Plans & Benefits Template/Add-In Instructions

A sample template has been created with mock data in order to provide examples as to how a completed template should appear. To begin creating a Plans and Benefits template, only the Plan and Benefit Add-In is needed.

Downloading the Plans and Benefits Add-In

1. Begin by double-clicking the PlansBenefitsAddIn.xlam file. Select 'Enable Macros'.

Microsoft Excel Security Notice
Microsoft Office has identified a potential security concern.
Warning: It is not possible to determine that this content came from a trustworthy source. You should leave this content disabled unless the content provides critical functionality and you trust its source.
File Path: C:\oore\Documents\Benefits\Sprint 11\PlansBenefitsAddIn.xlam
Macros have been disabled. Macros might contain viruses or other security hazards. Do not enable this content unless you trust the source of this file.
More information
Enable Macros Disable Macros

a. If the Excel Security Notice appears, click "Enable".



b. If you receive a message concerning updating links, click "Update"

Microsoft	Excel
<u>^</u>	This workbook contains links to other data sources. If you update the links, Excel will attempt to retrieve the latest data. If you don't update the links, Excel will use the previous information. Note that data links can be used to access and share confidential information without your permission and possibly perform other harmful actions. Do not update the links if you do not trust the source of this workbook. Update Don't Update Help

2. Once Excel has opened, the tab 'Plans and Benefits' will appear within the Excel Ribbon. Select the new tab. Click on it and you will see the different buttons available to assist you in creating your Plans and Benefits Template.

Alternatively, open the PlansBenefits.xlsm file and select 'Enable Macros'. The Plans and Benefits tab will then appear within the Excel Ribbon.

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Creating a Plans and Benefits Template

Note: Prior to completing a new Template, a company must register their Product IDs via HIOS. Each Product ID will come with 50 Plan IDs. A Plan ID is made up of the Standard Component ID and a Variance ID.

1. To create a new template, select 'New Plans and Benefits Template'.

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	Market Coverage									
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			Plan Ide	ntifiers						
	Standard Component		HIOS							
		Plan Marketing Name	Product ID	HPID	Network ID	Service Area ID	Formulary ID	New/Existing Plan?	Plan Type	м
	Add Standard Plan		Troductib							
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24	Primary Care Visit to 1	Freat an Injury or Illness								
25	Specia Other Prestitions of C	list visit								
26	Other Practitioner Offic	e visit (Nurse, Physician								-

A new Plans and Benefits Template will open to the Benefits Package worksheet.

2. In the header information, select the Issuer State and the Market Coverage (Individual or Small Group).

One template will need to be filled out for each market, therefore Individual and Small Group plans must have their own separate template.

3. A Benefits Package includes high level information regarding the plans, as well as a list of benefits (with any quantitative limits or exclusions) that each listed plans will cover. Multiple Benefit Packages may be made for each template. Each Benefits Package must also include a Cost Share Reduction worksheet.

Enter the plan level information (one plan per row) in the top table of the Benefits Package worksheet. If more than one row is needed, select 'Add Standard Plan'.

a. For each Plan, the Plan Type, Metal Level, H.S.A. Eligible, Plan Effective Dates, and URL links to Plan Brochures and Summary of Benefits and Coverage must be entered.

This information will not be affected by the cost share reduction variations, and therefore would be the same for all variations of a standard plan.

- b. Prior to creating a Cost Share Reduction worksheet, the following fields must be completed:
 - i. Standard Component ID
 - ii. Plan Marketing Name
 - iii. Metal Level
 - iv. QHP/Non-QHP (if the plan is being offered on the Exchange, off the Exchange, or both)
 - v. Unique Plan Design
 - vi. Any covered benefits
- c. Each plan must have one of the following unique identifiers selected:
 - i. The Network ID
 - ii. Formulary ID
 - iii. Service Area ID
 - To import a Service Area, select 'Import Service Areas'.

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🕂 Creat	e New Benef	its Package	e		Finalize	4	Import Net	work IDs			
🗬 Creat	e Cost Share	Variances			📑 Check AV Ca	lc					_
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 Locate and select the intended the Service Area Template from the local hard drive in order to import the values from the Service Area template into the drop-down field under the Service Area ID.

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Microsoft Excel	Documents library Includes: 2 locations	Arrange by:	Folder -			
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aimoore	🎉 College	11/11/2012 11:56	File fold			
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4. Once the Plan information has been completed, the Benefit information must be entered. Select 'Refresh EHB Data' located on the Plans and Benefits ribbon. Once selected, the template will be populated with EHB and State Mandate benefits with their Quantitative Limit. In order for the correct information to be populated, the Issuer State is required in the header information.

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Note: All data currently populated by the add-in is for testing purposes only and in no way reflects the state's real EHB or State Mandates.

