QHP Plan Year (PY) 2018 Overview of the Prescription Drug Template

January 10, 2017

Qualified Health Plan (QHP)
Series I

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

HTTPS://WWW.REGTAP.INFO

Agenda

- Session Guidelines
- Key Dates
- Announcements
- Introduction
- Overview
- PY 2018 – Overview of the Prescription Drug Template Presentation
- Submission of Inquiries
- Resources
- Webinar/User Group Dates
- Closing Remarks

Session Guidelines

- This is a 60-minute webinar session.
- This webinar will provide an opportunity for Center for Consumer Information and Insurance Oversight (CCIIO) Plan Management (PM) Subject Matter Experts (SMEs) to respond to questions from QHP issuers.
- For questions regarding content, contact the Centers for Medicare & Medicaid Services (CMS) Help Desk by email at: CMS_FEPS@cms.hhs.gov or by phone at (855) 267-1515.
- For questions regarding logistics and registration, contact the Registrar at (800) 257-9520.

Upcoming Key Dates for QHP Plan Maintenance and Certification

Date	Category	Activity
Jan. 5 – Jan. 13, 2017	Plan Data Change	Issuers Submit Plan Year (PY) 2017 Data Change Requests for the Data Correction Window (DCW) occurring in mid- to late-January (2nd Quarter SHOP Rate Changes)
Jan. 18 – Jan. 24, 2017	Plan Data Change	January DCW for Approved PY 2017 Plan Data Changes
January 31, 2017	Open Enrollment	Open Enrollment (OE) Period Ends
February 12, 2017	Plan Data Change	January DCW PY 2017 Plan Data Changes Display on HealthCare.gov
Mar. 15 – Mar. 17, 2017	Issuer Conference	Annual QHP Issuer Conference in Baltimore, MD

Announcements

Introduction

This QHP webinar will provide issuers with the PY 2018 updates to the **Prescription Drug** template.

Overview

The Prescription Drug template consists of two worksheets: Formulary Tiers and Drug Lists

- **Formulary Tiers** worksheet allows issuers to define the cost sharing for each formulary and associate each formulary with a drug list.
- **Drug Lists** worksheet allows issuers to enter the specific drugs, along with the tier placements, included in the formularies.

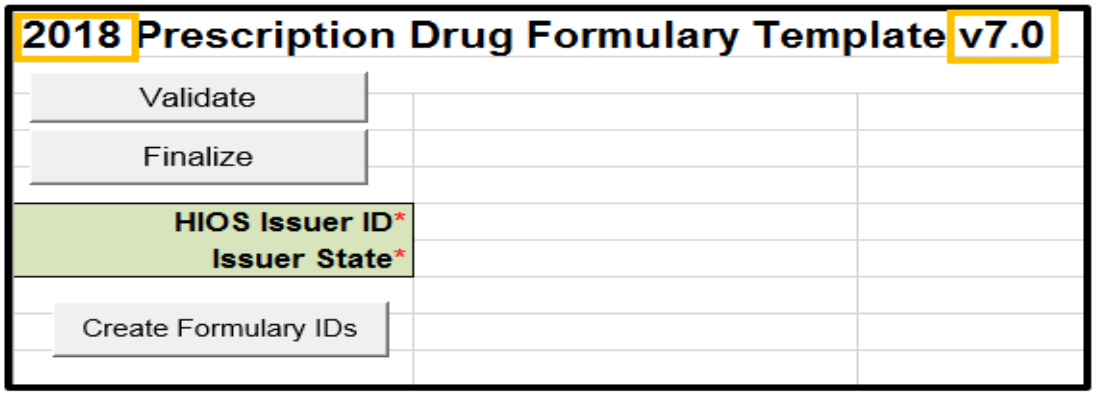
The Prescription Drug template links back to the **Plans & Benefits** template through the Formulary ID. Each plan in the Plans & Benefits template must list the Formulary ID with which it is associated.

Summary of Changes

- All templates have been updated to include a version indicator that is specific to the current year.
- No other updates have been made to the Prescription Drug template for Plan Year 2018.
- Note: Supported versions of Microsoft Excel have been upgraded for this year. Excel 2010 and Excel 2013 (new) are recommended for use when completing the Plan Year 2018 templates.

