Appendix L. QHP Certification Instrument Screenshots

Figure 1: Administrative Data Template

No changes to this template included in this PRA package.

Administrative Data

Validate

Finalize

The QHP Application requires submission of certain administrative data that will be utilized for operational purposes. This information includes identifying information and contact information.
Some of this information will be pre-populated based on the information you have previously entered in HIOS.
*All fields marked with an asterik (*) are required. Depending on the Proposed Exchange Market Coverage selected, certain additional fields may be required.*
On validation, missing or incorrect data is highlighted.
To validate the template, use the Validate button or press Ctrl + Shift + V. To finalize the template, press the finalize button or press Ctrl + Shift + F.

Issuer ID:*		Proposed Exchange Market Coverage:*	
Issuer State:*		Current Sales Market:*	

1. Administrative Data

Company Legal Name:*	Issuer Legal Name:*	Issuer Marketing Name:*

Associated Health Plan ID:	TIN:*	NAIC Company Code:	NAIC Group Code:

2. Company Address

Address:*	Address 2 (optional):	City:*	State:*	Zip Code:*

3. Issuer Address

Address:*	Address 2 (optional):	City:*	State:*	Zip Code:*

4. Select Your Primary Contact:*

5. Issuer Individual Market Contact

First Name:	Last Name:	E-mail Address:	Phone Number:	Phone Extension:

6. Issuer SHOP (Small Group) Contact

First Name:	Last Name:	E-mail Address:	Phone Number:	Phone Extension:

7. CEO

First Name:*	Last Name:*	E-mail Address:*	Phone Number:*	Phone Extension:

8. CFO

First Name:*	Last Name:*	E-mail Address:*	Phone Number:*	Phone Extension:

9. Customer Service - Individual Market

Customer Service Phone:	Customer Service Phone Extension:	Customer Service Toll Free:	Customer Service TTY:	Customer Service URL:

10. Customer Service - SHOP (Small Group)

Customer Service Phone:	Customer Service Phone Extension:	Customer Service Toll Free:	Customer Service TTY:	Customer Service URL:

11. Contacts

Contact Type	First Name	Last Name	Phone Number	Extension	E-mail Address
Enrollment Contact					
Online Enrollment Center Contact (Primary)					
Online Enrollment Center Contact (Backup)					
System Contact					
Appeals/Grievances Contact					
Customer Service Operations Contact					
User Access Contact					
Backup User Access Contact					
Marketing Contact					
Medical Director					
Chief Dental Director					
Pharmacy Benefit Manager					

Figure 2: Network Adequacy/Essential Community Provider Template: User Control Tab Screenshot

Fields highlighted bright green indicate a field that would be added under this PRA package.

NA ECP Template

User Control & Details for Template

Issuer Information

Issuer ID:*	
Source System:*	
Market:*	
Dental Only:*	
State:*	
Alternate ECP Standard Issuer:*	Drop Down: Yes No
No. of Networks:*	7

Actions

1. Create New Provider Tab

Please enter all Issuer Information above before creating a new tab

A. New **Individual Provider** Tab

Create Individual Tab

B. New **Facility & Pharmacy** Tab

Create Facility and Pharmacy Tab

2. Import Network IDs

Import Network IDs

3. Validate Data

Validate information entered into all tabs.

Warning: Depending on data size, validation may take several minutes.

Validate

4. Create Supporting Documents

Perform data validation & export data to text files

Create Documents

5. Delete an Exisiting Tab?

Refer to Column P on this tab if you would like to delete an existing tab

Notes & Instructions

1. *Enter all Issuer Information, then create a new tab using the buttons below to enter data.*
2. *Ensure automatic calculation is turned on. Formulas -> Caculation Options -> Automatic*
3. *Data can be entered manually or Copy & Pasted into each tab.*
4. *All fields in with an asterisk (*) are required*
5. *Validate data (using the "Validate" button below) after entering in all information.*

Exporting Data:

1. *Data must pass all validation checks before being exported. Any invalid entries will be displayed in the 'Errors' and must be corrected.*
2. *Click "Create Documents" to export data from all provider tabs.*
3. *When prompted, select the folder in which you wish to save the files.*
4. *All files will be saved as tab delimited text files.*

