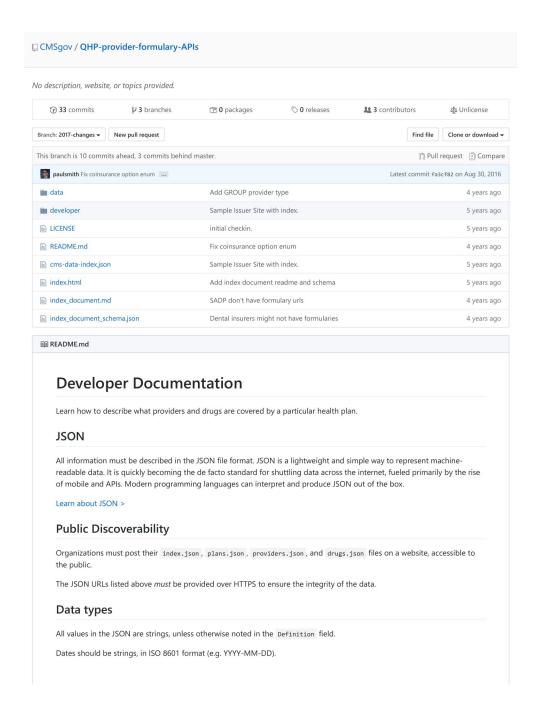
OMB Control # 0938-1284 Expiration Date: XX/XX/2023

Appendix A



PRA DISCLOSURE:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1284. The time required to complete this information collection is estimated to average 136 hours per response for new QHP issuers and 64 hours per response for new SADP issuers in the first year, and 36 hours for returning QHP issuers and 18 hours for returning SADP issuers in the first year. These estimates include the time to review instructions, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Joshua Van Drei at Joshua.VanDrei@cms.hhs.gov.

Health Plans - plans.json

Description

plans.json contains a list of health plans and their corresponding network of providers and formularies.

Schema

Field	Label	Definition	Required
plan_id_type	ID Type	Type of Plan ID. For all Marketplace plans this should be: HIOS-PLAN-ID	Yes
plan_id	Unique Identifier	The 14-character, HIOS-generated Plan ID number. (Plan IDs must be unique, even across different markets.)	Yes
marketing_name	Marketing Name	The name of the plan as it is displayed on HealthCare.gov	Yes
summary_url	URL for Plan Information	The URL that goes directly to the summary of benefits and coverage for the specific standard plan or plan variation.	Yes
marketing_url	URL for Plan Information	The URL that goes directly to the plan brochure for the specific standard plan or plan variation.	No
formulary_url	URL for Formulary	The URL that goes directly to the formulary brochure for the specific standard plan or plan variation.	No
plan_contact	Contact Email Address for Plan	An email address for developers/public to report mistakes in the network and formulary data.	Yes
network	Network	Array of networks	Yes
formulary	Formulary	A list of formularies or a single formulary associated with this plan. Both a list of formularies or a single formulary are valid.	Yes
benefits	Benefits	Array of benefits	No
last_updated_on	Last Updated On	ISO 8601 format (e.g. YYYY-MM-DD)	Yes
years	Years	An array of years for which the plan is offered on the marketplace (eg., 2016, 2017).	Yes

Network sub-type

This type defines a network within a plan. The values should be something that is meaningful to an issuer, there is no taxonomy of network tier names. This value will be used later in the providers.json file to connect a provider to a specific plan and network tier within that plan.

Field	Label	Definition	
network_tier	Network Tier	Tier name for network (Example Values: PREFERRED , NON-PREFERRED , etc. Values should be all uppercase.)	Yes

Formulary sub-type

This type defines a formulary within a plan. The values should be something that is meaningful to an issuer, there is no taxonomy of formulary tier names. This value will be used later in the <code>drugs.json</code> file to connect a drug to a specific plan and formulary tier within that plan.