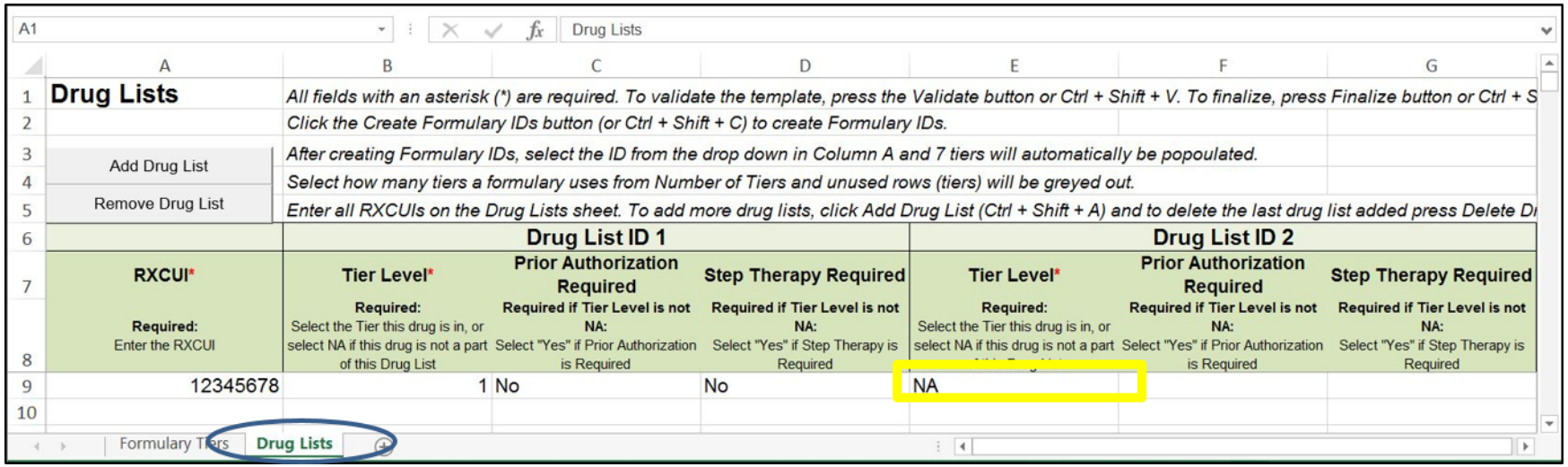
Template Header Updated

Version indicator was updated to reflect the current year.



Uncovered Drugs

Set “Tier Level” equal to “NA” (not applicable) if the drug is not part of a given drug list.



A1 | Drug Lists

	A	B	C	D	E	F	G
1	**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 + S*					
2		*Click the Create Formulary IDs button (or Ctrl + Shift + C) to create Formulary IDs.*					
3	Add Drug List	*After creating Formulary IDs, select the ID from the drop down in Column A and 7 tiers will automatically be popoulated.*					
4		*Select how many tiers a formulary uses from Number of Tiers and unused rows (tiers) will be greyed out.*					
5	Remove Drug List	*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 D*					
6		**Drug List ID 1**			**Drug List ID 2**		
7	**RXCUI***	**Tier Level***	**Prior Authorization Required**	**Step Therapy Required**	**Tier Level***	**Prior Authorization Required**	**Step Therapy Required**
8	**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:** Select the Tier this drug is in, or select NA if this drug is not a part	**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
9	12345678	1	No	No	NA		
10							

Formulary Tiers | Drug Lists

Unused Drug Lists

- **To remove a drug list, click the Remove Drug List button.**
  - **Drug lists are removed in the reverse order in which they were created. (The last drug list created is removed first.)**
- **Remove a drug list that is not the last drug list created:**
  - **Copy and paste the data from the last drug list into the drug list that you want to delete.**
  - **Click the Remove Drug List button.**
- **Delete any drug lists that are not used.**
  - **Keep only those drug lists that have an applicable Formulary ID in the Plans & Benefits template.**

Unused Drug Lists (continued)

- **Relationship between plans and drug lists:**

$$Standard\ Component\ ID \rightarrow Formulary\ ID \rightarrow Drug\ List\ ID$$

- **Unused drug lists are linked to Formulary IDs that do not associate with a Standard Component ID.**

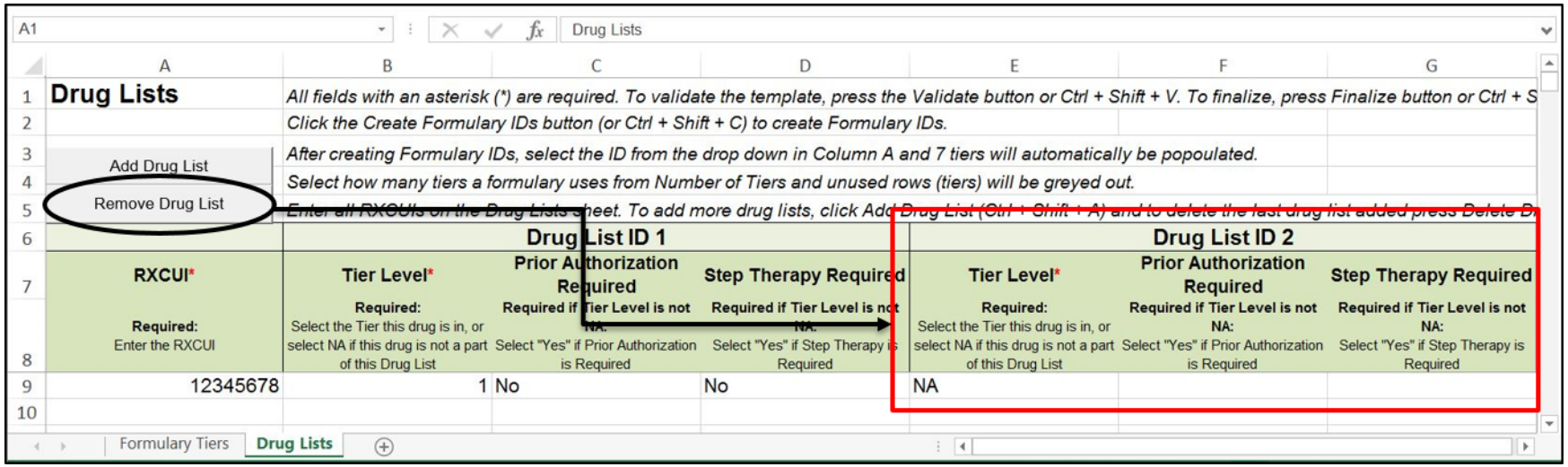
Plan Identifiers	
HIOS Plan ID* (Standard Component)	Formulary ID*
12345VA0010001	VAF001
12345VA0010002	VAF002