***Warning**: Files larger than 50mb cannot be uploaded to HIOS/SERFF. Please ensure that each exported text file is less than 50mb. On average, tabs with less than 300,000 records should be okay.*

Validation Status
Incomplete

Current Tabs	Number of Rows per Tab	Number of Validation Errors	**Delete Tab?** If you would like to delete a provider tab please click 'Delete' for the corresponding tab. **WARNING!:** Deleted tabs cannot be recovered.
IndividualECPs	9	0	Delete
Facilities&PharmaciesECPs	7	0	Delete
IndividualProviders1	2	0	Delete
Facilities&Pharmacies1	2	0	Delete

Figure 3: Network Adequacy/Essential Community Provider Template: Select ECPs Tab Screenshot

Fields highlighted bright green indicate a field that would be added under this PRA package.

Tab 2: Select ECPs

Row Number	Site Name	Organization Name	National Provider Identifier	ECP Category	Number of authorized MDs, DOs, PAs, NPs	Number of authorized DMDs and DDSs	Site Street Address 1	Site Street Address 2	Site City	Site State	Site Zip Code	Site County	Org Street Address 1	Org Street Address 2	Org City	Org State	Org Zip Code	Org County	POC 1 Name	POC 1 Title	POC 1 Phone #	POC 1 Phone Ext	POC 1 Email	URL 1	POC 2 Name	POC 2 Title	POC 2 Phone #	POC 2 Phone Ext	POC 2 Email	URL 2

Figure 4: Network Adequacy/Essential Community Provider Template: Select ECPs Tab Screenshot

Fields highlighted bright green indicate a field that would be added under this PRA package.

Tab 3: Individual ECPs

Note: The fields in this worksheet will be pre-populated with information pulled from the ECP list, as well as additional fields that the Issuer will need to complete. If the issuer is an "Alternate ECP Standard Issuer" they will be responsible for manually completing all information.

National Provider Number (NPI)*	Provider Name Prefix	First Name of Provider*	Middle Initial of Provider	Last Name of Provider*	Suffix of Provider	Physician / Non-Physician*	Specialty Type (area of medicine)*	Provider Name*	ECP Category*	Street Address*	Street Address 2	City *	State*	County *	Zip *	Provider Type*	Network IDs*	Number of Contracted MDs, DOs, PAs, and NPs*	Number of Contracted DMDs and DDSs*

Figure 5: Network Adequacy/Essential Community Provider Template: Facility ECPs Tab Screenshot

Fields highlighted bright green indicate a field that would be added under this PRA package.

Tab 4: Facility ECPs

Note: The fields in this worksheet will be pre-populated with information pulled from the ECP list, as well as additional fields that the Issuer will need to complete. If the issuer is an "Alternate ECP Standard Issuer" they will be responsible for manually completing all information.

National Provider Number (NPI)*	Facility Name*	Facility Type*	Provider Name*	ECP Category*	Street Address*	Street Address 2	City*	State*	County*	Zip*	Network IDs*	Number of Contracted MDs, DOs, PAs, and NPs*	Number of Contracted DMDs and DDSs*

Figure 6: Network Adequacy/Essential Community Provider Template: Individual Providers Tab Screenshot

Fields highlighted bright green indicate a field that would be added under this PRA package.

Tab 5: Individual Providers

National Provider Number (NPI)*	Provider Tier	Provider Cost Sharing	First Name of Provider*	Middle Initial of Provider	Last Name of Provider*	Suffix of Provider	Physician / Non-Physician*	Specialty Type (area of medicine)*	Street Address*	Street Address 2	City*	State*	County*	Zip*	Network IDs*

Figure 7: Network Adequacy/Essential Community Provider Template: Facilities & Pharmacies Tab Screenshot

Fields highlighted bright green indicate a field that would be added under this PRA package.

Tab 6: Facilities and Pharmacies										
National Provider Number (NPI)*	**Facility Tier**	**Facility Cost Sharing**	**Facility Name***	**Facility Type***	**Street Address***	**Street Address 2**	**City***	**State***	**County***	**Zip***

Figure 8: URAC Template

No changes to this template included in this PRA package.

