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FFM Plan Management Copy & Paste in Templates Guide

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1 Copying and Pasting in Plan Management Templates

Copy/Paste is permitted in all Plan Management templates required as part of the Qualified Health Plan (QHP) submission process. To ensure that users do not run into issues while preparing data for templates, there are a few key points to keep in mind when pasting data into macro-enabled templates.

1.1 General Copy/Paste Recommendations

Excel Pasting and Cell Validation: In Excel, pasting into templates causes cell-level validations to be overwritten, which could lead to validation errors. The **Data Traceability Matrix** of each QHP module documents the formats, allowable values, and required elements for all of the templates.

Recommendation: Ensure that the data you are pasting is the **correct** type of data for the cell. For example, if the template only accepts a text value, ensure the source data is text and not numeric. Errors that normally would be caught on manual entry will be checked when the template is validated. If possible, use the **Paste/Paste Special**, and select the **Values** radio button.

Note: If you have a numerical identifier with a leading zero, it is permissible to copy it as text and paste it into a numerical field. Excel automatically drops leading zeroes unless a field is specifically formatted. For example, if you have a TIN that starts with a zero, you may copy the number (formatted as text to keep the leading zero) and paste it into the template. Leading zeroes will not create validation errors.

1.2 Whole Template Copy/Paste Recommendations

Column headers of all the templates are locked: You cannot select an entire template, with headers, and paste into a new one. In some templates, there may be hidden columns that block you from pasting an entire row as in the Ratings template.

Recommendations: Select only the fields with user-entered data to copy and paste. If you receive an Excel error that you are trying to paste into a protected cell, look at the specific template guidelines in this document.

1.2.1 Column Level Copy/Paste Recommendations

Only copy user-entered data, and **do not include** the header columns or any gray-filled cells. There are new drop downs for all benefits, and users must confirm that the values being pasted are correct. Columns may **not** be deleted, but you can adjust the width of a column to better view data.

1.2.2 Row Level Copy/Paste Recommendations

Only copy user-entered data, and **do not include** any green label fields from a row. Entire rows can be deleted in most templates, but you cannot delete a row that has a locked cell or header.

1.2.3 Cell Level Copy/Paste Recommendations

In most templates, locked cells are gray, and users cannot paste into green header cells.

For any cells that are drop-downs, make sure you are pasting one of the options listed in the drop-down; otherwise, validation errors will occur. The **Validate** macro of all templates is not case sensitive in regards to the drop-down values. However, some templates have automated functions that will not trigger if you paste values, or will not trigger properly if the wrong case is used. For best results, use the case that is given in the templates or Data Traceability Matrix.

Recommendation: For all unlocked cells, use the Paste Special > Values button.

2 Network ID Template

This template is a simple table and **has no locked cells** other than template headers and instructions. You may copy/paste into any of the data-entry cells, but be sure to paste the correct type of data. Check the **Data Traceability Matrix** for specific data formats.

NOTE: Make sure to select information starting from the row under the headers. Otherwise, you will be pasting into locked cells and will receive an Excel error. (Copy from the place of the highlighted cells in Figure 1.)

	A	B
1	2022 Network Template v11.0	<i>All fields with an asterisk (*) are required.</i>
2	<input type="button" value="Validate"/>	<i>To validate the template, press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.</i>
3		<i>Click Create Network IDs button (or Ctrl + Shift + N) to create network ids based on your state.</i>
4	<input type="button" value="Finalize"/>	<i>Network IDs will populate in the drop-down box in Network ID column.</i>
5		<i>Use each Network ID only once.</i>
6	HIOS Issuer ID*	
7	Issuer State*	
8		
9	<input type="button" value="Create Network IDs"/>	
10		
11	Network Name*	Network ID*
12	Required: Enter the Network Name	Required: Select the Network ID
13		
14		
15		

Figure 1: Network Template

3 Prescription Drug Template

The Prescription Drug Template has two types of tabs: the **Formulary Sheet** and the **Drug List Sheet**.

3.1 Formulary Tiers Tab

In the Formulary Tiers tab (see Figure 2), each formulary is designed to always take up 7 rows. Unused tiers in the formulary are gray-filled and locked based on the “**Number of Tiers**” column. It is recommended to first create Formulary IDs; then select a Formulary ID from the drop-down list; then enter the URL; then select the drug list; and then number of tiers from the drop-down. This will lock the remaining cells for which input is not required. You can paste data into any cells that are **not** gray.

NOTE: DO NOT copy and paste column E.

NOTE: It is highly **UNADVISIBLE** to copy columns F-P due to the removal of the Formulary URL column.

NOTE: “**Not Applicable**” has been included as a drop down option version 5+ of the Prescription Drug Template. This is different from “**No Charge**.” It is highly recommended that you review your data to verify that you have accurately chosen between “**No Charge**” and “**Not Applicable**.”

Formulary ID*	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*
TXF001		5	1				No			No			No	
			2				No			No			No	
			3				No			No			No	
			4				No			No			No	
			5				No			No			No	

Figure 2: Prescription Drug Template – Formulary Tiers Worksheet

3.2 Drug List Tab

When working with the Drug List tab, you may paste a list of RxCUIs into column A from your previous template. You may also paste the **Prior Authorization Required** Field (column C) and **Step Therapy Required** field (column D).

There can be no duplicate RxCUIs: Duplicate RxCUIs will cause an error message announcing the cell location of the duplicate. Validation and Finalization will check that the tier you have selected for a drug exists in the formularies that reference the drug.

For example, if your first formulary uses Drug List 1 and has 5 tiers, you cannot mark any RxCUIs in that drug list as tier 6 or 7. You can select them as “**NA**” if those drugs are used in a different Drug List.

In order to avoid producing a validation error when pasting **Tier Levels** (column B) from an older template, paste the Tier Levels using **Match Destination Formatting**. This is done by copying the

Tier Level cells and then selecting the **Match Destination Formatting** under Paste Options, or by manually selecting the correct level from the dropdown for each row.

4 Service Area Template

The Service Area template, shown in Figure 3, will lock and gray-fill cells based on options selected in the columns. There also are hidden columns that only display if you have a service area that covers a partial county.