Formulary ID*	Drug List ID*	Number of Tiers*	Drug Tier ID*
Required: Select the Formulary ID	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
VAF001	1	1	1
VAF002	1	1	1
VAF003	2	1	1

Unused Drug List (Remove)

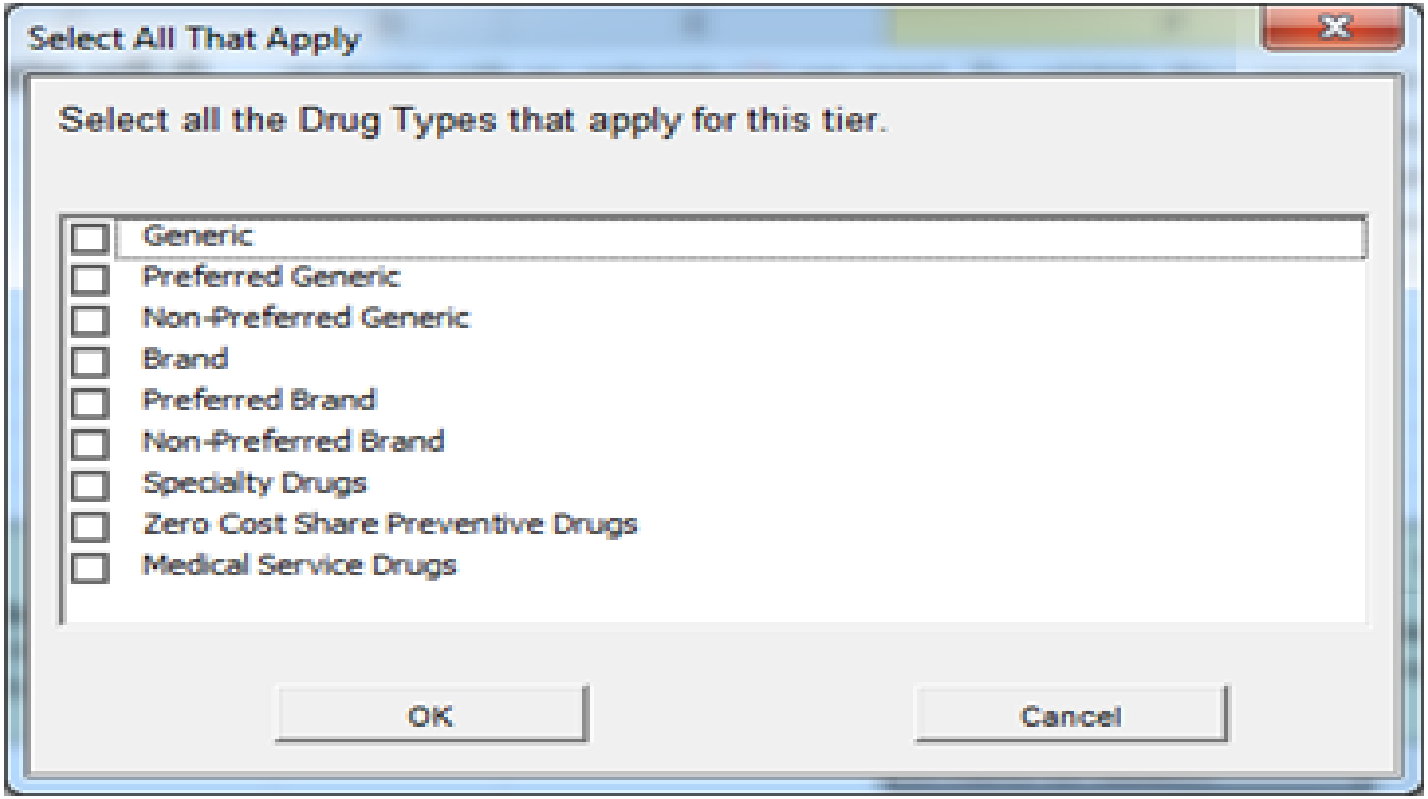
Unused Drug Lists (continued)

