

Appendix A: Template Field Crosswalk

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 *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 of 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
Consistent for each Issuer ID										
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 TIN	HIOS Issuer ID TIN	HIOS Issuer ID State
Consistent for each Issuer ID and Plan ID combination										
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 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 Individual Rate (6) Tobacco Rate (7) Age (8)

Note:

- 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)
- 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)
- Service Area IDs must have rates for their corresponding Rating Areas
- 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
- For medical plans with embedded pediatric dental benefits, QHP/Non-QHP = On the Exchange should not be selected. Under the guaranteed availability requirements in 45 C.F.R. §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
- EHB Apportionment for Pediatric Dental must be <= Individual Rate (0-20 age band if not using Family Option) for all rating areas
- If Tobacco Rate > 0, cannot have "How is tobacco use determined for subscriber and dependents?" = Not Applicable
- If rates are provided for age bands instead of family tiers, cannot have "How are rates for contracts covering two or more enrollees calculated?" = There are rates specifically for couples and for families (not just addition of individual rates)