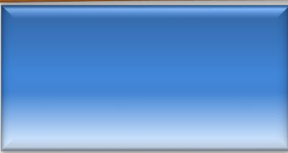


QHP Plan Year (PY)2021 – Overview of the Prescription Drug Template, Review Tools and Demo

April 2, 2020



2020 Qualified Health Plan (QHP) Series

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The information provided in this presentation is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This presentation summarizes current policy and operations as of the date it was shared. Links to certain source documents may have been provided for your reference. We encourage persons attending the presentation to refer to the applicable statutes, regulations, and other guidance for complete and current information.



[HTTPS://WWW.REGTAP.INFO](https://www.regtap.info)

Intended Audience

This webinar is applicable to issuers in the Federally-facilitated Exchanges (FfEs), and State Partnership Exchanges (SPEs).

Agenda

- Session Guidelines
- Key Dates
- Additional Webinar Sessions
- Announcements
- QHP PY21 – Overview of the Prescription Drug Template, Review Tools and Demo
- Live Q&A Session
- Resources
- Closing Remarks

Session Guidelines

- This is a 60-minute session.
- This call is being recorded. The recording is not released to the public or posted in Registration for Technical Assistance Portal (REGTAP).
- 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 Certification

Date	Category	Activity
Tuesday, April 14, 2020	Data Change Request Submission	Deadline for issuers to submit data change requests for PY 2020 April Small Business Health Options Program (SHOP) Quarterly Rates Data Change Window

Upcoming PY21 Key Dates for QHP Certification

Date	Category	Activity
Tuesday, April 21, 2020	Issuer Conference (Virtual)	2020 QHP Issuer Conference (Policy Updates & Initiatives)
Thursday, April 23, 2020	QHP Certification	Plan year (PY) 2021 QHP Application Submission Window Opens
Monday, April 27, 2020	Issuer Conference (Virtual)	2020 QHP Issuer Conference (Operational Training)
Wednesday, April 29, 2020	Issuer Conference (Virtual)	2020 QHP Issuer Conference (Operational Training)
Friday, May 1, 2020	Issuer Conference (Virtual)	2020 QHP Issuer Conference (Operational Training)

Additional Webinar Sessions

All questions regarding Enrollment or External Data Gathering Environment (EDGE) Server can be addressed during the following webinar sessions:

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



REGISTER TODAY! QUALIFIED HEALTH PLAN (QHP) ISSUER CONFERENCE

Remote Webinars: April 21,
April 27, April 29, and May 1, 2020

This event is for issuers applying QHP certification in the Federally-facilitated Exchange and will include the following topics and more:

- Overview for Plan Year (PY) 2021
- Issuer Best Practices
- PY21 QHP Certification Changes
- Interoperability
- Value Based Transformation
- Overview of QHP Submission Process
- New Issuer Onboarding
- Opioids
- Enhanced Direct Enrollment

Registration Deadlines:

April 21st Remote Webinar:
April 17, 2020 Noon ET

Additional Remote Webinars:
April 26, 2020 Noon ET

Announcements

QHP PY2021 – Overview of the Prescription Drug Template and Prescription Drug Review Tools Presentation

Introduction

This QHP webinar will provide issuers with the PY2021 updates and overview of the **Prescription Drug** template and review tools.

Overview

The Prescription Drug template consists of two (2) 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 plan year.
- The Prescription Drug Formulary Template no longer collects formulary URLs.
- Please use the Supplemental Submission Module (SSM) to submit formulary URLs.

Template Header Updated

PY2020

	A	B	C	D	E
1	2020 Prescription Drug Formulary Template v9.0	All fields with an asterisk (*) are required			
2	Validate	Click the Create Formulary IDs button			
3		After creating Formulary IDs, select			
4	Finalize	Select how many tiers a formulary has			
5		Enter all RXCUIs on the Drug Lists			
6	HIOS Issuer ID*				
7	Issuer State*				
8					
9	Create Formulary IDs				
10					

PY2021

	A	B	C	D
1	2021 Prescription Drug Formulary Template v10.0	All fields with an asterisk (*) are required		
2	Validate	Click the Create Formulary		
3		After creating Formulary IDs,		
4	Finalize	Select how many tiers a for		
5		Enter all RXCUIs on the Dr		
6	HIOS Issuer ID*			
7	Issuer State*			
8				
9	Create Formulary IDs			
10				