URAC Template	*All fields with an asterisk (*) are required. To validate the template, use the Validate button or Ctrl + Shift + V. To finalize the template, use the Finalize button or Ctrl + Shift + F.*			
Validate	*The information for the accredited products must be for the same legal entity as is submitting the QHP application.*			
	Please follow the instructions provided in the Accreditation Chapter (Chapter 5) of the QHP Application Instructions Manual closely and carefully.			
Finalize	*The Department of Health and Human Services (HHS) will verify the information that you have provided about your existing accreditation with NCQA, URAC, or both.*			
	Only data that can be verified will be displayed on the website.			
HIOS Issuer ID*				
URAC Application Number* **Required:** Enter the 9-10 alphanumeric URAC Application Number	**Market Type*** **Required:** Select the Market Type from list	**Accreditation Status*** **Required:** Select the Accreditation Status from list	**Expiration Date*** **Required:** Enter a future date in mm/dd/yyyy format	

Figure 9: NCQA Template

No changes to this template included in this PRA package.

NCQA Template	*All fields with an asterisk (*) are required. To validate the template, use the Validate button or Ctrl + Shift + V. To finalize the template, use the Finalize button or Ctrl + Shift + F.*					
Validate	*The information for the accredited products must be for the same legal entity as is submitting the QHP application.*					
	Please follow the instructions provided in the Accreditation Chapter (Chapter 5) of the QHP Application Instructions Manual closely and carefully.					
Finalize	*The Department of Health and Human Services (HHS) will verify the information that you have provided about your existing accreditation with NCQA, URAC, or both.*					
	Only data that can be verified will be displayed on the website.					
	It is only necessary to enter one accreditation entry per product/market type, using the product with the largest number of covered lives.					
HIOS Issuer ID*						
NCQA Org ID* **Required:** Enter the 2-5-digit NCQA Org ID number	**Market Type*** **Required:** Select the Market Type from list	**NCQA Sub ID** **Required if Market is NOT Exchange:** Enter the 2-5-digit NCQA Sub ID number	**Product Type*** **Required:** Select the Product Type from list	**Product ID*** **Required:** Enter the 10-character Product ID	**Accreditation Status*** **Required:** Select the Accreditation Status from list	**Expiration Date*** **Required:** Enter a future date in mm/dd/yyyy format

Figure 10: AAAHC Template

No changes to this template included in this PRA package.

AAAHC Template

All fields with an asterisk (*) are required. To validate the template, use the Validate button or Ctrl + Shift + V.

Please reference Chapter 5 of the QHP Instructions for instructions on completing this template

Validate

HIOS Issuer ID*			
AAAHC Org ID*	**Market Type***	**Accreditation Status***	**Expiration Date***
Required: Enter the 3 to 6 digit AAAHC Org ID	**Required:** Select the Market Type from list	**Required:** Select the Accreditation Status from list	**Required:** Enter a date after 05/27/2014 in mm/dd/yyyy format

Figure 11: Plans & Benefits Template — Benefits Package Tab – Plan Identifiers
Fields highlighted green indicate a field that would be added under this PRA package.

Plans & Benefits Template

To use this template, please review the user guide and instructions. All

HIOS Issuer ID*	*You will need to save the latest version of the add-in file (PlansBenefits*
Issuer State*	*To create the cost share variance worksheet and enter the cost sharing*
Market Coverage*	*To create additional Benefits Package worksheets, use the Create New*
Dental Only Plan*	*To populate the benefits on the Benefits Package worksheet with your*
TIN*	
Multi-State Plan	
Benchmark Used	

Plan Identifiers

HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*

Figure 12: Plans & Benefits Template – Benefits Package – Plan Attributes
Fields highlighted green indicate a field that would be added under this PRA package.

' fields with an asterisk (*) are required
sAddIn.xlam) on your machine.
g amounts for both individual and SHOP (small group) markets, use the Create Cost Share Variances macro.
w Benefits Package macro.
State EHB Standards, use the Refresh EHB macro.