Field	Label	Definition	
drug_tier	Drug Tier	Tier for formulary - (Example Values: GENERIC , PREFERRED-GENERIC , NON-PREFERRED-GENERIC , SPECIALTY , BRAND , PREFERRED-BRAND , NON-PREFERRED-BRAND , ZERO-COST-SHARE-PREVENTIVE , MEDICAL-SERVICE , etc. Values should be all uppercase.)	Yes
mail_order	Mail Order	Does the formulary cover mail order? - (Values: true or false)	Yes
cost_sharing	Cost Sharing	Array of cost sharing values (see "Cost sharing sub-type" below)	No

Cost sharing sub-type

Field	Label	Definition	Required
pharmacy_type	Pharmacy Type	Pharmacy type (Example Values: 1-Month-IN-RETAIL, 1-MONTH-OUT-RETAIL, 1-MONTH-IN-MAIL, 1-MONTH-OUT-MAIL, 3-MONTH-IN-RETAIL, 3-MONTH-OUT-RETAIL, 3-MONTH-IN-MAIL, 3-MONTH-OUT-MAIL)	Yes
copay_amount	Copay amount	Amount of copay, in \$ (number)	Yes
copay_opt	Copay option	Qualifier of copay amount (Values: AFTER-DEDUCTIBLE, BEFORE-DEDUCTIBLE, NO-CHARGE, NO-CHARGE-AFTER-DEDUCTIBLE	Yes
coinsurance_rate	Coinsurance rate	Rate of coinsurance (float, 0.0 to 1.0)	Yes
coinsurance_opt	Coinsurance option	Qualifier for coinsurance rate (Values: AFTER-DEDUCTIBLE, BEFORE-DEDUCTIBLE, NO-CHARGE, NO-CHARGE-AFTER-DEDUCTIBLE)	Yes

Benefits sub-type

The Benefits sub-type is an optional section and will be shaped depending on what industry and consumers find valuable.

For example, many health plans are offering telemedicine as an additional health benefit and that can be highlighted by adding a telemedicine entry.

Field	Label	Definition	Required
telemedicine	Offers Telemedicine	Does the plan cover telemedicine? Boolean (values should be either true or false)	No

Example plans.json

```
"network_tier": "NON-PREFERRED"
               }
          ],
"formulary": [
              "drug_tier": "BASIC",
"mail_order": true,
               "cost_sharing": [
                "copay_opt": "AFTER-DEDUCTIBLE",
                    "coinsurance_rate": 0.10,
                    "coinsurance_opt": "BEFORE-DEDUCTIBLE"
                   "pharmacy_type": "1-MONTH-IN-MAIL",
"copay_amount": 0.0,
"copay_opt": "NO-CHARGE",
                   "coinsurance_rate": 0.20,
"coinsurance_opt": null
               "drug_tier": "PREFERRED",
"mail_order": true,
               "cost_sharing": [
                 {
    "pharmacy_type": "1-MONTH-IN-RETAIL",
    "copay_amount": 20.0,
    --+"\ "AFTER-DEDUCTIBLE",
                    "coinsurance_rate": 0.10,
                    "coinsurance_opt": "BEFORE-DEDUCTIBLE"
                    "pharmacy_type": "1-MONTH-IN-MAIL",
                    "copay_amount": 0.0,
                    "copay_opt": "NO-CHARGE",
                    "coinsurance_rate": 0.20,
                    "coinsurance_opt": null
           "last_updated_on": "2015-03-17"
]
```

Providers - providers.json

Description

providers.json contains a list of providers and the plans that cover their services.

If a provider has more than one NPI number, please create separate entries for each NPI number. If there is no NPI number, set the value to null ({"npi": null})

Schema

Field	Label	Definition	Required
npi	National Provider ID	The 10-digit National Provider Identifier (NPI) is a unique identification number for covered health care providers	Yes

Field	Label	Definition	Required
type	Туре	One of: INDIVIDUAL, FACILITY, or GROUP. For reference, INDIVIDUAL maps to NPI type 1, while FACILITY and GROUP correspond with NPI type 2.	Yes
plans	Plans	Array of plans that cover this provider (see "Plans sub-type" below)	Yes
last_updated_on	Last Updated On	Date of when the record for this provider has been last updated or refreshed - ISO 8601 format (e.g. YYYY-MM-DD)	Yes