Removed Formulary URL Field

PY2020

	A	B	C
1	2020 Prescription Drug Formulary Template v9.0		
2	Validate		
3			
4	Finalize		
5			
6	HIOS Issuer ID*		
7	Issuer State*		
8			
9	Create Formulary IDs		
10			
11	Formulary ID*	Formulary URL*	Drug List ID*
12	Required: Select the Formulary ID	Required: Enter the Formulary URL	Required: Select the Drug List ID (from Drug Lists sheet)
13			

PY2021

	A	B
1	2021 Prescription Drug Formulary	
2	Validate	
3		
4	Finalize	
5		
6	HIOS Issuer ID*	
7	Issuer State*	
8		
9	Create Formulary IDs	
10		
11	Formulary ID*	Drug List ID*
12	Required: Select the Formulary ID	Required: Select the Drug List ID (from Drug Lists sheet)
13		

Uncovered Drugs

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

Drug Lists

Drug Lists						
All fields with an asterisk (*) are required. To validate the template, press the Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F. 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 populated. 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 List.						
Drug List ID 1				Drug List ID 2		
RXCUI*	Tier Level*	Prior Authorization Required	Step Therapy Required	Tier Level*	Prior Authorization Required	Step Therapy Required
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 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
12345678	1	No	No	NA		

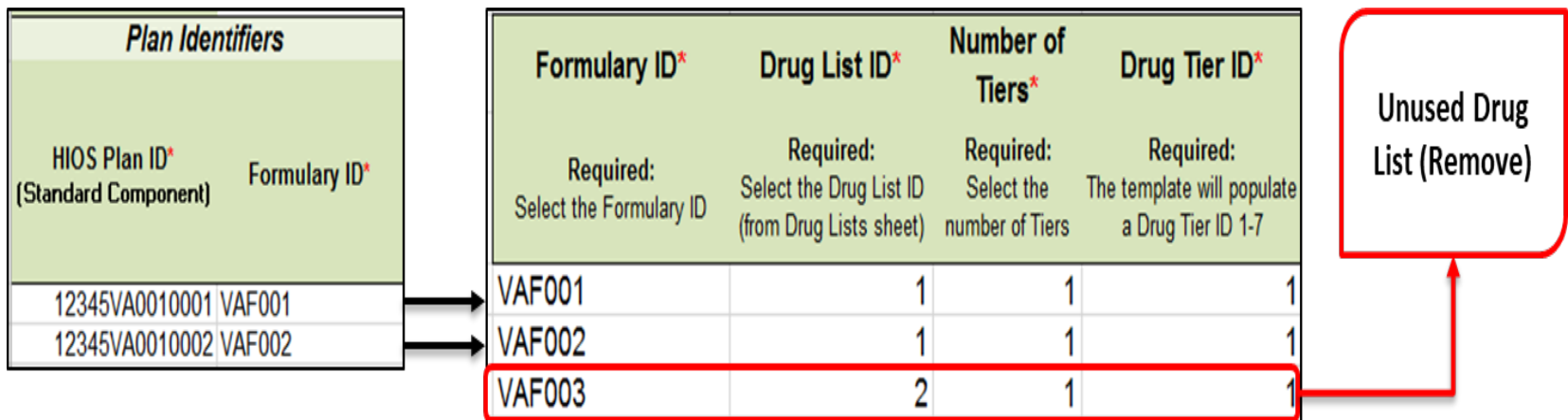
Formulary Tiers: **Drug Lists** (+)

Unused Drug Lists

- Relationship between plans and drug lists:

Standard Component ID → Formulary ID → Drug List ID

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



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:

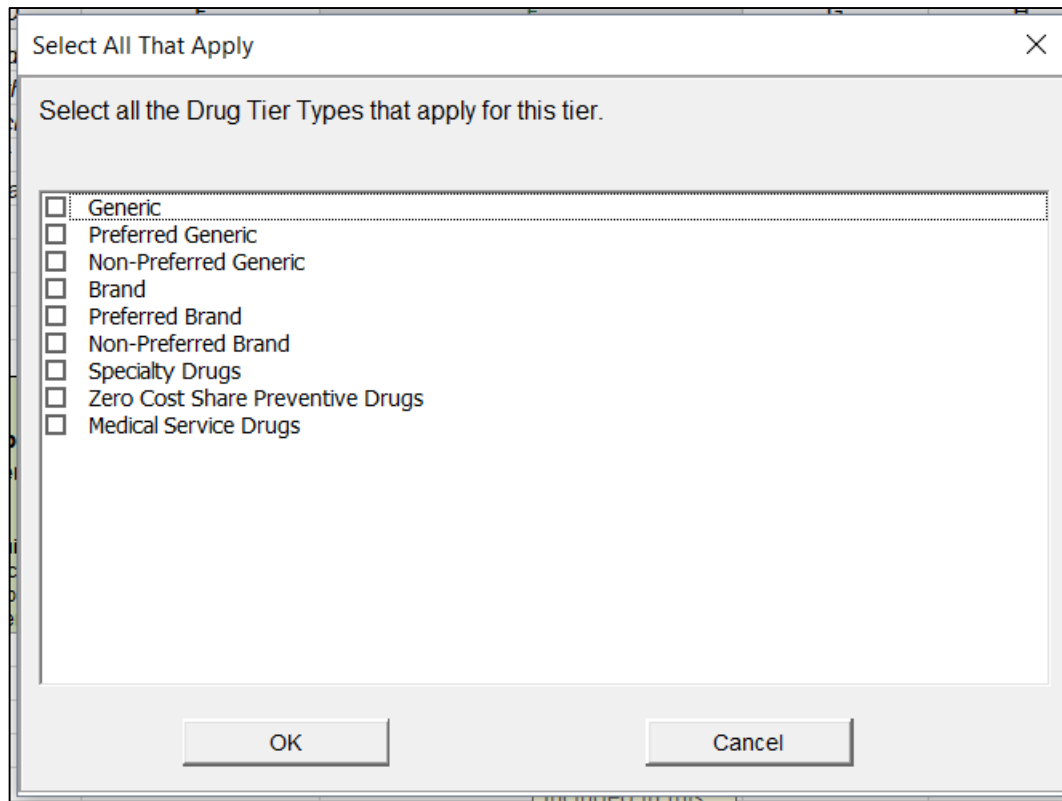
Drug Lists

	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 + I. To finalize, press Finalize button or Ctrl + Shift + F.					
2		Click the Create Formulary IDs button (or Ctrl + Shift + C) to create Formulary IDs.					
3		After creating Formulary IDs, select the ID from the drop down in Column A and 7 tiers will automatically be populated.					
4	Add Drug List	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 Drug List.					
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 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
9	12345678	1	No	No	NA		
10							

Formulary Tiers Drug Lists (+)

Drug Tier Type Values and Validations

Drug Tier Type values



A screenshot of a software dialog box titled "Select All That Apply" with a close button (X) in the top right corner. The dialog box contains the instruction "Select all the Drug Tier Types that apply for this tier." Below this instruction is a list of eight drug tier types, each preceded by an unchecked checkbox. The list items are: Generic, Preferred Generic, Non-Preferred Generic, Brand, Preferred Brand, Non-Preferred Brand, Specialty Drugs, Zero Cost Share Preventive Drugs, and Medical Service Drugs. At the bottom of the dialog box are two buttons: "OK" and "Cancel".

Select All That Apply

Select all the Drug Tier Types that apply for this tier.

- ☐ Generic
- ☐ Preferred Generic
- ☐ Non-Preferred Generic
- ☐ Brand
- ☐ Preferred Brand
- ☐ Non-Preferred Brand
- ☐ Specialty Drugs
- ☐ Zero Cost Share Preventive Drugs
- ☐ Medical Service Drugs

OK Cancel

Drug Tier Type Values and Validations

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.*

Select All That Apply

Select all the Drug Tier Types that apply for this tier.

- ☐ Generic
- ☐ Preferred Generic
- ☐ Non-Preferred Generic
- ☐ Brand
- ☒ Preferred Brand
- ☐ Non-Preferred Brand
- ☐ Specialty Drugs
- ☒ Zero Cost Share Preventive Drugs
- ☐ Medical Service Drugs

Microsoft Excel

No additional tier type can be selected for Zero Cost Share Preventive Drugs

OK

Select All That Apply

Select all the Drug Tier Types that apply for this tier.