Plan Attributes																
New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP*	Notice Required for Pregnancy*	Is a Referral Required for Specialist?*	Specialist(s) Requiring a Referral	Plan Level Exclusions	Limited Cost Sharing Plan Variation - Est Advanced Payment	Does this plan offer Composite Rating?*	Child-Only Offering*	Child Only Plan ID	Tobacco Wellness Program Offered*	Disease Management Programs Offered	EHB Percent of Total Premium*	Plan Design Type

Figure 13: Plans & Benefits Template – Benefits Package – Stand Alone Dental Only, Plan Dates and Geographic Coverage
Fields highlighted red indicate a field that is moving from the Benefits Package tab to the Cost Share Variance tab.

Stand Alone Dental Only		AV Calculator Additional Benefit Design				Plan Dates		Geographic Coverage					Plan Level URLs
EHB Apportionment for Pediatric Dental	Guaranteed vs. Estimated Rate	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Begin Primary Care Cost-Sharing After a Set Number of Visits?	Begin Primary Care Deductible/ Coinsurance After a Set Number of Copays?	Plan Effective Date*	Plan Expiration Date	Out of Country Coverage*	Out of Country Coverage Description	Out of Service Area Coverage*	Out of Service Area Coverage Description	National Network*	URL for Enrollment Payment

Figure 14: Plans & Benefit Template – Benefits Package – Benefits Information
Fields highlighted green indicate a field that would be added under this PRA package.

Benefit Information					General Information										Deductible and Out of Pocket Exceptions			
Benefits	EHB (Autopopulated)	EHB (Issuer)	EHB Category	State-Required Benefit	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Quantitative Limit Units Apply see EHB Benchmark	Care Plan Limit?	Number of Visits before Care Plan Limit applies	Exclusions	Benefit Explanation	EHB Variance Reason	Subject to Deductible (Tier 1)	Subject to Deductible (Tier 2)	Excluded from In Network MOOP	Excluded from Out of Network MOOP
Primary Care Visit to Treat an Injury or Illness																		
Mental Health and Substance Use Disorder Office Visit																		
All Other Mental Health/Substance Use Outpatient Visits																		
Specialist Visit																		
Other Practitioner Office Visit (Nurse, Physician Assistant)																		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)																		
Outpatient Surgery Physician/Surgical Services																		
Hospice Services																		
Non-Emergency Care When Traveling Outside the U.S.																		
Routine Dental Services (Adult)																		
Infertility Treatment																		
Long-Term/Custodial Nursing Home Care																		
Private-Duty Nursing																		
Routine Eye Exam (Adult)																		
Urgent Care Centers or Facilities																		
Home Health Care Services																		
Emergency Room Services																		
Mental Health Emergency Services																		
Emergency Transportation/Ambulance																		
Inpatient Hospital Services (e.g., Hospital Stay)																		
Inpatient Physician and Surgical Services																		
Bariatric Surgery																		
Cosmetic Surgery																		
Skilled Nursing Facility																		
Prenatal and Postnatal Care																		
Delivery and All Inpatient Services for Maternity Care																		
Mental/ Behavioral Health Outpatient Services																		
Mental/ Behavioral Health Inpatient Services																		
Substance Abuse Disorder Outpatient Services																		
Substance Abuse Disorder Inpatient Services																		
Generic Drugs																		
Preferred Brand Drugs																		
Non-Preferred Brand Drugs																		
Specialty Drugs																		
Outpatient Rehabilitation Services																		
Habilitation Services																		
Chiropractic Care																		
Durable Medical Equipment																		
Hearing Aids																		
Imaging (CT/PET Scans, MRIs)																		
Preventive Care/Screening/Immunization																		
Routine Foot Care																		
Acupuncture																		
Weight Loss Programs																		
Routine Eye Exam for Children																		
Eye Glasses for Children																		
Dental Check-Up for Children																		
Rehabilitative Speech Therapy																		
Rehabilitative Occupational and Rehabilitative Physical Therapy																		
Well Baby Visits and Care																		
Laboratory Outpatient and Professional Services																		
X-rays and Diagnostic Imaging																		
Basic Dental Care – Child																		
Orthodontia – Child																		
Major Dental Care – Child																		
Basic Dental Care – Adult																		
Orthodontia – Adult																		
Major Dental Care – Adult																		
Abortion for Which Public Funding is Prohibited																		
Transplant																		
Accidental Dental																		
Dialysis																		
Allergy Treatment																		
Chemotherapy																		
Radiation																		
Diabetes Education																		
Prosthetic Devices																		
Infusion Therapy																		
Treatment for Temporomandibular Joint Disorders																		
Nutritional Counseling																		
Reconstructive Surgery																		
Additional State-Required Benefits																		

