Overview of the 2025 QHP Application Review Tools

The following tools should be run first:

Tool Title	Description	Key Updates for 2025
Data Integrity Tool	This tool identifies critical data errors within and across templates. • Provides immediate feedback about data, reducing issuer resubmissions. • Alerts issuers and state reviewers to irregularities in the template submissions. • Imports QHP and SADP data from most application templates. • Conducts validation checks beyond the standard HIOS and SERFF checks. • Looks across templates for consistency in key fields. • Produces error reports that describe the error and its location in the template. **1 This is the first tool that should be used to ensure accurate data before importing data into the other tools.**	• Accommodates 2025 data templates • Incorporates 2025 MOOP limits set by the final 2025 Payment Notice • Ensures SADPs do not have a "Indemnity" plan type value in the Plans & Benefits Template • Ensures a Service Area ID is associated to a unique Service Area Name, a one-to-one relationship, in the Service Area Template
Data Consolidation Tool (formerly Master Review Tool)	Aggregates data from the Plans & Benefits, Service Area, Essential Community Provider (ECP)/Network Adequacy, and Prescription Drug Templates and serves as a data input file to the other standalone tools. **2 This is the second tool that should be used, after the DIT has been run. All tools require you to import the Data Consolidation Tool for input data to run the tool, so you will need to use the Data Consolidation Tool to import data templates before any other tool can be used.**	• Accommodates 2025 data templates

Tool Title	Description	Key Updates for 2025
Review Process Guide	Provides model step-by-step processes that state regulators could follow to review QHP Applications for compliance with specific PPACA standards. This includes descriptions of the backend functionality in the other automated review tools. **3 This tool is optional but is a good reference for users to see the steps that take place in each of the stand-alone tools and is also helpful for completing reviews that cannot be automated.**	• Updated to incorporate any changes to PY2025 reviews

The following tools can be run in any order after the DIT has been run to ensure the integrity of template data, and after all templates have been imported into the data consolidation tool:

Tool Title	Description	Key Updates for 2025
Essential Community Providers (ECP) Tool	Calculates the total number of ECPs an issuer has in each plan's network and compares this to the number of available ECPs in that service area. This tool will check whether the percentage of the plan's networked ECPs is equal to or greater than the ECP threshold (as defined by federal or state regulators) to demonstrate satisfaction of the ECP inclusion standard set forth in 45 CFR 156.235. This tool is only applicable to Issuers operating in states that use the State Based Exchange model. All other issuers should use the Marketplace Plan Management System (MPMS) to evaluate their ECP results.	• Accommodates 2025 data templates • Updated with 2025 ECP list
SADP Essential Community Providers (ECP) Tool	Calculates the total number of SADP ECPs an issuer has in each plan's network and compares this to the number of available SADP ECPs in that service area. This tool will	• Accommodates 2025 data templates

Tool Title	Description	Key Updates for 2025
	check whether the percentage of the plan's networked SADP ECPs is equal to or greater than the SADP ECP threshold (as defined by federal or state regulators) to demonstrate satisfaction of the ECP inclusion standard set forth in 45 CFR 156.235. This tool is only applicable to Issuers operating in states that use the State Based Exchange model. All other issuers should use the Marketplace Plan Management System (MPMS) to evaluate their ECP results.	• Updated with 2025 ECP list
Non-Discrimination Cost Sharing Review Tool	Performs an outlier analysis for "QHP Discriminatory Benefit Design" per 45 CFR 156.225 which prohibits QHPs from employing market practices or benefit designs that have the effect of discouraging the enrollment of individuals with significant health needs. It looks at all plans within the state, goes through a group of pre-determined benefits and determines if any plan has a significantly higher copay or coinsurance for those benefits, which could potentially mean that the coverage is discriminatory. The tool can assess potentially discriminatory cost sharing design relative to the national thresholds as well. For CMS's review a plan will be considered deficient if it has been calculated as an outlier at both the state and national levels. Since this tool requires aggregate data from all plans in a state, this tool is only recommended for use by states, rather than issuers.	• Accommodates 2025 data templates

Tool Title	Description	Key Updates for 2025
Cost Sharing Tool	Runs five different checks (when they are applicable to the plan) for cost sharing standards. This includes: Maximum Out of Pocket (MOOP) Review, Cost Sharing Reduction (CSR) Plan Variation Review, Standardized Options Review, Catastrophic Plan Review, and Expanded Bronze Plan Review.	• Accommodates 2025 data templates • Incorporates 2025 MOOP limits set by the 2025 Payment Notice
Category & Class Drug Count Tool	Compares the count of unique chemically distinct drugs in each USPv9 category and class for each drug list with the benchmark.	• Accommodates 2025 data templates • EHB-Rx Crosswalk has been updated using USPv9.0 Medicare Model Guidelines • EHB-Rx Crosswalk has been updated using the December 4, 2023 monthly release of RxNorm • RxNorm Drug Name Extract has been updated using the December 4, 2023 monthly release of RxNorm
Formulary Review Suite	Aggregate tool that performs both the Non-Discrimination Formulary Outlier Review and the Non-Discrimination Clinical Appropriateness Review.	
Formulary Review Suite: Non-Discrimination Formulary Outlier Review	Identifies and flags as outliers those plans that have unusually large numbers of drugs subject to prior authorization and/or step therapy requirements in 27 USPv9 categories and classes. Since this review requires aggregate data from all plans in a state, this tool is only recommended for use by states, to obtain meaningful results. Issuers should only use this review to identify	• Accommodates 2025 data templates • Drug lists and categories and classes have been updated using USPv9.0 Medicare Model Guidelines.

Tool Title	Description	Key Updates for 2025
	coverage details for each drug included in each USP category and class.	
Formulary Review Suite: Non-Discrimination Clinical Appropriateness Review	Analyzes the availability of covered drugs associated with eleven conditions as recommended in clinical guidelines, to ensure that issuers are offering a sufficient type and number of drugs.	• Accommodates 2025 data templates
Plan ID Crosswalk Tool	Checks that the Plan ID Crosswalk Template has been completed accurately, by ensuring that all counties in all FFE plans that were offered in 2024 are included in the crosswalk, the plans are crosswalked to valid 2025 plans, the crosswalk reasons selected are consistent with plan offerings, and the crosswalk is compliant with the regulation in 45 CFR. 155.335(j).	• Accommodates 2025 data templates • Pulls in Network ID fields from the PY24 PBT and PY25 PBT. • Adds Network ID requirements of PY24 plan to PY25 plan
Adverse Tiering Review Tool	Checks that a plan's prescription drug benefit design does not discourage enrollment by covering most or all drugs necessary for the treatment of high-cost and chronic conditions on the highest cost-share tier.	• Accommodates 2025 data templates

For additional information, contact the Marketplace Service Desk (MSD) at 855-CMS-1515 or via e-mail at CMS_FEPS@cms.hhs.gov.