- ☐ Generic
- ☐ Preferred Generic
- ☐ Non-Preferred Generic
- ☐ Brand
- ☐ Preferred Brand
- ☐ Non-Preferred Brand
- ☒ Specialty Drugs
- ☐ Zero Cost Share Preventive Drugs
- ☒ Medical Service Drugs

Microsoft Excel

No additional tier type can be selected for Medical Service Drugs

OK

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 with deductible
- Not Applicable

1 Month In Network Retail Pharmacy Copayment*

Required: Enter a copayment amount

No Charge
No Charge after deductible
\$X
\$X Copay after deductible
\$X Copay with deductible
Not Applicable

Coinsurance Options

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

1 Month In Network Retail Pharmacy Coinsurance*

Required: Enter a coinsurance amount

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

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.

Scenario: Mapping Drug Tiers to the Plans & Benefits Template

- Drug tiers and their associated cost-sharing may not always neatly fit into the drug benefit categories in the Plans & Benefits Template.
- The drug benefit categories in the Plans & Benefits Template are the only drug benefits that will display on Healthcare.gov.
- In the event that an issuer has multiple tiers in the Prescription Drug Template that map to a single Plans & Benefits Template benefit category enter the cost sharing data for the tier with the highest utilization.
- Describe any additional cost-sharing details in the “Explanation” field of the Plans & Benefits Template and in a plan brochure and Formulary URL.

Scenario: Mapping Drug Tiers to the Plans & Benefits Template (continued)

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, Preferred Generic	\$10.00	Not Applicable
2	Generic, Non-Preferred Generic	\$25.00	Not Applicable
3	Preferred Brand	Not Applicable	10.00% Coinsurance after deductible
4	Non-Preferred Brand	Not Applicable	25.00% Coinsurance after deductible
5	Specialty Drugs	Not Applicable	50.00% Coinsurance after deductible

80% utilization
20% utilization

Generic Drugs					
Copoly			Coinsurance		
In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Network
\$10.00		\$20.00	Not Applicable		Not Applicable

Scenario: Value Options for Zero Cost Generics

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 Tier 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%

Resources

- PY2021 Essential Health Benefits (EHB) RX Crosswalk:
 - Data file produced by CMS that maps RxNorm Concept Unique Identifiers (RXCUIs) to their corresponding category and class using the United States Pharmacopeial version 7 Medicare Model Guidelines.
 - Drugs can be placed in up to three (3) classes, depending on their clinical use.
- December 2019 RxNorm Data File:
 - Comprehensive RXCUI extract file that includes additional RxNorm details including term type, NDC availability and clinical data attributes.

Both files will be available on the CCIIO website under the Review Tools section.

Prescription Drug Review Tools

Overview of the Prescription Drug Review Tools

- The EHB Category & Class Drug Count Tool reviews a drug list for adequate coverage of drugs in each United States Pharmacopeia (USP) category and class.
 - Regulations in 45 Code of Federal Regulations (CFR) 156.122 require a health plan providing EHBs to cover at least the greater of:
 - one (1) drug in every USP convention category and class or
 - the same number of prescription drugs in each category and class as the state EHB Benchmark plan.
 - CMS may use data collected to review for compliance with the drug count standard.
- The formulary review suite reviews a drug list for coverage, utilization, and potential discrimination.
 - Under 45 CFR 156.125, an issuer does not provide EHB if its benefit design, or the implementation of its benefit design, discriminates on the basis of age, expected length of life, present or predicted disability, quality of life, or other health conditions. In addition, 156.225(b) states that a QHP issuer must not employ marketing practices or benefit designs that have the effect of discouraging the enrollment of individuals with significant health needs in QHPs. CMS uses data collected in the Prescription Drug Template as part of the review for compliance with the non-discrimination standard.