Figure 15: Plans & Benefits Template – Cost Sharing Variances Tab – Plan Cost Sharing Attributes

Fields highlighted green indicate a field that would be added under this PRA package.

Plan Cost Sharing Attributes											AV Calculator Additional Benefit Design					
HIOS Plan ID* (Standard Component + Variant)	Plan Marketing Name*	Level of Coverage* (Metal Level)	CSR Variation Type*	Issuer Actuarial Value	AV Calculator Output Number*	Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*	1st Tier Utilization*	2nd Tier Utilization	Maximum Coinsurance for Specialty Drugs	Maximum Number of Days for Charging an Inpatient Copay?	Which Benefits Begin Cost-Sharing After a Set Number of Visits?	Number of Visits before Cost Sharing Begins	Which Benefits Begin Deductible/ Coinsurance After a Set Number of Copays?	Number of Copays before Deductible/Coinsurance Begins

Figure 16: Plans & Benefits Template – Cost Sharing Variances Tab – SBC Scenarios
Fields highlighted green indicate a field that would be added under this PRA package.

SBC Scenario															
Having a Baby				Having Diabetes				Simple Fractures							
Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit	Deductible	Copayment	Coinsurance	Limit				

Figure 17: Plans & Benefits Template – Cost Sharing Variance Tab – MOOP
No changes to this template included in this PRA package.

Maximum Out of Pocket for Medical EHB Benefits								Maximum Out of Pocket for Drug EHB Benefits								Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)							
In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network		In Network		In Network (Tier 2)		Out of Network		Combined In/Out Network	
Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family

Figure 18: Plans & Benefits Template – Cost Sharing Variance Tab – Deductible
No changes to this template included in this PRA package.

Medical EHB Deductible									Drug EHB Deductible										Combined Medical and Drug EHB Deductible									
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network				In Network (Tier 2)			Out of Network		Combined In/Out Network	
Individual	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Default Coinsurance*	*Individual*	*Family*	*Individual*	*Family*

Figure 19: Plans & Benefits Template – Cost Sharing Variances Tab – HSA/HRA Detail, URLs
No changes to this template included in this PRA package.

HSA/HRA Detail			Plan Variant Level URLs	
HSA Eligible *	*HSA/HRA Employer Contribution*	*HSA/HRA Employer Contribution Amount*	*URL for Summary of Benefits & Coverage*	*Plan Brochure*

Figure 20: Plans & Benefits Template – Cost Sharing Variance Tab – Benefit Cost Sharing (New Mental Health Benefits)
Fields highlighted green indicate a field that would be added under this PRA package.

Primary Care Visit to Treat an Injury or Illness						Mental Health and Substance Use Disorder Office Visit						All Other Mental Health/Substance Use Outpatient Visits						Specialist Visit					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*

Figure 21: Plans & Benefits Template – Cost Sharing Variance Tab – Benefit Cost Sharing (New Mental Health Benefits cont.)
Fields highlighted green indicate a field that would be added under this PRA package.

Emergency Room Services						Mental Health Emergency Services						Emergency Transportation/Ambulance					
Copay			Coinsurance			Copay			Coinsurance			Copay			Coinsurance		
In Network (Tier 1)	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*	*In Network (Tier 1)*	*In Network (Tier 2)*	*Out of Network*

Figure 22: Prescription Drug Template – Formulary Tiers Tab

Fields highlighted red indicate fields to be removed and re-incorporated into the Plans & Benefits Template.

