

Overview of the 2017 QHP Application Review Tools

Tool Title	Description	Key Updates for 2017
Data Integrity Tool	This tool 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 2017 data
Plan ID Crosswalk Tool	Checks that the Plan ID Crosswalk Template has been completed accurately, by ensuring that all counties in all FFM plans that were offered in 2016 are included in the crosswalk, the plans are crosswalked to valid 2017 plans, the crosswalk reasons selected are consistent with plan offerings, and that the crosswalk is compliant with the regulation in 45 C.F.R. 155.335(j).	<ul style="list-style-type: none"> Accommodates new 2017 data Includes check to ensure that 2016 silver plans are always crosswalked to a 2017 silver plan when available
Master Review Tool	Aggregates data from the Plans & Benefits, Service Area, and Essential Community Provider (ECP)/Network Adequacy (NA), and Prescription Drug templates and serves as a data input file to the other stand-alone tools.	<ul style="list-style-type: none"> Accommodates new 2017 data Added Silver/Gold check to ensure issuers offer at least one silver and one gold plan in every medical market covered Imports Prescription drug data Imports ECP data from new ECP/NA template

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Essential Community Providers (ECP) Tool	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. This tool will check 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 2017 data from the ECP/NA template • Can be run simultaneously for multiple issuers • Evaluates additional ECP categories
SADP Essential Community Providers (ECP) Tool	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. This tool will check 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 2017 data from the ECP/NA template • Can be run simultaneously for multiple issuers • Evaluates additional ECP categories
Meaningful Difference Tool	Performs the "Supporting Informed Consumer Choice" review as discussed in regulation and the 2017 Letter to Issuers. It compares all plans an issuer offers to check whether there are multiple plans in the same country that would appear virtually identical to a consumer.	<ul style="list-style-type: none"> • Accommodates new 2017 data • Only reviews benefits that are displayed to consumers • Uses drug list ID instead of formulary ID for comparison • Increased required difference in MOOP and deductible amounts

Tool Title	Description	Key Updates for 2017
Non-Discrimination Tool	Performs an outlier analysis for "QHP Discriminatory Benefit Design" as discussed in the 2017 Letter to Issuers. It 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 2017 data • No longer reviews SBC Scenarios
Cost Sharing Tool	Runs 4 different checks (when they are applicable to the plan) for cost sharing standards. This includes: Maximum Out of Pocket (MOOP) Review, Cost Sharing Reduction (CSR) Plan Variation Review, Standardized Plan Design Review, and Catastrophic Plan Review.	<ul style="list-style-type: none"> • Accommodates new 2017 data • Includes new review for plans that follow a Standardized Plan Design
Formulary Review Suite-Category Class Drug Count Review	Compares the count of unique chemically distinct drugs in each USPv6 category and class for each drug list with the benchmark.	<ul style="list-style-type: none"> • Accommodates new 2017 data • Incorporated into one Formulary Review Suite to improve usability and decrease user burden • Uses USPv6 category and classes
Non-Discrimination Formulary Outlier Review	Identifies and flags as outliers those plans that have unusually large numbers of drugs subject to prior authorization and/or step therapy requirements in 25 USP classes.	<ul style="list-style-type: none"> • Accommodates new 2017 data • Incorporated into one Formulary Review Suite to improve usability and decrease user burden

Tool Title	Description	Key Updates for 2017
Non-Discrimination Clinical Appropriateness Review	Analyzes the availability of covered drugs associated with nine conditions 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 2017 data • Incorporated into one Formulary Review Suite to improve usability and decrease user burden • Reviews 5 additional conditions

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.