- **Drug list ID 2 has been identified as an unused drug list.**
- **To remove the drug list click the Remove Drug List button as seen below:**



Drug Tier Type Values and Validations

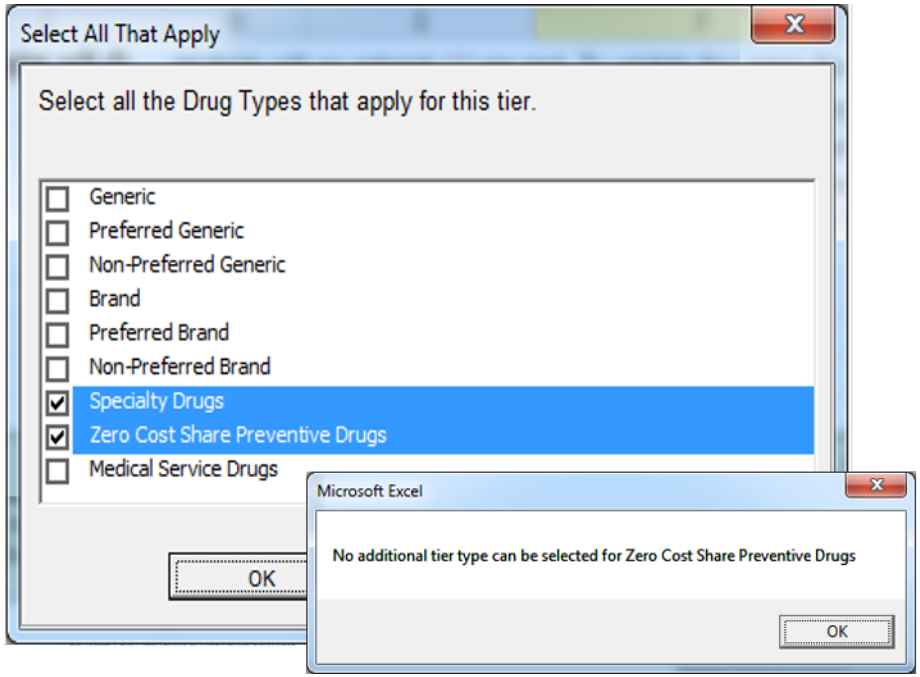
Drug Tier Type values

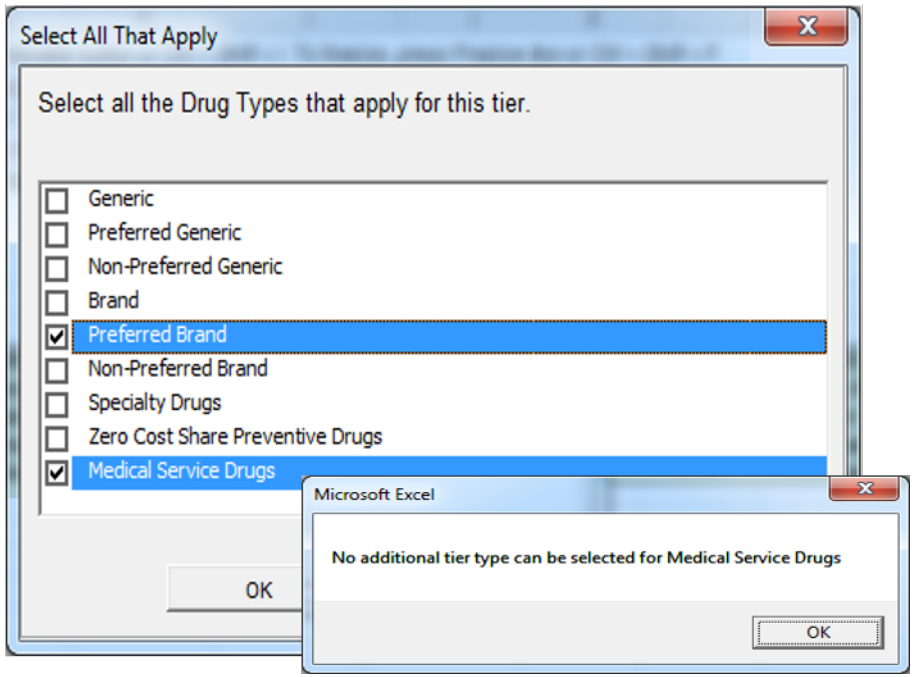


Drug Tier Type Values and Validations (continued)

The selection of any additional Drug Tier Type options when *Zero Cost Share Preventive Drugs* or *Medical Service Drugs* is selected will generate a validation error.