If a cell is gray, you will not be able to paste into it. Please make sure, if you are pasting in a long list of Zip Codes for the Service Area Zip Code(s) column, that they are **separated by a comma and a space**. You only need to list Zip Codes if the service area covers a partial county (Partial County = YES). If Partial County = NO, the Service Area Zip Code(s) column is gray and locked, so nothing can be pasted because Zip Codes are not needed for service areas covering entire counties.

Note: Zip & FIPS commonly change throughout the year. **Please confirm that your Zip-codes & FIPS-codes are accurate and have not changed from previous years and the most recent version of the Service Area template is being used.**

	A	B	C	D	E	F	G
1	2022 Service Area v11.0	<i>All fields with an asterisk (*) are required</i>					
2	Validate	To validate, press the Validate button or Ctrl + Shift + I. To finalize, press the Finalize button or Ctrl + Shift + F					
3		Click Create Service Area IDs button (or Ctrl + Shift + R) to Create Service Area IDs based on your state					
4	Finalize	Service Area IDs will populate in the drop-down box in Service Area ID column					
5		For each row, enter one County for that Service Area ID (unless the Service Area covers entire state)					
6	HIOS Issuer ID:	12345					
7	Issuer State:	TX					
8							
9	Create Service Area IDs						
10							
11	Service Area ID*	Service Area Name*	State*	County Name	Partial County	Service Area Zip Code(s)	Partial County Justification Filename
12	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 the filename of the partial county justification file you are uploading to SERFF or HIOS
13	TXS001		Yes				
14			No		No		
15			No		Yes		
16							

Figure 3: Service Area Template

5 Rate Tables Template

The Rate Tables template is designed to support issuers submitting for both Individual Rated and Family Tiering States.

5.1 Issuers in Individual Rated States

Rate information may be copied and pasted into Rate Tables using the recommendations previously mentioned.

Note: The Rate Tables template is designed with significant automation to help users fill in valid information. For example, the macros automatically create all Age Bands required for a plan when the 0-20 option is selected under the **Age** header in Column D. Selecting the 0-14 option will gray and lock a large portion of the cells below the first three columns. There are a few different scenarios to keep in mind.

Scenario 1: If you use “**No Preference**” for Tobacco and select the 0-14 age band, the template will auto populate all the required age bands as well as the Plan ID, Rating Area ID, and Tobacco (see Figure 4). In this scenario, the only cells that can be pasted into are the **Individual Rate** column cells. While the **Age** column is not grayed or locked, the **age bands are auto-populated and should not be edited**.

	A	B	C	D	E
1	2022 Rates Table Template v11.0	<i>All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.</i>			
2	Validate	<i>If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.</i>			
3		<i>If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.</i>			
4	Finalize	<i>If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.</i>			
5		<i>To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.</i>			
6		HIOS Issuer ID*	12345		
7		Rate Effective Date*	1/1/2022		
8		Rate Expiration Date*	12/31/2022		
9		Rating Method*	Age-Based Rates		
10	Add Sheet				
11					
12	Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
13	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
14	12345ND0010001	Rating Area 1	No Preference	0-14	
15	12345ND0010001	Rating Area 1	No Preference	15	
16	12345ND0010001	Rating Area 1	No Preference	16	
17	12345ND0010001	Rating Area 1	No Preference	17	
18	12345ND0010001	Rating Area 1	No Preference	18	
19	12345ND0010001	Rating Area 1	No Preference	19	

Figure 4: Rate Tables Template with Age Bands and No Preference Tobacco Option

Scenario 2: If you select “**Tobacco Use/Non-Tobacco Use,**” the **Individual Tobacco Rate** column will unhide and show the Rate Tables template with separate rates for non-tobacco and tobacco users. In this instance, the cells you will be able to paste into are the Individual Rate and Individual Tobacco Rate (see Figure 5).

Note: Beginning in PY2022 Age Bands 0-20 on “Individual Tobacco Rate” will need to be the same Rate as Column E (Individual Rate).

A	B	C	D	E	F	
1	2022 Rates Table Template v11.0 All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.					
2	If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.					
3	If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.					
4	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.					
5	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.					
6	HIOS Issuer ID*	12345				
7	Rate Effective Date*	1/1/2022				
8	Rate Expiration Date*	12/31/2022				
9	Rating Method*	Age-Based Rates				
10	Add Sheet					
11						
12	Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
13	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 an Individual tobacco enrollee on a plan
14	12345ND0010001	Rating Area 1	Tobacco User/Non-Tobacco User	0-14		
15	12345ND0010001	Rating Area 1	Tobacco User/Non-Tobacco User	15		
16	12345ND0010001	Rating Area 1	Tobacco User/Non-Tobacco User	16		
17	12345ND0010001	Rating Area 1	Tobacco User/Non-Tobacco User	17		
18	12345ND0010001	Rating Area 1	Tobacco User/Non-Tobacco User	18		
19	12345ND0010001	Rating Area 1	Tobacco User/Non-Tobacco User	19		
20	12345ND0010001	Rating Area 1	Tobacco User/Non-Tobacco User	20		

Figure 5: Rate Tables Template with Age Bands and Tobacco/Non-Tobacco Option

5.2 Issuers in Family Tiered States

You may copy into selected cells for plans in states with Family Tiering. If you select **“Family Option”** from the dropdown in the Age column, the template will unhide the family tiers column. Tobacco **must** be **“No Preference”** in this case, so the Individual Tobacco Rate column will be hidden. Figure 6 shows the Rate Tables template with Family Tiering columns displayed.

A	B	E	G	H	I	J	K	L	M	
1	2022 Rates Table Template v11.0 All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.									
2	If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.									
3	If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.									
4	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.									
5	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.									
6	HIOS Issuer ID*	12345								
7	Rate Effective Date*									
8	Rate Expiration Date*	Family-Tier Rates								
9	Rating Method*									
10	Add Sheet									
11										
12	Plan ID*	Rating Area ID*	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*
13	Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	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 the 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
14										
15										
16										
17										

Figure 6: Rate Tables Template – Family Tiering Columns

In this scenario, because there is a hidden column, you **will not be able to paste into the whole row all at once**. You can still paste rates into the **Individual Rate** column (Column E) and in all the family tier columns (Columns G-M), but not in these two adjacent cells at once (see Figure 7).

