

Appendix A: Template Field Crosswalk

Contents

Appendix A: Template Field Crosswalk.....	A-1
1. Overview.....	A-1

1. Overview

The template crosswalk diagram (Figure A-1) shows the data elements that should be consistent across different templates. The top axis lists the template types, and each column includes the data fields in the template. Fields that should be consistent across templates are highlighted in the same color.

In some cases, the field values should be equal. For instance, on all templates the Issuer ID (highlighted in yellow) is a required field, and each template should include the same field value. Similarly, the set of Network IDs defined in the Network Template should match those used in the Plans & Benefits and ECP Templates.

In other cases, certain fields should be consistent but not equal, as described in the Notes section in Figure A-1. For example, EHB Apportionment for Pediatric Dental is not the same as Individual Rate, but a rule governs how the fields interact.

Figure A-1. Template Field Crosswalk

QHP Application Template Field Mapping

Unless otherwise noted, the values of fields shown in the same color should match across templates, even if the field names are different.

Issuer Module Templates				Benefits Module Templates				Rating Module Templates		Rate Review
Accreditation NCQA	Accreditation URAC	Administrative	Essential Community Providers	Network	Plans & Benefits	Prescription Drug	Service Area	Business Rules	Rates	Unified Rate Review
HIOS Issuer ID	HIOS Issuer ID	Issuer ID Issuer State TIN	HIOS Issuer ID Issuer State	HIOS Issuer ID Issuer State	HIOS Issuer ID Issuer State TIN	HIOS Issuer ID Issuer State	HIOS Issuer ID Issuer State	HIOS Issuer ID	HIOS Issuer ID	HIOS Issuer ID State
Product ID			Network ID	Network ID	Plan ID (1) Product ID (2) Network ID Formulary ID Service Area ID Market Coverage Level of Coverage Plan Effective Date (4) QHP/Non-QHP (5) Plan Type AV Calculator Output or Issuer AV EHB Apportionment for Pediatric Dental (6)	Formulary ID	Service Area ID (3)	Plan ID (1) Product ID (2)	Plan ID (1) Rating Area ID (3) Rate Effective Date (4)	Plan ID (1) Product ID (2) Market Metal Effective Date (4) Exchange Plan (5) Plan Type AV Metal Value Individual Rate (6) Tobacco Rate (7)
								Tobacco Use Determination (7)	Tobacco Rate (7)	

Notes:

1. Any plans listed in Business Rules and Rates should match those found in Plans and Benefits (P&B); any medical plans listed in Business Rules, Rates, and P&B should match those found in Unified Rate Review (URR).
2. Any products listed in Business Rules should match those found in P&B; any medical products listed in Business Rules and P&B should match those found in Unified Rate Review (URR).
3. Rating Area IDs and Service Area IDs must cover same set of counties.
4. *Plan Effective Date*, *Rate Effective Date*, and *Effective Date* (URR) must be equal for individual market medical plans; *Plan Effective Date* and *Rate Effective Date* must be equal for individual market dental plans; *Rate Effective Date* and *Effective Date* (URR) must be equal for SHOP medical plans.
5. For medical plans, *QHP/Non-QHP = On the Exchange* should not be selected. Under the guaranteed availability requirements in 45 CFR §147.104, a plan offered through the Exchange must also be available to individuals in the state that apply for the plan outside the Exchange. Issuers that offer a plan through the Exchange should select the **Both** option. *QHP/Non-QHP = Both* is equivalent to *Exchange Plan* (URR) = **Yes**; **Off the Exchange** is equivalent to **No**.
6. *EHB Apportionment for Pediatric Dental* must be <= Individual Rate (0-20 age band if not using Family Option).
7. If *How is tobacco use determined for subscriber and dependents?* = **Not Applicable**, cannot have Tobacco Rate > 0.