Essential Health Benefits RX Crosswalk
Methodology for Plan Year 2023

Pursuant to 45 CFR 156.122, to satisfy the requirement to offer essential health benefits (EHB), health plans must cover at least the greater of: (1) one drug in every United States Pharmacopeia (USP) therapeutic category and class; or (2) the same number of drugs in each USP category and class as the State's EHB-benchmark plan. CMS stated in the rule "Patient Protection and Affordable Care Act; Standards Related to Essential Health Benefits, Actuarial Value, and Accreditation Final Rule"[1] that, for purposes of satisfying this requirement, drugs must be chemically distinct in order to be counted as more than one drug.

This document summarizes the methodologies the Centers for Medicare and Medicaid Services (CMS) implemented to modify the plan year (PY) 2022 EHB Rx Crosswalk (Crosswalk) to reflect newly prescribable drugs, count the prescription drug EHB-benchmark plan benefits by category and class, and to update the Crosswalk by using a newer version of the RxNorm database. This document is updated and posted annually along with the Drug Count Tool (DCT) and reference files.

The Crosswalk is composed of a list of RxNorm Concept Unique Identifiers (RXCUIs).[2] RXCUIs are variables that group each chemically distinct drug into a single code regardless of manufacturer or package size. The Crosswalk also reflects those drugs that can be credited toward meeting a State's EHB-benchmark plan prescription drug count. In the rule "Patient Protection and Affordable Care Act; Notice of Benefit and Payment Parameters for 2016 Final Rule" (80 FR 10750, 10815; February 27, 2015), CMS stated, "we intend to use the most up-to-date version of the USP system available at the time that we build our formulary review tools for each plan year, starting with the 2017 plan year and will refer to the version number in the methodology document that we update each year." In August 2020, CMS revised the PY 2021 Crosswalk from USP MMG v7.0 to USP MMG v8.0 in accordance with the revisions outlined in the final USP MMG v8.0.[3]

In the fall of 2020, CMS updated benchmarks for use starting with PY 2022.[4] CMS compared the PY2022 Crosswalk to each State's EHB-benchmark plan to determine the number of drugs in each USP Category and Class for PY 2022.

In 2021, CMS updated the Crosswalk by comparing the December 6, 2021 RxNorm release to the December 7, 2020 RxNorm release to identify new RXCUIs. CMS added newly approved medications, drug strengths, brand names, and generic form RXCUIs, removed obsolete RXCUIs, and replaced those RXCUIs that have been retired with the reassigned RXCUIs. CMS removed all RXCUIs that were not in the RxNorm Current Prescribable Content or were not listed as currently marketed and approved prescription drugs in the FDA Approved Drug Products database.[5]

For the Crosswalk update, CMS assigned new drug RXCUIs to their therapeutically appropriate USP MMG v8.0 category and class assignments. CMS also grouped RXCUIs with identical active ingredient chemical entities and different dosage strengths (e.g., metformin tablets 500 mg vs. metformin tablets 850 mg) and/or routes of administration (e.g., topical ointment vs. transdermal patch) into a higher-level grouping of chemically distinct covered drugs. The Crosswalk reflects those drugs that can be credited toward meeting a State's EHB-benchmark plan prescription drug count when using the DCT. Since the PY 2019 update, the Crosswalk includes RXCUIs representing drugs that were previously excluded from the Crosswalk, such as certain physician-administered, orphan and combination drug products. This will afford issuers more flexibility in the form of an expanded Crosswalk with more RXCUIs that, when covered under an issuer's formulary, will be credited toward meeting the State benchmark counts when using the DCT.

The final revised and updated PY 2023 EHB Rx Crosswalk contains 8360 RXCUIs, representing 1532 chemically distinct drugs. There are 47 categories and 156 classes for a combination of 169 unique category/class combinations.

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[1] 78 FR 12834; February 25, 2013 [78 FR 12866, Feb. 25, 2013, as amended at 79 FR 30350, May 27, 2014; 80 FR 10871, Feb. 27, 2015; 81 FR 12349, Mar. 8, 2016; 81 FR 53032, Aug. 11, 2016]

[2] RxNorm, Unified Medical Language System® (UMLS®), U.S. National Library of Medicine, available at: https://www.nlm.nih.gov/research/umls/rxnorm/.

[3] USP MMG v8.0 information: https://www.usp.org/health-quality-safety/usp-medicare-model-guidelines

[4] Information on the benchmark plans is available at: https://www.cms.gov/cciio/resources/data-resources/ehb.html.

[5] Available at: http://www.accessdata.fda.gov/scripts/cder/daf/