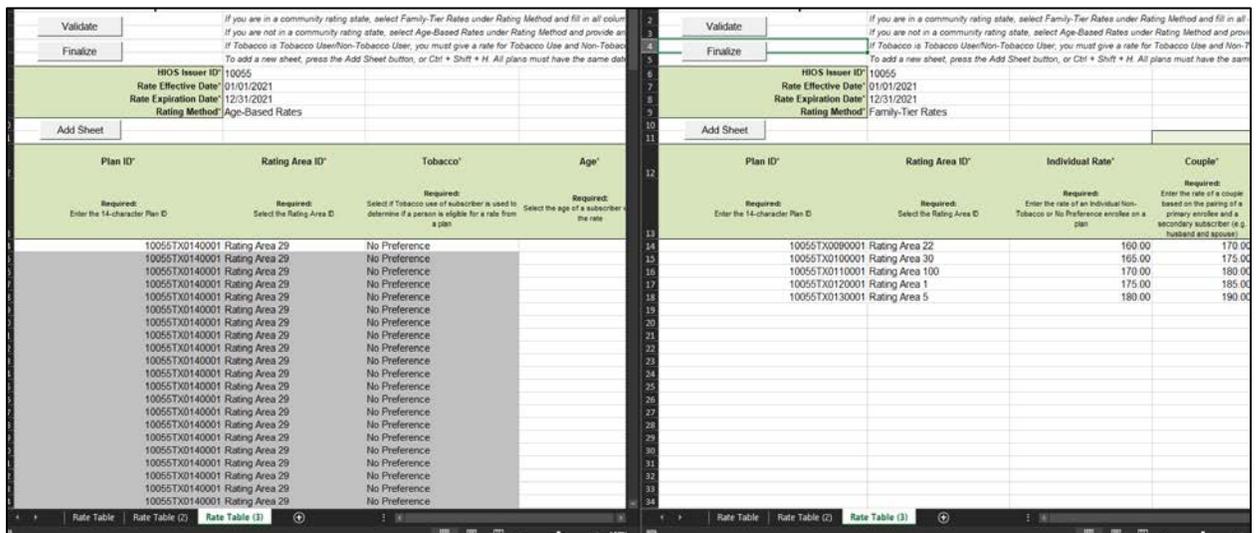
Rating Area ID*	Individual Rate*	Couple*
Required: Select the Rating Area ID	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of a couple based on the pairing of a primary enrollee and a secondary subscriber (e.g. husband and spouse)
Rating Area 1		

Figure 7: Rate Tables Template – Individual Rate and Couple Fields

5.3 Issuers Submitting Medical and Dental Rates Combined

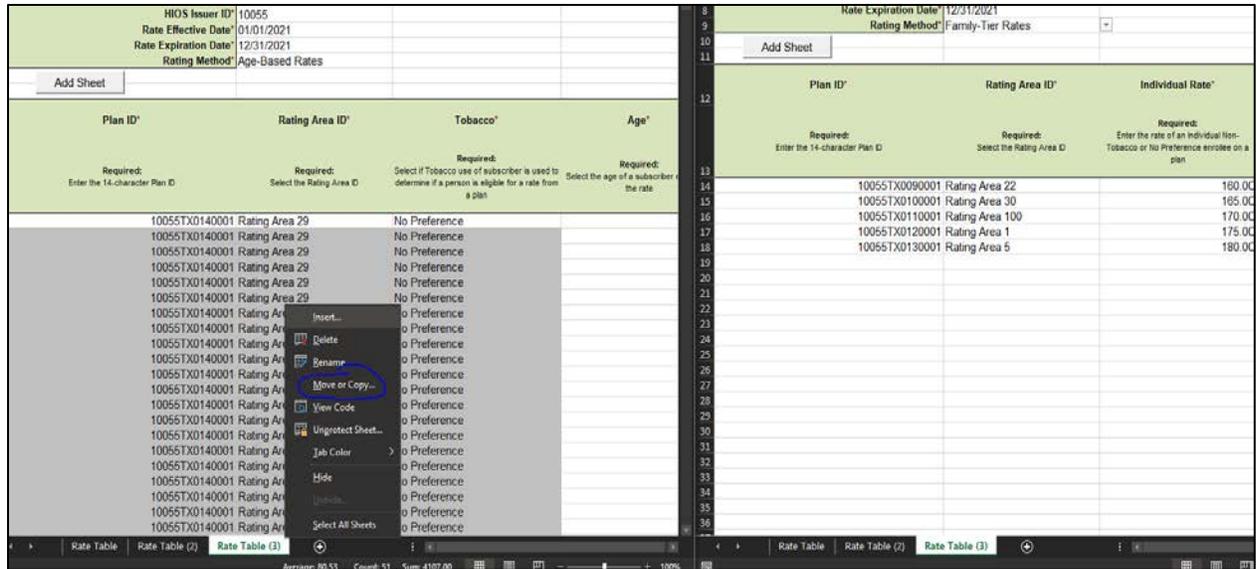
The guide below shows how an Issuer can combine two Rates templates (Medical and Dental) into one Rates template. Beginning in PY2022, Issuers submitting Medical and Dental plans will need to combine Medical and Dental Rates into one template.