- *If either **Zero Cost Share Preventative Drugs** or **Medical Service Drugs** is selected, no other selections will be permitted.*





Scenario: Zero Cost Share Preventive Drugs

- **Recommend placing preventive drugs in a Zero Cost Share Preventive Drugs tier (not required).**
- **If preventive drugs incur cost-sharing for different circumstances, then complete the cost-sharing fields for the most typical or most utilized benefit cost-share design.**
- **Describe any cost-sharing features that do not directly fit into the Prescription Drug Template in the "Explanation" field of the Plans & Benefits Template and in a plan brochure and Formulary URL.**
- **If an issuer has already used all seven available tiers, include zero-cost preventive drugs in the lowest cost tier.**

Pharmacy Drug Template Columns

The following columns will remain in the 2018 Pharmacy Drug template:

2018 Pharmacy Drug Template

A	B	C	D	E	F	G	H	I
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?***
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 Retail Pharmacy benefits?

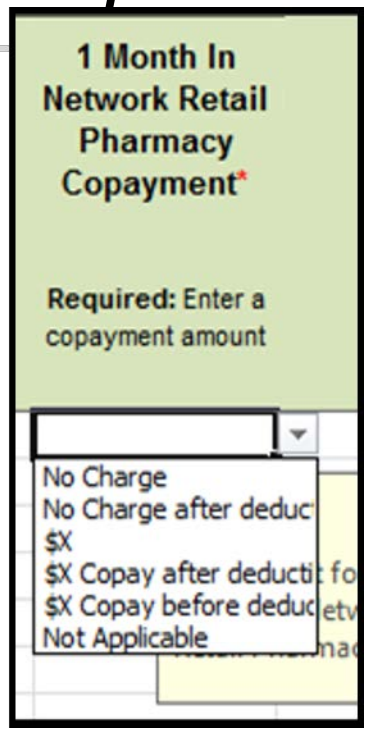
J	K	L	M	N	O	P	Q
1 Month Out of Network Retail Pharmacy Copayment*	**1 Month Out of Network Retail Pharmacy Coinsurance***	**3 Month In Network Mail Order Pharmacy Benefit Offered?***	**3 Month In Network Mail Order Pharmacy Copayment***	**3 Month In Network Mail Order Pharmacy Coinsurance***	**3 Month 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 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

Value Options for Copayment and Coinsurance

Copayment and Coinsurance options in the Prescription Drug Template have been kept the same as last year.

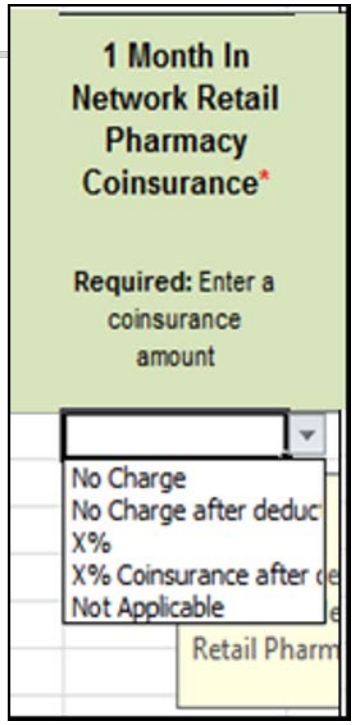
Copayment Options

- No Charge
- No Charge after deductible
- $X
- $X Copay after deductible
- $X Copay before deductible
- Not Applicable



Coinsurance Options

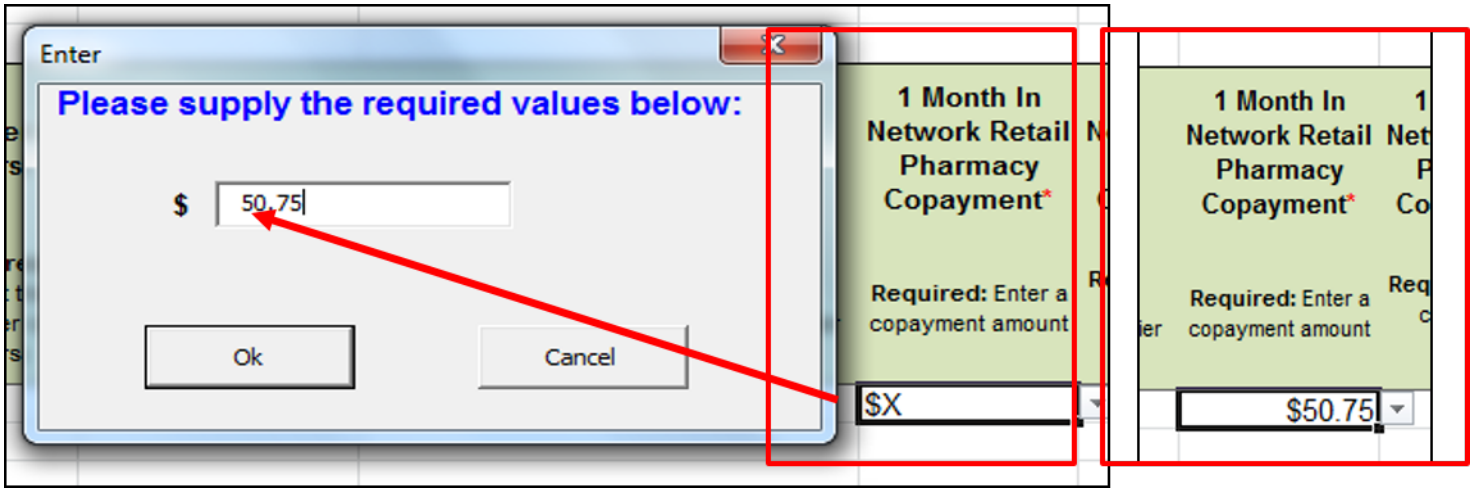
- No Charge
- No Charge after deductible
- X%
- X% Coinsurance after deductible
- Not Applicable