Prescription Drug Formulary Template

All fields with an asterisk (*) are required. To validate the template, press the Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.

Validate

Click the Create Formulary IDs button (or Ctrl + Shift + C) to create Formulary IDs.

After creating Formulary IDs, select the ID from the drop down in Column A and 7 tiers will automatically be popoulated.

Finalize

Select how many tiers a formulary uses from Number of Tiers and unused rows (tiers) will be greyed out.

Enter all RXCUIs on the Drug Lists sheet. To add more drug lists, click Add Drug List (Ctrl + Shift + A) and to delete the last drug list added press Delete Drug Lists (or Ctrl + Shift + D).

HIOS Issuer ID*

Issuer State*

Formulary ID*	Formulary URL*	Drug List ID*	Number of Tiers*	Drug Tier ID*	Drug Tier Type*	1 Month In Network Retail Pharmacy Copayment	1 Month In Network Retail Pharmacy Coinsurance	1 Month Out of Network Retail Pharmacy Benefit Offered?	1 Month Out of Network Retail Pharmacy Copayment	1 Month Out of Network Retail Pharmacy Coinsurance	3 Month In Network Mail Order Pharmacy Benefit Offered?	3 Month In Network Mail Order Pharmacy Copayment	3 Month In Network Mail Order Pharmacy Coinsurance	3 Month Out of Network Mail Order Pharmacy Benefit Offered?	3 Month Out of Network Mail Order Pharmacy Copayment	3 Month Out of Network Mail Order Pharmacy Coinsurance
Required: Select the Formulary ID	**Required:** Enter the Formulary URL	**Required:** Select the Drug List ID (from Drug Lists sheet)	**Required:** Select the number of Tiers	Required: The template will populate a Drug Tier ID 1-7	**Required:** Select all the Drug Types included in this tier	**Required:** Enter a copayment amount	**Required:** Enter a coinsurance amount	**Required:** Does this tier offer 1 Month Out of Network Mail Order Pharmacy benefits?	**Required if Offered:** Enter a copayment amount	**Required if Offered:** Enter a coinsurance amount	**Required:** Does this tier offer 3 Month In Network Mail Order Pharmacy benefits?	**Required if Offered:** Enter a copayment amount	**Required if Offered:** Enter a coinsurance amount	**Required:** Does this tier offer 3 Month Out of Network Mail Order benefits?	**Required if Offered:** Enter a copayment amount	**Required if Offered:** Enter a coinsurance amount

Figure 23: Prescription Drug Template – Drug Lists Tab

Fields highlighted green indicate a field that would be added under this PRA package.

Drug Lists

All fields with an asterisk (*) are required. To validate the template, press the Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.

Add Drug List

Click the Create Formulary IDs button (or Ctrl + Shift + C) to create Formulary IDs.

After creating Formulary IDs, select the ID from the drop down in Column A and 7 tiers will automatically be popoulated.

Remove Drug List

Select how many tiers a formulary uses from Number of Tiers and unused rows (tiers) will be greyed out.

Enter all RXCUIs on the Drug Lists sheet. To add more drug lists, click Add Drug List (Ctrl + Shift + A) and to delete the last drug list added press Delete Drug Lists (or Ctrl + Shift + D).

Drug List ID 1

RXCUI*	Tier Level*	Prior Authorization Required	Step Therapy Required	Quantity Limits	Fill Limits	Pharmacy Restrictions	Over-the Counter Step Therapy Protocol
Required: Enter the RXCUI	**Required:** Select the Tier this drug is in, or select NA if this drug is not a part of this Drug List	**Required if Tier Level is not NA:** Select "Yes" if Prior Authorization is Required	**Required if Tier Level is not NA:** Select "Yes" if Step Therapy is Required	**Required if Tier Level is not NA:** Select "Yes" if Coverage features Quantity Limits.	**Required if Tier Level is not NA:** Select "Yes" if Coverage features Fill Limits.	**Required if Tier Level is not NA:** Select "Yes" if Coverage features Pharmacy Restrictions.	**Required if Tier Level is not NA:** Select "Yes" if Coverage features OTC Step Therapy Protocols.