1. Open both templates (Medical and Dental).



Combining Rates Step 1

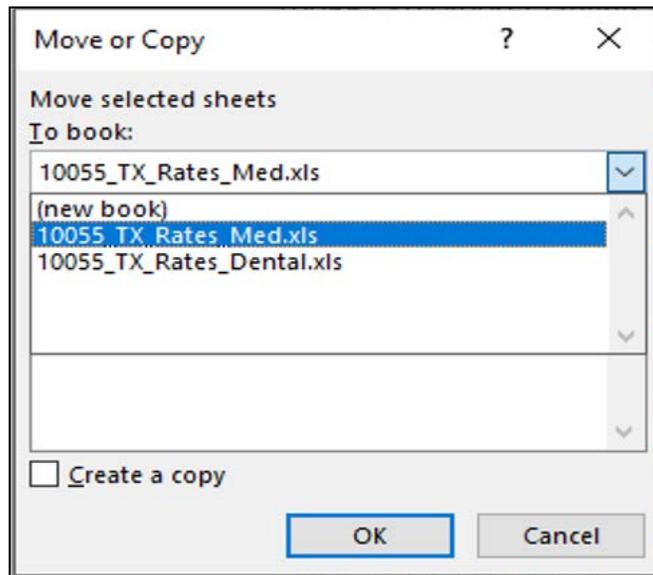
2. Right click on the tab you want to move/copy and click “Move or Copy”.



Combining Rates Step 2

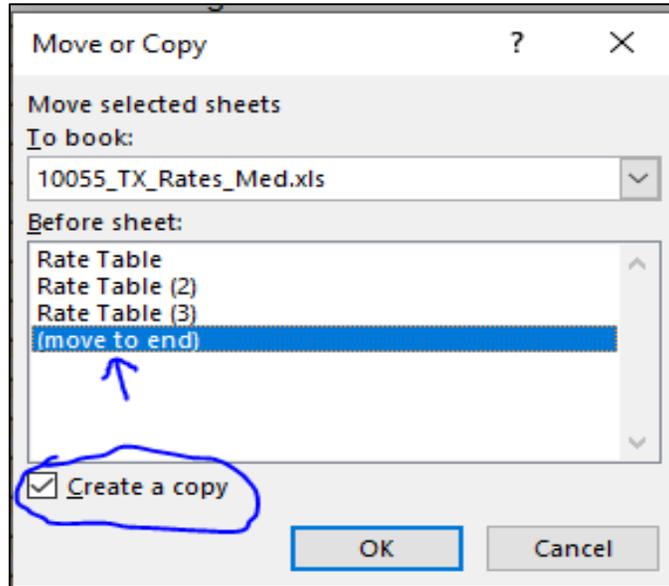
3. A pop up will show up and the dropdown will show the two Rates templates you have open. In this example I am moving the Dental rates on the left template to the Medical Rates template on the right.

- In this case I want to click on the “Medical Rates” template on the dropdown, since I am moving the Dental Rates to the Medical Rates template.



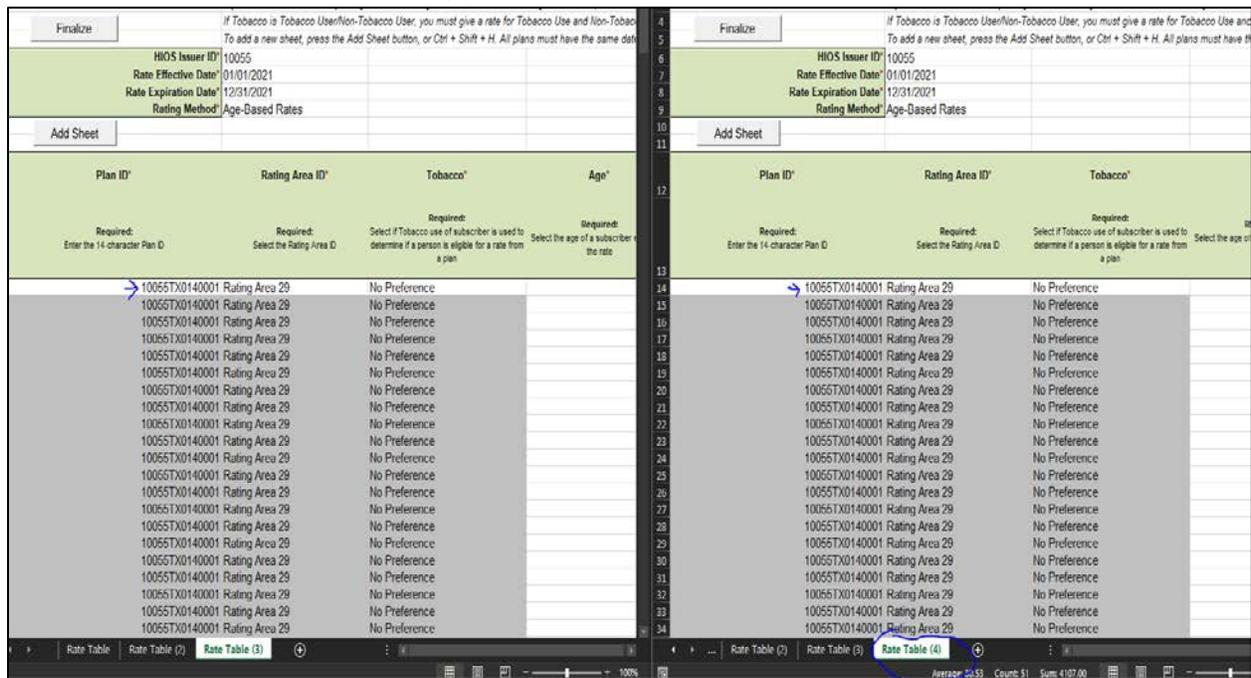
Combining Rates Step 3

- Next click on “Create a copy” checkbox and select “(move to end)”.