EHB Category & Class Drug Count Review

- **EHB Category & Class Drug Count Tool**
 - Identifies categories and classes in which the number of covered drugs does not meet the EHB Benchmark Drug Count.
 - Generates the unique count of chemically distinct drugs that are submitted on a given drug list for each category and class.
 - Can import Plans & Benefits data for plans that are offered both On and Off the Exchanges as well as plans only offered Off the Exchange.
 - **New for 2021:** The “Substitutions Finder” column has been added, which allows the user to immediately locate the available RXCUIs from the EHB-RX Crosswalk which can be used to remedy deficiencies as they appear on the “Substitute RXCUIs” tab.

Overview of the Prescription Drug Review Tools

- **Formulary Review Suite**

- Reviews included in the suite:

- Non-Discrimination Formulary Outlier

- Identifies plans that have an unusually large number of PA and ST restricted drugs as outliers.
 - Reviews 28 USPMMGv7 categories and classes.

- Non-Discrimination Clinical Appropriateness

- Analyzes the availability of drugs associated with 10 conditions (bipolar disorder, breast cancer, diabetes, hepatitis C, HIV, multiple sclerosis, opioid use disorder, prostate cancer, rheumatoid arthritis and schizophrenia)

Overview of the Prescription Drug Tools

- All RxNorm Concept Unique Identifiers (RXCUIs) Submitted Report
 - This tab is included in both Prescription Drug Tools.
 - Provides coverage details for RXCUIs submitted on a drug list
 - It also identifies the chemically distinct drug that a particular RXCUI impacts.

Where to Find Tools, User Guides, and References

- CMS has posted the Review tools, the EHB-RX Crosswalk and a reformatted RxNorm database in the following location:
 - <https://www.ghpcertification.cms.gov/s/Review%20Tools>

Live Demo

- Drug Count Tool
- Formulary Review Suite

Deficiencies and Justifications

EHB Category & Class Drug Count Review

- Use the Category Class Details tab in the Drug Count Tool and the RxNorm file to identify drugs available by categories and classes.
- Justification examples:
 - *Issuer states that the generic version of a brand product is covered and should be counted toward the EHB Benchmark Drug Count.*
 - After review, if the brand product is included within the USP category and class in question and the generic version of this brand product is covered, this justification will be accepted.
 - RXCUIs for generic versions of brand drugs are sometimes assigned National Drug Codes (NDCs) only after a crosswalk update. Those RXCUIs lacking NDCs at the time of update are not included in the crosswalk.
 - *Issuer states that coverage of a portion of the number of drugs in the EHB Benchmark Drug Count for a particular USP category and class is sufficient.*
 - This justification is unacceptable because the number of drugs covered by the plan in the EHB Category & Class Drug Count Review must meet or exceed the EHB Benchmark Drug Count (see 45 CFR 156.122).

Deficiencies and Justifications (continued)

Formulary Outlier

- Use the Formulary Outlier Details tab in the Formulary Review Suite to identify categories and classes with an unusually large number of restricted drugs.
- Issuers can remove prior authorization and step therapy requirements from the identified list of drugs.
- Justification examples:
 - *Issuer states that drug ABC is covered under the medical benefit.*
 - If the drug has medical service properties, this justification is always acceptable.
 - The purpose of the Formulary Outlier review is not to determine whether a drug should be covered under the prescription drug benefit. Some issuers may cover a drug under their medical benefit while others cover it under their prescription drug benefit (e.g., injectable aripiprazole; paliperidone; abatacept).
 - *Issuer states that their formulary meets the EHB Benchmark Drug Count.*
 - This justification is unacceptable because the Formulary Outlier review assesses utilization management restrictions (see 45 CFR 156.125, 156.225(b)).
 - The review of an issuer's count of drugs against the Benchmark standard is conducted under the EHB Category & Class Drug Count Review.

Deficiencies and Justifications (continued)

Clinical Appropriateness

- Use the Clinical Summary and Clinical Details tab to identify conditions and classes that do not meet the minimum coverage thresholds.
- Cover the missing drug(s) or remove prior authorization/step therapy restrictions in the identified conditions and classes.
- Justification examples:
 - *Issuer identifies a drug that is not on the Clinical Appropriateness drug list but has recently become available on the market.*
 - This justification will be accepted only in cases where the issuer identifies a drug that is not currently listed on the Clinical Appropriateness drug list but is included in clinical guidelines and has recently become available on the market after the development of the Clinical Appropriateness drug list.
 - *Issuer indicates that drug is only covered upon approval of an exceptions process request.*
 - There are no circumstances where this justification will be accepted.
 - Coverage only upon approval through the exceptions process has the same practical effect as not covering the drug at all, since exceptions process review should always be available for any uncovered drug.