Figure 24: Service Area Template

No changes to this template included in this PRA package.

Service Area

All fields with an asterisk (*) are required

Validate

To validate, press the Validate button or Ctrl + Shift + V. To finalize, press the Finalize button or Ctrl + Shift + F

Finalize

Click Create Service Area IDs button (or Ctrl + Shift + S) to create service area ids based on your state

Service Area IDs will populate in the drop-down box in Service Area ID column

For each row, enter one County for that Service Area ID (unless the Service Area covers entire state)

HIOS Issuer ID:*

Issuer State:*

Create Service Area IDs

Service Area ID*	Service Area Name*	State*	County Name	Partial County	Service Area Zip Code(s)	Partial County Justification
Required: Enter the Service Area ID	**Required:** Enter the Service Area Name	**Required:** Does this Service Area cover the entire state?	**Required if State is "No":** Select the County - FIPS this Service Area covers	**Required if State is "No":** Does this Service Area include a partial county?	**Required if Partial County is "Yes":** Enter the zip codes in this county that are covered by this Service Area	**Required if Partial County is "Yes":** Enter a Justification of why all of the zip codes are not included in this service area.

Figure 25: Network ID Template

No changes to this template included in this PRA package.

Network Template	*All fields with an asterisk (*) are required.*		
Validate	*To validate the template, press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*		
	Click Create Network IDs button (or Ctrl + Shift + N) to create network ids based on your state.		
Finalize	*Network IDs will populate in the drop-down box in Network ID column.*		
	Use each Network ID only once.		
HIOS Issuer ID*			
Issuer State*			
Network Name*	**Network ID***	**Network URL***	
Required: Enter the Network Name	**Required:** Select the Network ID	**Required:** Enter the Network URL	

Figure 26: Rates Table Template

No changes to this template included in this PRA package.

Rates Table Template	*To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.*										
Validate	*If you are a community rating state, select Family Option under Age and fill in all columns.*										
	If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.										
Finalize	*If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.*										
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.										
HIOS Issuer ID*											
Federal TIN*											
Rate Effective Date*											
Rate Expiration Date*											
Add Sheet						**Family Tier**					
Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***	**Couple ***	**Primary Subscriber and One Dependent***	**Primary Subscriber and Two Dependents***	**Primary Subscriber and Three or More Dependents***	**Couple and One Dependent***	**Couple and Two Dependents***	**Couple and Three or More Dependents***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Required:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of a couple based on the pairing of a primary enrollee and a secondary subscriber (e.g. husband and spouse)	**Required:** Enter rate of a family based on a single parent with one dependent	**Required:** Enter the rate of a family based on a single parent with two dependents	**Required:** Enter the rate of a family based on a single parent with three or more dependents	**Required:** Enter the rate of a family based on a couple with one dependent	**Required:** Enter the rate of a family based on a couple with two dependents	**Required:** Enter the rate of a family based on a couple with three or more dependents

Figure 27: Business Rules Template

No changes to this template included in this PRA package.

Business Rules Template

To validate the template, press Validate button or Ctrl + Shift + V. To finalize the template, press Finalize button or Ctrl + Shift + F.

Validate

Enter the Issuer Rule on the first row (no Product ID or Plan ID).

For each Product rule, enter only the Product ID and the business rules that differ from the Issuer Rule.

Finalize

For each Plan rule, enter only the Plan ID and the business rules that differ from the Product or Issuer Rule

HIOS Issuer ID*

TIN*

Product ID	Plan ID (Standard Component)	How are rates for contracts covering two or more enrollees calculated?	What are the maximum number of under age (under 21) dependents used to quote a two parent family?	What are the maximum number of under age (under 21) dependents used to quote a single parent family?	Is there a maximum age for a dependent?	What are the maximum number of children used to quote a children-only contract?	Are domestic partners treated the same as secondary subscribers?	Are same-sex partners treated the same as secondary subscribers?	How is age determined for rating and eligibility purposes?	How is tobacco status determined for subscribers and dependents?	What relationships between primary and dependent are allowed, and is the dependent required to live in the same household as the primary subscriber?