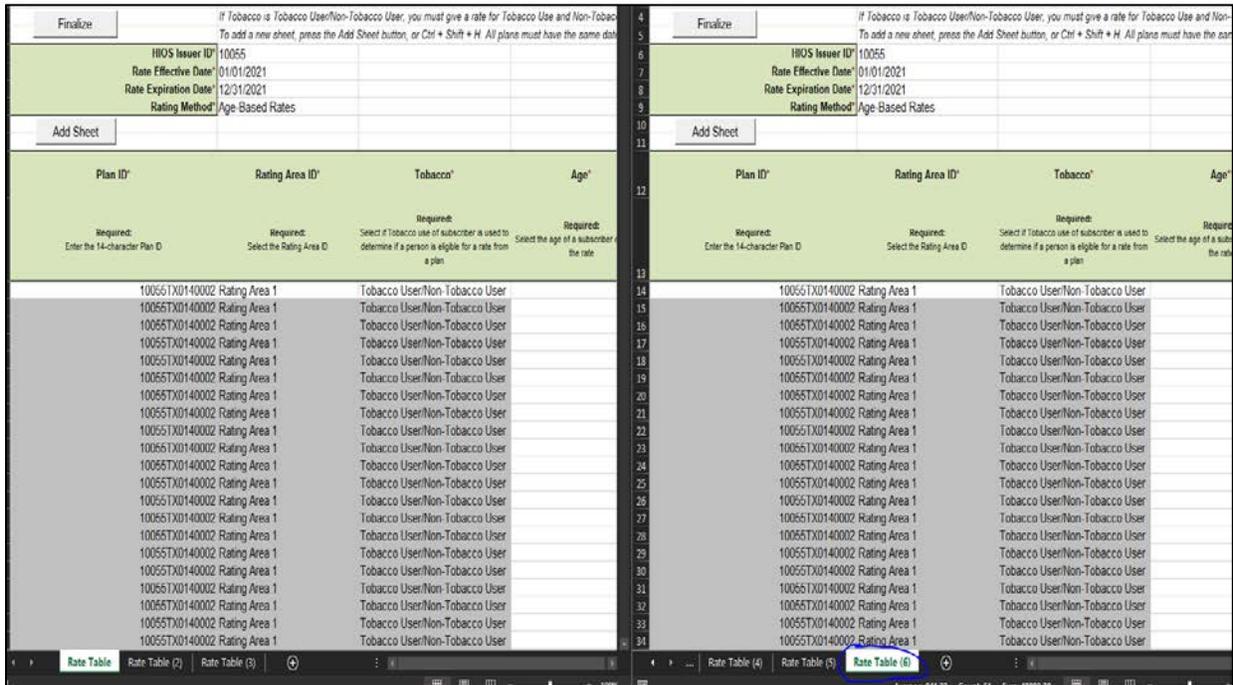
Combining Rates Step 4

- Notice that the tab that you clicked on to move, gets copied over from the left template to the template on the right (in this case the Medical Rates template) and gets automatically renumbered to “Rate Table (4)”.



Combining Rates Step 5

6. Continue this process until you have them all moved to the desired template.



Combining Rates Step 6

7. Save the template with all the data in it, and now you can successfully “Validate and Finalize” the template. Medical Rates and Dental Rates will now be combined.

Validate *If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.*
If you are not in a community rating state, select Age-Based Rates under Rating Method 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 + H. All plans must have the same dates on a sheet.

HIOS Issuer ID* 10055
 Rate Effective Date* 01/01/2021
 Rate Expiration Date* 12/31/2021
 Rating Method* Age-Based Rates

Add Sheet

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
<i>Required:</i> Enter the 14-character Plan ID	<i>Required:</i> Select the Rating Area ID	<i>Required:</i> Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	<i>Required:</i> Select the age of a subscriber	<i>Required:</i> Rate of an Individual Non-Preference enrollee on a plan	<i>Required:</i> Enter the rate of an individual tobacco enrollee on a plan
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	15	114.00	114.14
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	16	114.00	114.14
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	17	114.00	114.14
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	18	114.00	114.14
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	19	114.00	114.14
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	20	114.00	114.14
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	21	121.00	121.21
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	22	122.00	122.22
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	23	123.00	123.23
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	24	124.00	124.24
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	25	125.00	125.25
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	26	126.00	126.26
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	27	127.00	127.27
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	28	128.00	128.28
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	29	129.00	129.29
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	30	130.00	130.30
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	31	131.00	131.31
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	32	132.00	132.32
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	33	133.00	133.33
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	34	134.00	134.34

Combining Rates Step 7

Validate *If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.*
If you are not in a community rating state, select Age-Based Rates under Rating Method 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 + H. All plans must have the same dates on a sheet.

HIOS Issuer ID* 10055
 Rate Effective Date* 01/01/2021
 Rate Expiration Date* 12/31/2021
 Rating Method* Age-Based Rates

Add Sheet

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
<i>Required:</i> Enter the 14-character Plan ID	<i>Required:</i> Select the Rating Area ID	<i>Required:</i> Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	<i>Required:</i> Select the age of a subscriber	<i>Required:</i> Rate of an Individual Non-Preference enrollee on a plan	<i>Required:</i> Enter the rate of an individual tobacco enrollee on a plan
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	15	114.00	114.14
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	16	114.00	114.14
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	17	114.00	114.14
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	18	114.00	114.14
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	19	114.00	114.14
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	20	114.00	114.14
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	21	121.00	121.21
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	22	122.00	122.22
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	23	123.00	123.23
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	24	124.00	124.24
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	25	125.00	125.25
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	26	126.00	126.26
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	27	127.00	127.27
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	28	128.00	128.28
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	29	129.00	129.29
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	30	130.00	130.30
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	31	131.00	131.31
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	32	132.00	132.32
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	33	133.00	133.33
10055TX0140002	Rating Area 1	Tobacco User/Non-Tobacco User	34	134.00	134.34

Combining Rates Step 8

6 Rating Business Rules Template

The Rating Business Rules template is a simple table (see Figure 8). The first row is considered the **Issuer** rule, and the **Plan** and **Product ID** columns are therefore grayed and locked. Data must be entered in every column in the first row (except for Plan/Product ID). For subsequent rows, you may paste in the Plan **OR** Product IDs and any columns that have different rules from the first **Issuer** rule.

The last column, “What relationships between primary and dependent are allowed, and is the dependent required to live in the same household as the primary subscriber?” is a large pop-up. It is **advisable to always use the pop-up** for this column because of the complexity of the data elements. It is not necessary to enter the same rules repeatedly; for example, if Plans within a Product have the same answer to this column, then the plan rules can be left blank. If you are copying data from an older version of the template, you may copy and paste this cell.

Note: Do not copy and paste into this cell if “Child, Stepson or Stepdaughter, and Foster Child” are set to “Yes” for a Medical plan, in the older version of the template. Beginning in PY2022 “Child, Stepson or Stepdaughter, and Foster Child” are automatically defaulted to “No” if the plan is Medical (Refer to Figure 9).