If the entry has $\,$ INDIVIDUAL $\,$ type, then the following fields should be present:

Field	Label	Definition	Required
name	Name	-	Yes
prefix	Prefix	One of Mr., Mrs., Miss, Ms., Dr.	No
first	First Name	Full first name	Yes
middle	Middle Name	Full middle name	No
last	Last Name	Full last name	Yes
suffix	Suffix	One of Jr., Sr., II, III, IV	No
addresses	Address	List of addresses for this provider	Yes
address	Street Address	-	Yes
address_2	Street Address 2	-	No
city	City	-	Yes
state	State Abbreviation	Two letter state abbreviation (FL, IA, etc.)	
zip	Zip Code	Five digit zip code, represented as a string	Yes
phone	Phone Number	Phone number for this address, represented as a string of numbers	Yes
specialty	Specialty Type	An array of specialty types. Free form text field.	Yes
accepting	Accepting Patients	Is the provider accepting new patients? One of three values: accepting, not accepting, accepting in some locations	
gender	Gender	Values: Male, Female, Other	No
languages	Languages Spoken	An array of the languages spoken	No

If the entry has $\mbox{ \tiny FACILITY }$ type, then the following fields should be present:

Field	Label	Definition	Required
facility_name	Facility Name	-	Yes
facility_type	Facility Type	An array of facility types. Free-form text field.	Yes

Field	Label	Definition	Required
addresses	Address	List of addresses for this facility	Yes
address	Street Address	-	Yes
address_2	Street Address 2		No
city	City	-	Yes
state	State Abbreviation	Two letter state abbreviation (FL, IA, etc.)	Yes
zip	Zip Code	Five digit zip code, represented as a string	Yes
phone	Phone Number	Phone number for this address, string	Yes

If the entry has $\ensuremath{\,^{\sf GROUP}\,}$ type, then the following fields should be present:

Field	Label	Definition	Required
group_name	Group Practice Name	-	Yes
addresses	Address	List of addresses for this facility	Yes
address	Street Address	-	Yes
address_2	Street Address 2		No
city	City	-	Yes
state	State Abbreviation	Two letter state abbreviation (FL, IA, etc.)	Yes
zip	Zip Code	Five digit zip code, represented as a string	Yes
phone	Phone Number	Phone number for this address, string	Yes

Plans sub-type

Field	Label	Definition	Required
plan_id_type	ID Type	Type of Plan ID. For all Marketplace plans this should be: HIOS-PLAN-ID	Yes
plan_id	Unique Identifier	The plan ID that was used in the plans, json as the plan_id value. For a Marketplace plan, this must be the 14-digit HIOS plan id.	Yes
network_tier	Network Tier	Tier for network (Example Values: PREFERRED, NON-PREFERRED, etc. Values should be all uppercase.) Must match a network tier defined in the corresponding plan record in a plans.json file.	Yes
years	Years	An array of years for which the plan is offered on the marketplace (eg., 2016, 2017).	Yes

Example providers.json

```
"address": "123 Main St",
         "address_2": "Suite 120",
         "city": "Little Rock",
         "state": "AR",
         "zip": "72201",
         "phone": "2025551212"
         "address": "675 South St",
         "city": "Little Rock",
"state": "AR",
         "zip": "72201",
         "phone": "2025551212"
      }
     "specialty": ["Ophthalmology", "Endocrinology"],
"accepting": "accepting",
     "plans": [
        {
             "plan_id_type": "HIOS-PLAN-ID", "plan_id": "12345XX9876543",
             "network_tier": "PREFERRED",
             "years": [2016]
         },
             "plan_id_type": "HIOS-PLAN-ID", "plan_id": "12345XX9876543",
             "network_tier": "NON-PREFERRED",
             "years": [2016, 2017]
        }
     "languages": ["English", "Spanish", "Mandarin"],
    "gender": "Female",
"last_updated_on": "2015-03-17"
    "npi": "1234567894",
    "type": "FACILITY",
     "facility_name": "Main Street Hospital",
    "facility_type": ["Hospital", "Dialysis"],
     "addresses": [
      {
    "address": "123 Main St",
    "Suite 120",
        "address_2": "Suite 120",
         "city": "Little Rock",
         "state": "AR",
         "zip": "72201",
         "phone": "2025551212"
      }
     "plans": [
        {
             "plan_id_type": "HIOS-PLAN-ID",
             "plan_id": "12345XX9876543",
              "network_tier": "PREFERRED",
             "years": [2017]
         },
             "plan_id_type": "HIOS-PLAN-ID",
             "plan_id": "12345XX9876543",
             "network_tier": "NON-PREFERRED",
             "years": [2016]
        }
     "last_updated_on": "2016-04-13"
},
     "npi": "1234567895",
     "type": "GROUP",
     "group_name": "North Main Physicians Group",
```