Tips for Justifications

- Submit appropriate justifications and supporting documents.
- Use the Combined Prescription Drug Supporting Documentation and Justification form to respond to deficiencies.
- Provide clinical support and/or evidence to justify a drug list's design.
- Cite clinical guidelines to assist with justification submissions.

Appendix: Non-Discrimination Formulary Outlier Review

List of 28 USP Categories and Classes
under review:

Category	Class
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence Treatments
	Opioid Reversal Agents
Anticonvulsants	Anticonvulsants, Other
	Calcium Channel Modifying Agents
	Gamma-aminobutyric Acid (GABA) Augmenting Agents
	Glutamate Reducing Agents
	Sodium Channel Agents
Antidepressants	Antidepressants, Other
	Monoamine Oxidase Inhibitors
	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)
	Tricyclics
Antiemetics	Emetogenic Therapy Adjuncts

Appendix: Non-Discrimination Formulary Outlier Review (continued)

Category	Class
Antivirals	Anti-hepatitis B (HBV) Agents
	Anti-hepatitis C (HCV) Agents, Direct Acting
	Anti-hepatitis C (HCV) Agents, Other
	Anti-HIV Agents, Integrase Inhibitors (INSTI)
	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)
	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)
	Anti-HIV Agents, Other
	Anti-HIV Agents, Protease Inhibitors
Anxiolytics	Anxiolytics, Other
	Benzodiazepines
	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)
Blood Glucose Regulators	Antidiabetic Agents
	Insulins
Immunological Agents	Immune Suppressants
	Immunomodulators
Respiratory Tract/ Pulmonary Agents	Cystic Fibrosis Agents

Open Q&A Session

Questions?

- To Submit or Withdraw Questions by Phone:
 - *If you are listening through your computer speakers and want to submit a question by phone, dial 1-866-391-5945 and enter your unique six-digit PIN, then dial “star(*) pound(#)” on your phone’s keypad.*
 - *If you are already dialed in by phone and want to submit a question, then dial “star(*) pound(#)” on your phone’s keypad.*
 - *If you would like to withdraw a question and you are dialed in by phone, then 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**
 - **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**

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 Small Business Health Options Program (SHOP) or Individual Exchange.

HIOS User Group Conference Call

- 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

Plan Management Webinar Dates

The QHP April Webinar sessions occur as shown below:

Date	Day	Time (ET)	Topic
4/9/20	Thursday	1:00 p.m. – 2:00 p.m.	Data Integrity Tool (DIT)
4/16/20	Thursday	1:00 p.m. – 2:00 p.m.	Issuer Conference Preview & Logistics
4/23/20	Thursday	1:00 p.m. – 2:00 p.m.	Transparency in Coverage: Overview and Data Submission
4/28/20	Tuesday	3:00 p.m. – 4:00 p.m.	Open Q&A
4/30/20	Thursday	1:00 p.m. – 2:00 p.m.	Master Review Tool & Cost Sharing Review Tool

Please refer to the Weekly QHP E-flyer for updated Webinar topics.

Resources for QHP Plan Maintenance and Certification

Resource	Resource Link
CMS Regulations and Guidance	https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html
Qualified Health Plan (QHP) Application Materials	https://www.qhpcertification.cms.gov/s/Application%20Materials
QHP Application Review Tools	https://www.qhpcertification.cms.gov/s/Review%20Tools
Registration for Technical Assistance Portal (REGTAP)	https://www.REGTAP.info
Health Insurance Oversight System (HIOS)	https://portal.cms.gov/wps/portal/unauthportal/home/
System for Electronic Rate and Form Filing (SERFF)	https://login.serff.com/

Commonly Used Acronyms

Acronym	Definition
AV	Actuarial Value
BHP	Basic Health Program
ECP	Essential Community Provider
EHB	Essential Health Benefit
EIDM	Enterprise Identity Management
FFE	Federally-facilitated Exchange
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
SBE	State-based Exchange
SERFF	System for Electronic Rate and Form Filing
USP	United States Pharmacopeia

Closing Remarks