✕

Relationship to Primary Subscriber

For each relationship between primary and dependent that are allowed, put a checkmark next to the relationship. For every checked relationship, select Yes if the dependent is required to live in the same household as the primary subscriber, otherwise select No.

<input checked="" type="checkbox"/> Self	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="checkbox"/> Collateral Dependent	<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/> Spouse	<input type="radio"/> Yes	<input type="radio"/> No	<input type="checkbox"/> Ex-Spouse	<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/> Child	<input type="radio"/> Yes	<input type="radio"/> No	<input type="checkbox"/> Foster Child	<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/> Stepson or Stepdaughter	<input type="radio"/> Yes	<input type="radio"/> No	<input type="checkbox"/> Ward	<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/> Grandson or Granddaughter	<input type="radio"/> Yes	<input type="radio"/> No	<input type="checkbox"/> Sponsored Dependent	<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/> Brother or Sister	<input type="radio"/> Yes	<input type="radio"/> No	<input type="checkbox"/> Other Relationship	<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/> Life Partner	<input type="radio"/> Yes	<input type="radio"/> No	<input type="checkbox"/> Other Relative	<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/> Nephew or Niece	<input type="radio"/> Yes	<input type="radio"/> No			

Figure 8: Rating Business Rules Template – Relationship to Primary Pop-up

✕

Relationship to Primary Subscriber

For each relationship between primary and dependent that are allowed, put a checkmark next to the relationship. For every checked relationship, select Yes if the dependent is required to live in the same household as the primary subscriber, otherwise select No.

<input checked="" type="checkbox"/> Self	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="checkbox"/> Collateral Dependent	<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/> Spouse	<input type="radio"/> Yes	<input type="radio"/> No	<input type="checkbox"/> Ex-Spouse	<input type="radio"/> Yes	<input type="radio"/> No
<input checked="" type="checkbox"/> Child	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input checked="" type="checkbox"/> Foster Child	<input type="radio"/> Yes	<input checked="" type="radio"/> No
<input checked="" type="checkbox"/> Stepson or Stepdaughter	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="checkbox"/> Ward	<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/> Grandson or Granddaughter	<input type="radio"/> Yes	<input type="radio"/> No	<input type="checkbox"/> Sponsored Dependent	<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/> Brother or Sister	<input type="radio"/> Yes	<input type="radio"/> No	<input type="checkbox"/> Other Relationship	<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/> Life Partner	<input type="radio"/> Yes	<input type="radio"/> No	<input type="checkbox"/> Other Relative	<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/> Nephew or Niece	<input type="radio"/> Yes	<input type="radio"/> No			

Figure 9: Rating Business Rules Template – Relationship to Primary Pop-Up for Medical Plans with “Child, Stepson or Stepdaughter, and Foster Child” selected

7 Plans & Benefits Template

In the Plans & Benefits template, shown in Figure 10, the top table in the Benefits Package sheet contains high-level plan information. You will find the Cost Share Variance for each plan on the second tab.

7.1 Benefits Package Sheet

The top table in the Benefits Package Tab allows any information to be pasted including the header rows (**Rows A-Q**). Do not copy and paste directly from the last Plan Years template because some columns have been locked. It is recommended to copy by columns, and not by rows.

	A	B	C	D	E	F	G	H	I	J
1	2022 Plans & Benefits Template v11.0			<i>To use this template, please review the user guide and instructions. All fields with an asterisk (*) are required</i>						
2	HIOS Issuer ID*			<i>You will need to save the latest version of the add-in file (PlansBenefitsAddIn.xlam) on your machine.</i>						
3	Issuer State*			<i>To create the cost share variance worksheet and enter the cost sharing amounts for both individual and SHOP (small group) markets, use the</i>						
4	Market Coverage*			<i>To create additional Benefits Package worksheets, use the Create New Benefits Package macro.</i>						
5	Dental Only Plan*			<i>To populate the benefits on the Benefits Package worksheet with your State EHB Standards, use the Refresh EHB macro.</i>						
6	Plan Identifiers									
	HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Design Type*
7										
8										
9										
10										
11										

Figure 10: Plan & Benefits Template – Plan Level Data

The bottom table in the Benefits Package sheet contains benefit information and EHB data (see Figure 11). The benefits and the EHB/State Mandate columns are locked cells. It is **NOT possible to paste information into these columns**. The Add Benefit Macro will assist you in adding extra benefits, but you will be unable to paste over any listed benefits. From column E onward, it is possible to paste data **based on the table found at the end of the section**. The Limit Unit column is a pop-up with two drop-down fields that allow you to select various units of limitation. **Be aware that if you paste a limit unit that is not in the pop-up, you will receive a validation error.**

	A	B	C	D	E	F	G	H	I	J	K	
59	Benefit Information			General Information								Out of Pocu
60	Benefits	EHB	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Exclusions	Benefit Explanation	EHB Variance Reason	Excluded from Network MOOP		
61	Primary Care Visit to Treat an Injury or Illness											
62	Specialist Visit											
63	Other Practitioner Office Visit (Nurse, Physician Assistant)											
64	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)											
65	Outpatient Surgery Physician/Surgical Services											

Figure 11: Plan & Benefits Template – Bottom EHB Table

7.2 Cost Share Variances Sheet

Columns A, C, D, and F are protected and read-only. The macros will populate this information, and it is not editable. Based on answers to columns G, H, and I, rows that are not applicable will lock and gray-fill. To verify that the appropriate rows gray out, manually select “No” from the dropdown.

If you are trying to paste any information into a row that has a gray cell, you will receive the Excel error message, shown in Figure 12.

