22	3	14	0	0	1	8	0	208	46	5	40	64	54	3
555552Z0360005	55555	ZZN003	ZZS003	*Not Met*		10%	14%	22	3	14	0	0	1	8	0	208	46	5	40	64	54	3
555552Z0360006	55555	ZZN003	ZZS003	*Not Met*		10%	14%	22	3	14	0	0	1	8	0	208	46	5	40	64	54	3
555552Z0360007	55555	ZZN003	ZZS003	*Not Met*		10%	14%	22	3	14	0	0	1	8	0	208	46	5	40	64	54	3

Sheet tabs: Instructions / Plan Info Input / Service Area Input / ECP Input / **Output**

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.

Provider Type*	ECP Category*	
Required: Select all the Provider Types that apply, else select NA	Required: Select all the ECP Categories that apply, else select NA	
NA	FQHC	General ECP standard issuers must select N/A for Provider Type and use the ECP Category to identify ECPs.
NA	Hospital	
NA	Ryan White HIV Provider	
NA	Indian Provider	

OR

Provider Type*	ECP Category*	
Required: Select all the Provider Types that apply, else select NA	Required: Select all the ECP Categories that apply, else select NA	
Primary Care	NA	Alternate ECP standard issuers must select N/A for ECP Category and use the Provider Type to identify ECPs.
Specialty Care	NA	
Pharmacy	NA	
Specialty Care	NA	

24. **Save** the *ECP Tool* workbook again.

Note: If an error occurs while running the ECP data, an error tab will be displayed showing what and where the issue has occurred.

ECP TOOL: ANALYSIS

This tool calculates the total number of ECPs an issuer has in each plan's network in its service area and compares this to the number of available ECPs in that service area.

1. **Open** the QHP Application Review Tools folder and **run** the ECP Tool for all the issuers' plans you wish to evaluate. If you are analyzing data from multiple issuers, you must run the ECP Tool only one issuer at a time.

Be sure to save each completed ECP Tool with a unique filename, e.g., by issuer ID. *See instructions above: ECP Tool: Loading the Data.*
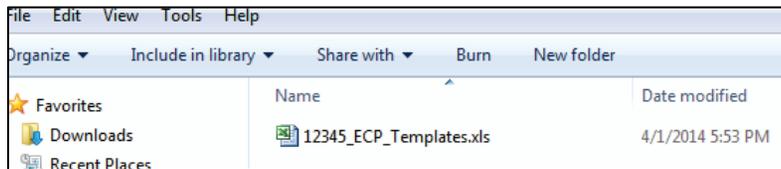
2. **Review** the validation steps in the Master Review Tool *ECP tab* to better understand the logic behind the ECP Tool or to see where you can submit justifications.

3. **Open** the Master Review Tool and **open** the ECP Tool *Output tab* to see the issuer's plans you wish to review. Using the standards detailed in the *ECP tab* of the Master Review Tool, determine whether issuer plans have **"Met" or "Not Met"** the standards prescribed.

4. 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 ECP standards listed.

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.

5. **Save** the Master Review Tool after you have completed the ECP review.

6. Once you have manually populated **"Met" or "Not Met"** for each issuer's plan in the Master Review Tool *ECP tab*, **open** the Master Review Tool *Review Summary* to see the auto-populated results.

7. **Save** the Master Review Tool after you have completed the ECP review.

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