5. Pre-populated data may be edited and other benefits by be selected as covered. If additional benefits are needed, select 'Add Benefit'.

F	ile Home Insert Page Layout Formulas	Data	Review Vi	ew Developer	Team Plans a	nd Benefits		
-	New Plans and Benefits Template 🔹 Refresh EHB Data	🗸 Validate	<> Impo	rt Service Areas				
÷	Create New Benefits Package	🖐 Finalize	< > Impo	rt Network IDs				
0	Create Cost Share Variances	📑 Check AV	Calc					
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	A B	С	D	E	F	G	н	
21								
22	Benefit Information						Genera	l Infor
	Benefits	EHB	State	Is this Benefit	Quantitative	Limit Quantity	Limit Unit	
23	Add Benefit		Mandate	Coverear	Limit on Service			
24	Primary Care Visit to Treat an Injury or Illness	Yes		Covered	Yes	25	Visits per year	
25	Specialist Visit		Yes	Covered	Yes	6	Hours per week	
26	Other Practitioner Office Visit (Nurse, Physician							
27	Outpatient Facility Fee (e.g., Ambulatory		Yes	Covered	Yes	60	Days per year	
28	Outpatient Surgery Physician/Surgical Services							
29	Hospice Services	Yes		Covered	Yes	7	Hours per week	
30	Non-Emergency Care When Traveling Outside		Yes	Covered	Yes	11	Days per month	
31	Routine Dental Services (Adult)							
32	Infertility Treatment		Yes	Covered	Yes	27	Visits per year	
33	Long-Term/Custodial Nursing Home Care							
34	Private-Duty Nursing	Yes		Covered	Yes	12	Days per month	
35	Routine Eye Exam (Adult)		Yes	Covered	Yes	62	Days per year	
36	Urgent Care Centers or Facilities							
37	Home Health Care Services		Yes	Covered	Yes	9	Hours per week	
38	Emergency Room Services							
39	Emergency Transportation/Ambulance	Yes		Covered	Yes	63	Days per year	
40	Inpatient Hospital Services (e.g., Hospital Stay)		Yes	Covered	Yes	29	Visits per year	
41	Inpatient Physician and Surgical Services							
42	Bariatric Surgery		Yes	Covered	Yes	14	Days per month	
43	Cosmetic Surgery							
44	Skilled Nursing Facility	Yes		Covered	Yes	30	Visits per year	
45	Prenatal and Postnatal Care		Yes	Covered	Yes	11	Hours per week	
46	Delivery and All Inpatient Services for							
47	Mental/Behavioral Health Outpatient Services		Yes	Covered	Yes	65	Days per year	
48	Mental/Behavioral Health Inpatient Services			0.1				
49	Substance Abuse Disorder Outpatient Services	Yes		Covered	Yes	12	Hours per week	
50	Substance Abuse Disorder Inpatient Services		Yes	Covered	Yes	16	Days per month	

6. For any benefit that does not match the EHB or State Mandate **exactly**, the EHB Variance Reason must be selected

The three options to select from are: Above EHB, Substituted, or Substantially Equal. Note that all of these covered benefits and limitations will need to be the same for every plan listed above. If there are differences between the benefits of the plan, create another Benefits Package.

ext EHB Variance Reason Deductible and Out of Pocket Exceptions Excluded from In Deductible Network MOOP						
ext EHB Variance Subject to Excluded from In Reason Deductible Network MOOP MOOP			Deductik	ole and Out of Pocke	t Exceptions	
МООР	ext	EHB Variance Reason	Subject to Deductible	Excluded from In Network MOOP	Excluded from Out of Network MOOP	

7. Once the Benefits Package worksheet has been completed, select 'Create Cost Share Variances'.

This will create the Cost Share Variance worksheet and list all required variations of the standard plan.

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a. After selecting 'Create Cost Share Variances', a reminder will appear noting what information is needed to correctly create the Cost Share Variance worksheet. Select 'OK'.



b. If deductible sub-groups exist, select 'Yes'. These are any "other" deductibles you may have besides the regular medical and drug deductibles.

For example, there could be a separate Maternity Deductible that is lower than the Medical Deductible and once met, all maternity care is covered.

Deductible Sub-Groups
Do you have deductible sub-groups?
Yes No

c. Enter the number of deductible sub-groups. Select 'OK'.



d. Enter the name of the deductible sub-group. Select 'OK'.



The new deductible will appear after the Medical deductible on the Cost Share Reduction sheet.

8. The macro will take the Standard Component ID and automatically add the Plan Marketing Name, Metal Level, and variance code based on CSR Variation Type. There can be 3 to 7 variances (including the standard plan), depending on the Metal Level and if it is offered on or off the Exchange.

