

Overview of the 2016 QHP Application Review Tools

Tool Title	Description	Key Updates for 2016
Data Integrity Tool	<ul style="list-style-type: none"> • Identifies critical data errors within and across templates • Provides immediate feedback about data, reducing issuer resubmissions • Alerts issuers and state reviewers to irregularities in the template submissions • Imports QHP and SADP data from most application templates • Conducts validation checks beyond the standard HIOS and SERFF checks • Looks across templates for consistency in key fields • Produces error reports that describe the error and its location in the template 	<ul style="list-style-type: none"> • Accommodates new 2016 data • Reduced number of checks and cross-checks, focusing on critical data errors that: <ul style="list-style-type: none"> ○ Exclude plans from consumer display ○ Display incorrect plan information to consumers ○ Are out of legal or regulatory compliance such as market-wide requirements
Plan ID Crosswalk Tool	<ul style="list-style-type: none"> • Checks that the Plan ID Crosswalk Template has been completed accurately. For example, performs an evaluation for compliance with 45 C.F.R. 155.335(j) and reviews template for consistency with submitted Service Area and Plans and Benefits Template data for both 2015 and 2016. 	<ul style="list-style-type: none"> • New tool for 2016

Master Review Tool	<ul style="list-style-type: none"> Aggregates data from the Plans & Benefits, Service Area, and Essential Community Provider (ECP) templates and serves as a data input file to the other stand-alone tools Reviews data for select market reform standards and for marketplace-specific standards 	<ul style="list-style-type: none"> Accommodates new 2016 data
Essential Community Providers (ECP) Tool	<ul style="list-style-type: none"> Calculates the total number of ECPs an issuer has in each plan's network and compares this to the number of available ECPs in that service area Checks whether the percentage of the plan's networked ECPs is equal to or greater than the ECP threshold (as defined by federal or state regulators) to demonstrate satisfaction of the ECP inclusion standard set forth in 45 C.F.R. 156.235 	<ul style="list-style-type: none"> Accommodates new 2016 data Compares an issuer's networked ECPs to the non-exhaustive CMS list of ECPs to identify potential write-in ECPs
SADP Essential Community Providers (ECP) Tool	<ul style="list-style-type: none"> Calculates the total number of ECPs an issuer has in each plan's network and compares this to the number of available ECPs in that service area Checks whether the percentage of the plan's networked ECPs is equal to or greater than the ECP threshold (as defined by federal or state regulators) to demonstrate satisfaction of the ECP inclusion standard set forth in 45 C.F.R. 156.235 	<ul style="list-style-type: none"> Accommodates new 2016 data Compares an issuer's networked ECPs to the non-exhaustive CMS list of ECPs to identify potential write-in ECPs
Meaningful Difference Tool	<ul style="list-style-type: none"> Compares all plans an issuer offers to check whether there are multiple plans in the same county that would appear virtually identical to a consumer 	<ul style="list-style-type: none"> Accommodates new 2016 data Compares Drug MOOPs/Deductibles for meaningful difference

Non-Discrimination Tool	<ul style="list-style-type: none"> Looks at all plans within the state, goes through a group of pre-determined benefits and determines if any plan has a significantly higher copay or coinsurance for those benefits, which could potentially mean that the coverage is discriminatory 	<ul style="list-style-type: none"> Accommodates new 2016 data Reviews SBC Scenarios Reviews new benefits of Inpatient Physician and Surgical Services and Durable Medical Equipment
Cost Sharing Tool	<ul style="list-style-type: none"> Runs three different checks (when they are applicable to the plan) for cost sharing standards. This includes: Out of Pocket Maximum (OOPM) Review, Cost Sharing Reduction (CSR) Plan Variation Review, and Catastrophic Plan Review. 	<ul style="list-style-type: none"> Accommodates new 2016 data Includes review of new per person family MOOP and deductible fields
Category Class Drug Count Tool	<ul style="list-style-type: none"> Compares the count of unique chemically distinct drugs in each USPv5 category and class for each drug list against the benchmark. 	<ul style="list-style-type: none"> Accommodates new 2016 data
Non-Discrimination Formulary Outlier Tool	<ul style="list-style-type: none"> Identifies and flags as outliers those plans that have unusually large numbers of drugs subject to prior authorization and/or step therapy requirements in the following USP classes: insulins, anti-diabetic agents, immunomodulators, immune suppressants, and anti-HIV agents 	<ul style="list-style-type: none"> Accommodates new 2016 data

Non-Discrimination Clinical Appropriateness Tool	<ul style="list-style-type: none"> Analyzes the availability of covered drugs associated with four conditions (diabetes, rheumatoid arthritis, bipolar disorder, and schizophrenia), as recommended in clinical guidelines, to ensure that issuers are offering a sufficient type and number of drugs 	<ul style="list-style-type: none"> Accommodates new 2016 data
Mental Health Parity Tool (forthcoming)	<ul style="list-style-type: none"> Compares mental health benefits to medical/surgical benefits to ensure that all mental health benefits have cost-sharing and limitations that are equal to or more generous than comparable medical/surgical benefits 	<ul style="list-style-type: none"> New tool for 2016

For additional information, contact the CMS Exchange Operations Support Center help desk at 855-CMS-1515 or via e-mail at CMS_FEPS@cms.hhs.gov.