Value Options for Copayment and Coinsurance (continued)

Values for Copayment dollar amounts can be entered up to two decimal places.

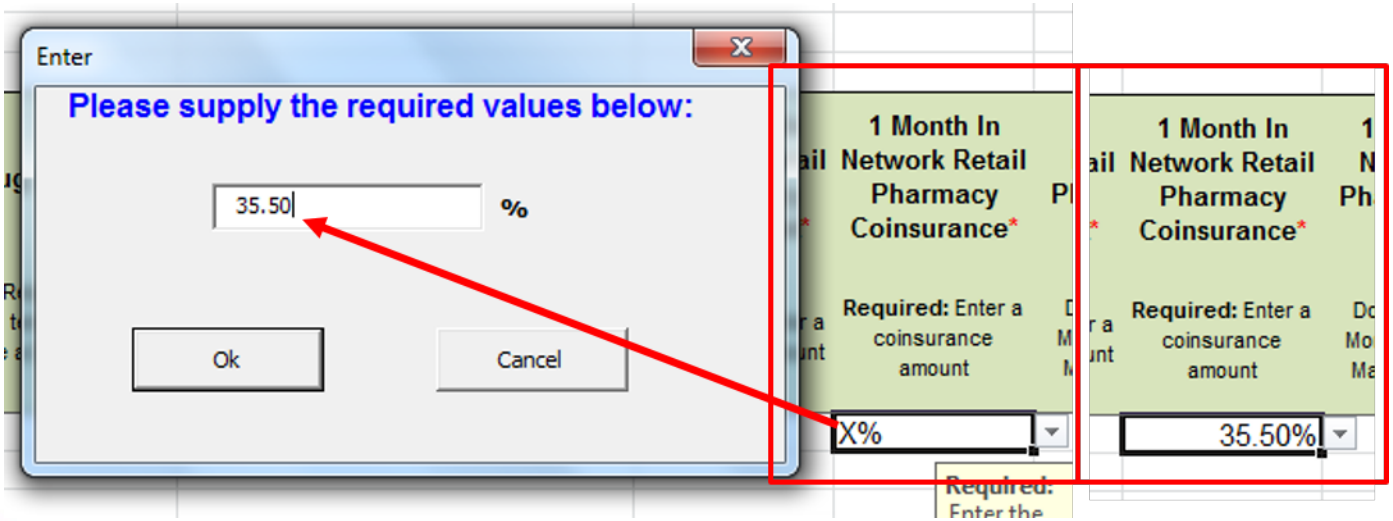
- Input of Copayment will occur when one of the following options are selected:
  - $X
  - $X Copay after deductible
  - $X Copay before deductible



Value Options for Copayment and Coinsurance (continued)

Percentage values for Coinsurance can be entered up to two decimal places.

- Input of Coinsurance will occur when one of the following options are selected:
  - X%
  - X% Coinsurance after deductible



Scenario: Value Options for Copay Cost-Sharing

Appropriate copay cost-share structures.

1 Month Out of Network Retail Pharmacy Copayment* **Required if Offered:** Enter a copayment amount	1 Month Out of Network Retail Pharmacy Coinsurance* **Required if Offered:** Enter a coinsurance amount
$X	Not Applicable
$X Copay after deductible	Not Applicable
$X	No Charge after deductible
$X Copay before deductible	No Charge after deductible
$X Copay before deductible	Not Applicable

Formulary Tiers | Drug Lists

Scenario: Value Options for Coinsurance Cost-Sharing

Appropriate coinsurance cost-share structures.