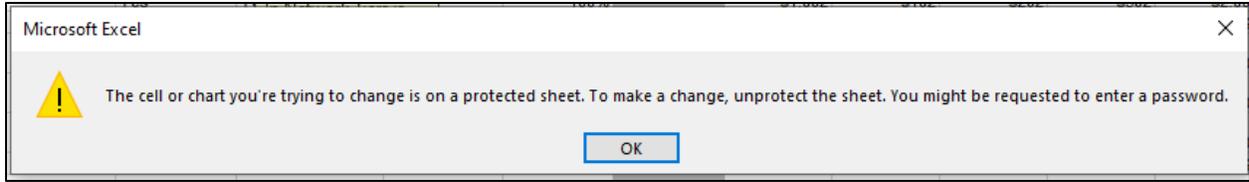


Figure 12: Sample Excel Error Message

You **can** paste values into any adjacent cells that are not gray, but be very careful to paste the right type of data. Each of the benefits listed on this sheet contains a copayment and coinsurance section.

Figure 13 shows Benefits Template Sample columns for Primary Care Visit to Treat an Injury or Illness with Copay and Coinsurance columns.

Primary Care Visit to Treat an Injury or Illness									Spe
Copay			Coinsurance			Copay			
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	
\$101.00		\$200.00	100.00%		25.00%	\$111.00		\$23	
\$101.00		\$200.00	100.00%		25.00%	\$111.00		\$23	
\$0.00		\$0.00	0.00%		0.00%	\$0.00		\$0	
\$101.00		\$300.00	100.00%		30.00%	\$111.00		\$28	
\$102.00		\$400.00	22.00%		40.00%	\$112.00		\$44	
\$102.00		\$400.00	22.00%		40.00%	\$112.00		\$44	

Figure 13: Cost Share Variance Sheet – Benefits Template Sample Columns

Be sure to paste the correct data type and format (dollar amount: **\$xx.xx** or percentage: **xx.xx %**) to reduce error messages when you validate.

If you need to paste a large block of data, it is easiest to do before the template locks cells that are not applicable. For example, if you have an older version of the Benefits template from which you want to paste data:

1. On the desired Cost Share Variance sheet, delete values from columns G, H, and I in each row that you want to paste data into, as shown in Figure 14. This will clear out any locked cells on that row.

G	H	I
Medical & Drug Deductibles Integrated?*	Medical & Drug Maximum Out of Pocket Integrated?*	Multiple In Network Tiers?*

Figure 14: Subsection of Benefits Template

2. Select and copy the block of data that you want to paste into the template (see Figure 15). If you are using an older version of the Benefits template, remember that you will not be able to copy the entire row, because the first four columns are locked. Also, remember that columns or data elements may be in different places. **It is permissible to copy gray cells, as long as you paste values only.**

BP	BQ	BR	BS	BT	BU	BV	BW	BX	BY	
Combined Medical and Drug EHB Deductible										
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network		
<i>Individual</i>		<i>Family</i>	<i>Default Coinsurance</i>		<i>Individual</i>		<i>Family</i>		<i>Default Coinsurance</i>	
	\$2,851	\$51 per person \$4701 per group					\$15,001	\$12501 per person \$40101 per group	\$13,501	\$12701 per person \$38401 per group
	\$2,851	\$2351 per person \$4701 per group					\$15,001	\$12501 per person \$40101 per group	\$13,501	\$12701 per person \$38401 per group
	\$0	\$0 per person \$0 per group					\$0	\$0 per person \$0 per group	\$0	\$0 per person \$0 per group
	\$2,851	\$2351 per person \$4701 per group					\$15,001	\$12501 per person \$40101 per group	\$13,501	\$12701 per person \$38401 per group
	Not Applicable	per person not applicable per group					\$15,002	\$12502 per person \$40102 per group	\$2,202	\$1802 per person \$3602 per group
	Not Applicable	per person not applicable per group					\$15,002	\$12502 per person \$40102 per group	\$2,202	\$1802 per person \$3602 per group
	\$0	\$0 per person \$0 per group					\$0	\$0 per person \$0 per group	\$0	\$0 per person \$0 per group

Figure 15: Benefits Template Deductible Columns Selected for Copy

3. Paste Special > Values into the destination workbook (either on the Home tab or with the right click). Repeat as many times necessary. (See Figure 16.)

BL	BM	BN	BO	BP	BQ	BR	BS	BT	BU
Combined Medical & Drug EHB Deductible									
In Network			In Network (Tier 2)			Out of Network		Combined In/Out Network	
<i>Individual</i>	<i>Family</i>	<i>Default Coinsurance</i>	<i>Individual</i>	<i>Family</i>	<i>Default Coinsurance</i>	<i>Individual</i>	<i>Family</i>	<i>Individual</i>	<i>Family</i>
\$850	\$800	10%				\$600	\$600	\$600	\$600
		10%				\$600	\$600	\$600	\$600
		0%	\$0	\$0	0%	\$0	\$0	\$0	\$0
		10%				\$600	\$600	\$600	\$600

Figure 16: Benefits Template Deductible Columns After Paste Values

- When you have finished pasting, go back to columns G, H, and I and make necessary selections from the drop-downs. Cells that are not applicable based on these values will gray and lock.
- It is permissible to have a value in a cell before it is gray/locked.** For example, each of the benefits has an In Network Tier 2 column (see Figure 17.) You may fill out all cells with values. When you select Multiple In Network Tiers = NO, all In Network Tier 2 cells will gray and lock. Any values in them will still be present, but the template ignores any cells with a gray fill for both Validate and Finalize macros.

Other Practitioner Office Visit (Nurse, Physician Assistant)					
	Copay			Coinsurance	
<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>	<i>In Network (Tier 1)</i>	<i>In Network (Tier 2)</i>	<i>Out of Network</i>
\$0.00	\$0.00	\$0.00	0.00%	0.00%	0.00%

Figure 17: Benefits Template Tier 2 Benefit Columns

For best results, **do not** paste your answers into columns G, H or I. If you do, Excel will not lock the columns that do not apply. If a cell is **not** gray, you **must** enter data into it.

For example, if you paste in “Yes” for Medical & Drug Deductibles Integrated, the template will not block out the separate Medical and Drug deductible groups, and you will have to enter “**Not Applicable**” for each column under those groups. **It is very important to double-check all your data after pasting into the Cost Share Variance sheet.**

8 ECP / Network Adequacy Template

The ECP / Network Adequacy Template has four types of worksheets: Facility ECPs, Individual ECPs, Individual Providers, and Facilities & Pharmacies.

