

Schema table screenshots pulled from here: <https://developer.cms.gov/marketplace-api/coverage-portal/#/schema>

Index Schema

Field	Definition	Required
provider_urls	An array of URLs of JSON files that conform to the provider schema, minimum of 1 required	Yes
formulary_urls	An array of URLs of JSON files that conform to the formulary schema	Yes
plan_urls	An array of URLs of JSON files that conform to the plans schema, minimum of 1 required	Yes

Drugs Schema

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

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 information collection included in this package reflects the time and effort to produce certain data to CMS in a machine-readable format to increase and enhance transparency of QHP drug formulary information and of information about providers under health plans. The time required to complete this information collection is estimated to average less than 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, which includes the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection, pursuant to 45 C.F.R. § 156.122(d), requires QHP issuers, including Small Business Health Options Program (SHOP) issuers but excluding stand-alone dental plans (SADP) issuers, to publish an up-to-date, accurate, and complete list of all covered drugs, known as formularies. All information collected will maintain consumer privacy with respect to the information disclosed to the extent of the applicable law and HHS policies. 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, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850, Attention: Information Collections Clearance Officer or email Ana Alza at Ana.Alza@cms.hhs.gov.

Appendix A. Machine Readable Schema

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, no whitespace allowed.)	Yes
prior_authorization	Prior Authorization Required	Is prior authorization required? - (boolean value: true or false)	No
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: true or false)	No
years	Years	Array of years the data covers.	Yes

Appendix A. Machine Readable Schema

Plans 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
years	Years	Array of years the data covers.	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

Appendix A. Machine Readable Schema

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	Required
network_tier	Network Tier	Tier name for network (Example Values: PREFERRED, NON-PREFERRED, etc. Values should be all uppercase, no whitespace allowed.)	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 drugs.json file to connect a drug to a specific plan and formulary tier within that plan.

Field	Label	Definition	Required
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, no whitespace allowed.)	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

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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). Nullable.	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, NO-CHARGE, NO-CHARGE-AFTER-DEDUCTIBLE). Nullable.	Yes

Appendix A. Machine Readable Schema

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

Providers 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
type	Type	Specify if INDIVIDUAL, FACILITY, or GROUP.	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

Appendix A. Machine Readable Schema

If the entry is for an INDIVIDUAL then the following fields should be present:

Field	Label	Definition	Required
name	Name	A name object, containing name fields specified below. Ex. {"prefix": "Dr.", "first": "Jane", "middle": "Gretchen", "last": "Smith"}	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, III, IV	No
addresses	Address	List of addresses for this provider, see address sub-type below.	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	Yes
gender	Gender	Values: Male, Female, Other, Transgender-female, Transgender-male, Non-binary, Non-disclose	No
languages	Languages Spoken	An array of the languages spoken	No

If the entry is for a FACILITY 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
addresses	Address	List of addresses for this provider, see address sub-type below.	Yes

If entry is present for GROUP then the following fields should be present.

Field	Label	Definition	Required
group_name	Group Name	-	Yes
addresses	Address	List of addresses for this provider with the address sub-type below.	Yes

Appendix A. Machine Readable Schema

Address Sub-type

Field	Label	Definition	Required
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

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, no whitespace allowed.) Must match a network tier defined in the corresponding plan record in a plans.json file.	Yes
years	Years	The years the data is relevant to	Yes