1 Month Out of Network Retail Pharmacy Copayment* **Required if Offered:** Enter a copayment amount	1 Month Out of Network Retail Pharmacy Coinsurance* **Required if Offered:** Enter a coinsurance amount
Not Applicable	X%
$X Copay before deductible	X%
$X Copay before deductible	X% Coinsurance after deductible
No Charge after deductible*	X%
Not Applicable	X% Coinsurance after deductible

Formulary Tiers | Drug Lists

Scenario: Value Options for Combined Cost-Sharing

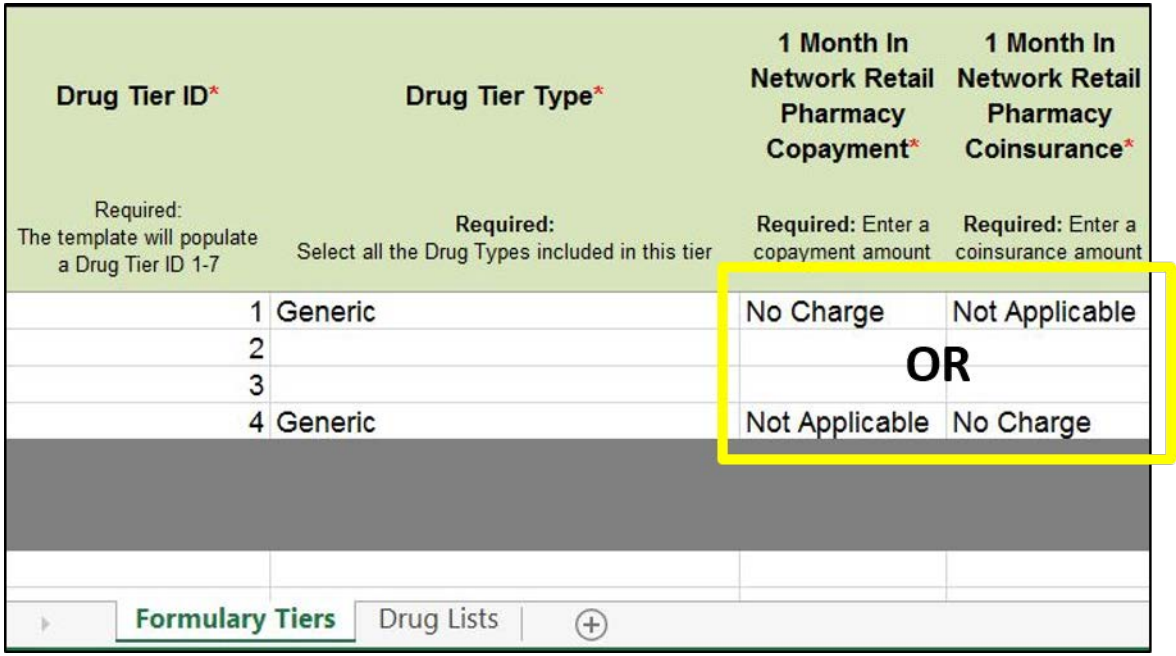
Appropriate combined cost-share structures.

1 Month Out of Network Retail Pharmacy Copayment* **Required if Offered:** Enter a copayment amount	1 Month Out of Network Retail Pharmacy Coinsurance* **Required if Offered:** Enter a coinsurance amount
$X	X%
$X Copay after deductible	X% Coinsurance after deductible
$X Copay after deductible*	X%
$X	X% Coinsurance after deductible

Formulary Tiers | Drug Lists

Scenario: Value Options for Zero Cost Generics Cost-Sharing

Select "No Charge" for Copayment and "Not Applicable" for Coinsurance or "Not Applicable" for Copayment and "No Charge" for Coinsurance in the Formulary Tiers worksheet.



Drug Tier ID*	Drug Tier Type*	1 Month In Network Retail Pharmacy Copayment*	1 Month In Network Retail Pharmacy Coinsurance*
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
1	Generic	No Charge	Not Applicable
2		OR	
3			
4	Generic	Not Applicable	No Charge

Formulary Tiers | Drug Lists

Copayment and Coinsurance Validations

For all Drug Tier Types, except for Medical Service Drugs, validation errors will be generated when 'Not Applicable' is selected for both the Copayment and Coinsurance.

Ex: The error below is generated when Not Applicable is selected for Non-Preferred Generic

Drug Tier Type*	1 Month In Network Retail Pharmacy Copayment*	1 Month In Network Retail Pharmacy Coinsurance*
Required: Select all the Drug Types included in this tier	**Required:** Enter a copayment amount	**Required:** Enter a coinsurance amount
Non-Preferred Generic	Not Applicable	Not Applicable

1 Month In Network Retail Pharmacy Coinsurance*H13 - Invalid, Copayment and Coinsurance cannot both be 'Not Applicable' for the selected tier type

Medical Service Drugs Copayment and Coinsurance Validations

When *Medical Service Drugs* is selected as a Tier Type, 1 Month Copayment and Coinsurance will default to 'Not Applicable'.

- Copayment or Coinsurance fields will default to 'Not Applicable' and the row is un-editable.
- The "Pharmacy Benefit Offered" fields will default to "No" and the row may not be edited.

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 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 Retail 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
Medical Service Drugs	Not Applicable	Not Applicable	No			No			No		

Zero Cost Share Preventive Drugs Copayment and Coinsurance Validations

When *Zero Cost Share Preventive Drugs* is selected as a Tier Type, 1 Month Copayment and Coinsurance will default to $0.00 and 0.00%.