2			1		
3	Plan Id	Plan Marketing Name	Metal Level	CSR Variation Type	lssuer Actuarial Value
4	12345CA001-01	Blue Choice	Gold	Standard Gold On Exchange Plan	
5	12345CA001-02			Open to Indians below 300% FPL	
6	12345CA001-03			Open to Indians above 300% FPL	
7	12344CA003-00	Blue Health	Silver	Standard Silver Off Exchange Plan	
8	12344CA003-01			Standard Silver On Exchange Plan	
9	12344CA003-02			Open to Indians below 300% FPL	
10	12344CA003-03			Open to Indians above 300% FPL	
11	12344CA003-04			73% AV Level Silver Plan	
12	12344CA003-05			87% AV Level Silver Plan	
13	12344CA003-06			94% AV Level Silver Plan	
14	12345CA002-00	Plan Marketing Name	Platinum	Standard Platinum Off Exchange P	lan
15	12344CA004-01	Health First	Bronze	Standard Bronze On Exchange Plar	h
16	12344CA004-02			Open to Indians below 300% FPL	
17	12344CA004-03			Open to Indians above 300% FPL	
18					
19					

Additional Plans and Benefits Template Information

The template is designed to reduce redundant data entry by automatically filling in values in rows below that should be the same as the standard plan. For example, if a plan is offered on an off the Exchange, they will have the same values.

In the example below, 'Yes' is selected under Medical & Drug Deductibles Integrated, the Indians above 300% FPL automatically fill in the same values. These fields may be edited if they are different, but, to reduce time, it is automated. This will happen for all values after the column AV Calculator Output Number on the Cost Share Variance worksheet.

		1		Cost Sharing Reduction Information						
Plan Id	Plan Marketing Name	Metal Level	CSR Variation Type	Issuer Actuarial Value	lssuer AV Calculator Actuarial Output Value Number		Medical & Drug Maximum Out of Pocket Integrated?	Default Copayment In Network		
5CA001-01	Blue Choice	Gold	Standard Gold On Exchange Plan			Yes	Yes	v		
I5CA001-02			Open to Indians below 300% FPL							
ISCA001-03			Open to Indians above 300% FPL			Yes	Yes			
4CA003-00	Blue Health	Silver	Standard Silver Off Exchange Plan							
4CA003-01			Standard Silver On Exchange Plan							
4CA003-02			Open to Indians below 300% FPL							
4CA003-03			Open to Indians above 300% FPL							
4CA003-04			73% AV Level Silver Plan							

When 'Yes' is selected in Deductibles Integrated and Maximum Out of Pocket Integrated, or 'No' is selected in Multiple In-Network Tiers, certain columns will not be required. Fields that are not required will appear greyed out to signify they may be skipped.

ianing incaaction	njonnation						
Medical & Drug Deductibles Integrated?	Medical & Drug Maximum Out of Pocket Integrated?	Default Copayment In Network	Default Copayment Out of Network	Default Coinsurance In Network	Default Coinsurance Out of Network	Multiple In- Network Tiers?	1 Ut
Yes	Yes					Yes	-
Yes	Yes					Yes	

AD	AE	AF	AG	AH	AI	AJ	AK	AL	A	
			Out of Pocket Max for Drug Benefits							
Combined In/Out Network		In Net	work	Out of N	letwork	Combine Netw	d In/Out vork	In Network		
lividual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Fam	

E	зv	BW	BX	BY	BZ	CA	CB	сс	CD	CE	CF	CG	СН	CI	CJ
	Specialist Visit						Outpati	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)							Hospi
	Copay Coinsurance				Сорау			Coinsurance			Copay				
Net (Tie	In work er 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	In Network (Tier 1)	In Network (Tier 2)	Out of Network	In Network (Tier 1)	In Network (Tier 2)	Out of Networ

The Cost Share Variance worksheet allows users to enter Deductibles and Maximum Out of Pocket information for In/Out/Combined Networks and both Individual and Family. This information must be provided for each plan variance. This worksheet also copies over only "Covered" benefits in order to reduce the number of columns, and allows the user to enter In/Out/Combined Network Copays and Coinsurances.

In the future, functionality will be added to other buttons on the Plans and Benefits Ribbon including:

- Validate will check over the entire workbook to make sure required fields have been answered and correct data has been entered.
- Finalize will first validate and then create an xml extract of the template.
- Check AV Calc will prompt the user to select the location of the standalone AV Calculator on their local hard drive and then automatically calculate AVs for all plans on the Cost Share Variance sheet.
- Import Network IDs and Import Formulary IDs same functionality as the Import Service Area IDs for the other two types of IDs.

Other buttons may be added for more functionality.