Drugs - drugs.json

Description

drugs.json contains a list of drugs and the plans that cover them.

Schema

Field	Label	Definition	Required
rxnorm_id	Drug Identifier	RxCUI (Specific drug identifier from RXNORM)	Yes
drug_name	Drug Name	Name of Drug	Yes
plans	Plans	Array of plans that cover this drug (see "Plans sub-type" below)	Yes

Plans sub-type

Field	Label	Definition	Required
plan_id_type	ID Type	Type of Plan ID. For all Marketplace plans this should be: HIOS-PLAN-ID	Yes
plan_id	Unique Identifier	The plan ID that was used in the plans.json as the plan_id value. For a Marketplace plan, this must be the 14-digit HIOS plan id.	Yes
drug_tier	Drug Tier	Tier for formulary (Example Values: GENERIC, PREFERRED-GENERIC, NON-PREFERRED-GENERIC, SPECIALTY, BRAND, PREFERRED-BRAND, NON-PREFERRED-BRAND, ZERO-COST-SHARE-PREVENTIVE, MEDICAL-SERVICE, etc. Values should be all uppercase.)	Yes
prior_authorization	Prior Authorization Required	Is prior authorization required? - (boolean value: true or false)	No

Field	Label	Definition	Required
step_therapy	Step Therapy Required	Is step therapy required? - (boolean value: true or false)	No
quantity_limit	Quantity Limit	Is there a quantity limit for this drug? - (boolean value: $\ensuremath{\mathtt{true}}$ or $\ensuremath{\mathtt{false}}$)	No
years	Years	An array of years for which the plan is offered on the marketplace (eg., 2016, 2017).	Yes

Example drugs.json

```
[
              "rxnorm_id": "209459",
              "drug_name": "Acetaminophen 500 MG Oral Tablet [Tylenol]",
              "plans": [
                  {
                         "plan_id_type": "HIOS-PLAN-ID",
"plan_id": "12345XX9876543",
"drug_tier": "GENERIC",
"prior_authorization": false,
"step_therapy": false,
"quantity_limit": false,
"years": [2016, 2017]
                   },
                         "plan_id_type": "HIOS-PLAN-ID",
"plan_id": "12345XX9876546",
"drug_tier": "GENERIC",
"prior_authorization": false,
"step_therapy": false,
"quantity_limit": false,
"yeare": [2316 2617]
                          "years": [2016, 2017]
                  }
            ]
      },
             "rxnorm_id": "248656",
"drug_name": "Azithromycin 500 MG Oral Tablet [Zithromax]",
              "plans": [
                  {
                          "plan_id_type": "HIOS-PLAN-ID",
                          "plan_id": "12345XX9876543",
"drug_tier": "GENERIC",
                          "prior_authorization": false,
                          "step_therapy": false,
                          "quantity_limit": true,
                          "years": [2016]
                          "plan_id_type": "HIOS-PLAN-ID",
                          "plan_id": "12345XX9876546",
"drug_tier": "GENERIC",
                          "prior_authorization": false,
                          "step_therapy": false,
                          "quantity_limit": false,
                          "years": [2017]
                  }
          ]
     }
]
```