- These values will be grayed out and may not be edited.

Drug Tier Type*	1 Month In Network Retail Pharmacy Copayment*	1 Month In Network Retail Pharmacy Coinsurance*
Required: Select all the Drug Types included in this tier	**Required:** Enter a copayment amount	**Required:** Enter a coinsurance amount
Zero Cost Share Preventive Drugs	$0.00	0.00%

Open Q&A Session

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Questions?

- To submit or withdraw questions by phone:
  - *To submit a question, dial "star(*) pound(#)" on your phone's keypad.*
  - *To withdraw a question, dial "star(*) pound(#)" on your phone's keypad.*
- To submit questions by webinar:
  - *Type your question in the text box under the "Q&A" tab and click "Send."*

Submission of Inquiries

Users/Issuers can contact:

- **CMS Help Desk** with questions about specific situations, the Federal Templates and their functionality and Health Insurance Oversight System (HIOS)
  Call: 855-CMS-1515 or **Email:** CMS_FEPS@cms.hhs.gov
- **National Association of Insurance Commissioners (NAIC)** with questions about state requirements/System for Electronic Rate and Form Filing (SERFF)
  Email: serffplanmgmt@naic.org
- **CMS Help Desk** with questions about policy
  Call: 855-CMS-1515 or **Email:** CMS_FEPS@cms.hhs.gov

Best Practices- Submitting Help Desk Tickets

- Include HIOS ID, issuer state and issuer legal name.
- Include screenshots or attach templates when asking about an error or issue with the template.
- Submit separate Help Desk requests for different, unrelated questions.
- Put the question in the body of the email; do not attach Excel or Word documents with lists of questions.
- Identify or note whether a question is for the SHOP or Individual Marketplace.

PM Webinar Dates

The 2017 QHP January Webinar Series I sessions occur on Tuesdays and Thursdays as shown below:

Date	Day	Time (ET)	Topic
1/12/17	Thursday	1:00 p.m. – 2:00 p.m. ET	Open Q&A
1/17/17	Tuesday	3:00 p.m. – 4:00 p.m. ET	QHP PY 2018 Updates to the Actuarial Value (AV) Calculator
1/19/17	Thursday	1:00 p.m. – 2:00 p.m. ET	Plan vs. Product
1/24/17	Tuesday	3:00 p.m. – 4:00 p.m. ET	Open Q&A
1/26/17	Thursday	1:00 p.m. – 2:00 p.m. ET	Quality Improvement Strategy (QIS) Overview and Summary of Requirements for the 2018 Plan Year
1/31/17	Tuesday	3:00 p.m. – 4:00 p.m. ET	Essential Community Provider (ECP)/ Network Adequacy (NA) Template Updates

Please register if you wish to participate, even if you have registered for a previous series.

For registration and additional information on CMS' webinar series, please log in to https://www.REGTAP.info.

Additional Webinar Dates

In addition to the weekly PM webinar sessions, issuers are encouraged to attend the following sessions:

Program Area	Day	Time (ET)
Enrollment	Mondays	12:00 p.m. – 1:00 p.m.
EDGE Server	Tuesdays	11:30 a.m. – 1:00 p.m.
FF-SHOP	Tuesdays	1:00 p.m. – 2:00 p.m.

Please register if you wish to participate, even if you have registered for a previous series. For registration and additional information on CMS' webinar series, please log in to https://www.REGTAP.info.

HIOS User Group Conference Call

- The HIOS User Group Conference Call occurs every Wednesday from 2:00 p.m. to 3:30 p.m. Eastern Time (US & Canada) (GMT-05:00).
- Call Access: 1-888-455-8828; Passcode: 6714482

Resources

Resource	Resource Link
CMS	http://www.cms.gov/
CMS Regulations and Guidance	http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html?redirect=/home/regsguidance.asp
Data Templates	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/qhp.html
HealthCare.gov	http://www.healthcare.gov/
National Conference of State Legislatures (NCSL)	http://www.ncsl.org
Registration for Technical Assistance Portal (REGTAP)	https://REGTAP.info
U.S. Department of Health & Human Services (HHS)	http://www.hhs.gov/

Commonly Used Acronyms

Acronym	Definition
AV	Actuarial Value
BHP	Basic Health Program
ECP	Essential Community Provider
EHB	Essential Health Benefit
EIDM	Enterprise Identity Management
FFM	Federally-facilitated Marketplace
HIOS	Health Insurance Oversight System

Commonly Used Acronyms (continued)

Acronym	Definition
MSP	Multi-State Plans
NAIC	National Association of Insurance Commissioners
NCQA	National Committee for Quality Assurance
QHP	Qualified Health Plan
SBM	State-based Marketplace
SERFF	System for Electronic Rate and Form Filing
USP	United States Pharmacopeia

Closing Remarks