8.1 Facility ECPs Tab

In the **Facility ECPs** worksheet (see Figure 18) providers can be added using the **Select ECPs** tab. You will be able to copy and paste into Columns F, M, N, O, and P. Columns A through E, and G through L, cannot be edited using copy and paste.

	A	B	C	D	E	F	G
1			Select All	Clear All	Remove Selected ECPs and Blank Rows	To select all ECPs, press the 'Select All' button or Ctrl + Shift + A. To clear all ECPs, press 'Clear All' button or Ctrl + Shift + G. To select an ECP, navigate to the corresponding row in the 'Remove ECP?' column and double click or press Ctrl + Shift + H. To remove selected ECPs, press the 'Remove Selected ECPs and Blank Rows' button or Ctrl + Shift + R.	
2	Remove ECP?	Row Number	National Provider Identifier (NPI)	Facility Name	Provider Name	ECP Category (General ECP Standard Issuers Only)	Street Address
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

Figure 18: Facility ECPs Tab

8.2 Individual ECPs Tab

In the **Individual ECPs** worksheet (see Figure 19) providers can be added either using the **Select ECPs** tab. You will be able to copy and paste into Columns I, J, L, S, T, and U. Columns A through G, K, and M through R cannot be edited using copy and paste.

	A	B	C	G	I	J	K
1			Select All	Clear All	Remove Selected ECPs and Blank Rows	To select all ECPs, press the 'Select All' button or Ctrl + Shift + A. To clear all ECPs, press 'Clear All' button or Ctrl + Shift + G. To select an ECP, navigate to the corresponding row in the 'Remove ECP?' column and double click or press Ctrl + Shift + H. To remove selected ECPs, press the 'Remove Selected ECPs and Blank Rows' button or Ctrl + Shift + R.	
2	Remove ECP?	Row Number	National Provider Identifier (NPI)	Name of Provider	Physician/Non Physician	Specialty Type (area of medicine)	Provider Entity Name
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

Figure 19: Individual ECPs Tab

8.3 Individual Providers Tab

In the **Individual Providers** worksheet (see Figure 20) you will be able to copy and paste into all columns.

	A	B	C	D	E	F	G	H
2	National Provider Identifier (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)*
3								
4								
5								
6								
7								

Figure 20: Individual Providers Tab

8.4 Facilities & Pharmacies Tab

In the **Facilities & Pharmacies** worksheet (see Figure 21) you will be able to copy and paste into all columns.

	A	B	C	D
2	National Provider Identifier (NPI)*	Facility Name*	Facility Type*	Street Address*
3				
4				
5				
6				

Figure 21: Facilities & Pharmacies Tab

9 Transparency in Coverage Template

The Transparency in Coverage template has two tabs: Issuer Level Data and Plan Level Data.

9.1 Issuer Level Data Tab

In the **Issuer Level Data** tab (see Figure 22), header rows are found between data entry rows. You will be able to copy and paste into the following cells only: B10-12, B14-19, and B21.

	A	B
1	OMB control number: 0938-1310/Expiration date: 04/22/2022	
2	<i>All fields with an asterisk (*) are required. To validate the template, press Validate button or Ctrl + Shift + I. To finalize the template, press Finalize button or Ctrl + Shift + F.</i>	
3	Centers for Medicare & Medicaid Services (CMS) Qualified Health Plan (QHP) Transparency in Coverage Reporting	
4	Plan Year 2022 v2.1	
5	<input type="button" value="Validate"/>	
6		
7	<input type="button" value="Finalize"/>	
8		
9	General Information	
10	Was this Issuer on the Exchange in 2020?*	
11	SADP Only?*	
12	Issuer HIOS ID*	
13	Issuer Level Data	
14	Number of Issuer Level Claims with Date(s) of Service (DOS) in 2020 That Were Also Received in Calendar Year 2020*	
15	Number of Issuer Level Claims with DOS in 2020 That Were Also Denied in Calendar Year 2020*	
16	Number of Issuer Level Internal Appeals Filed in Calendar Year 2020*	
17	Number of Issuer Level Internal Appeals Overturned from Calendar Year 2020 Appeals*	
18	Number of Issuer Level External Appeals Filed in Calendar Year 2020*	
19	Number of Issuer Level External Appeals Overturned from Calendar Year 2020 Appeals*	
20	Notes:	
21	Please enter any comments/notes here.	
22	<small>PRA Disclosure Statement: PRA Disclosure Statement: 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 0938-1310. The time required to complete this information collection is estimated to average 2520 minutes, including the time to review instructions, search existing data resources, gather the data needed, 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 the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).</small>	

Figure 22: Transparency in Coverage Template – Issuer Level Data

9.2 Plan Level Data Tab

In the **Plan Level Data** tab (see Figure 23), you will be able to copy and paste into all columns underneath the header rows.

	A	B	C	D	E	F	G	H	I	J
1	<i>All fields with an asterisk (*) are required. To validate the template, press Validate button or Ctrl + Shift + I. To finalize the template, press Finalize button or Ctrl + Shift + F.</i>									
2	<i>All plan IDs submitted via Plans & Benefits Template(s) must be included in this template.</i>									
3	Centers for Medicare & Medicaid Services (CMS) Qualified Health Plan (QHP) Transparency in Coverage Reporting									
4	Plan Year 2022									
5	Plan Level Data									
6	Plan ID*	Number of Plan Level Claims with DOS in 2020 That Were Also Received in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to Prior Authorization or Referral Required in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to an Out-Of-Network Provider/Claims in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to Exclusion of a Service in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to Lack of Medical Necessity, <i>excluding</i> Behavioral Health in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied Due to Lack of Medical Necessity, Behavioral Health <i>only</i> , in Calendar Year 2020*	Number of Plan Level Claims with DOS in 2020 That Were Also Denied for "Other" Reasons in Calendar Year 2020*	Notes: (Please enter any comments/notes here.)
7										
8										
9										
10										
11										

Figure 23: Transparency in Coverage Template – Plan Level Data