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# **SERFF Interface Control Document**

**Version 1.0**

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**Revision History**

Version	Date	Modified By	Description
1.0	04/29/13	Frank.Pennimpede	Delivered to SOV for review

## 1 Introduction

This document describes the service interfaces and underlying processes for transferring an approved Qualified Health Plan (QHP) from the System for Electronic Rate and Form Filing (SERFF) to the State of Vermont Health Benefit Exchange (VT HBE). SERFF is a system maintained by the National Association of Insurance Commissioners (NAIC). All carriers participating in the VT HBE are required to publish their health plans for groups and individuals, and associated rates and premiums, to the SERFF database.

The scope of this Interface Control Document (ICD) encompasses all aspects of the transfer of a SERFF-stored QHP to the VT HBE. This includes the triggering mechanism, the nature of the data being sent, and the response to that data, all via a web service.

The following items are outside the scope of this document:

- The process of reviewing, altering, and approving those plans by the state of Vermont (SOV) or VT HBE plan management.
- The process for the carrier loading plans to the SERFF database.
- The placement of non-carrier (public) plans such as Medicaid.

CGI recognizes that these out of scope items are far more complex than the single act of transferring a plan from SERFF, and likely of interest to Vermont's partners. CGI will continue to identify and develop interface and procedural details to fully address and document SERFF plan management interfaces, and the processes for utilizing them.

Full details of all document interfaces, transaction processes, and operational protocol are addressed within this document. Supporting documents that may add additional insights into specific aspects of the process are referenced below.

## 2 Service Overview

An overview of the services described in this document will help provide context to the specific step of transferring the plan data to VT HBE.

The overall process begins with the carriers uploading QHP data into the SERFF database. Once the plan data is uploaded and available for review, a review and amendment process occurs between SERFF, the carrier, and State of Vermont workers responsible for reviewing the plans.

These review and amendment steps occur outside the VT HBE system. However, once amendments are approved (or if the plan was approved from the outset), the plan data is transferred to the VT HBE Integration Hub (HIH) for provision to the VT HBE System. Once the plan is stored in the system (as an object in Siebel), the reviewer will view and activate it using Siebel. Once a plan is activated, the VT HBE Portal will display it.

Two system interfaces and a manual interface are included in the context of this document. The two system service activities are described in terms of infrastructure, operational processes, and other mechanisms where appropriate. This document also provides an initial description of operational support practices for handling security, exceptions (and exception resolution), and logging.

This document explains in detail the service whose interfaces establish a communication mechanism between four parties (SOV plan reviewer, VT HBE system, HIH, and SERFF) in the following manner:

- From the **SOV Reviewer to SERFF** (manual activity) - to trigger the transfer of a plan to the HIH.
- From **SERFF to HIH** - to transfer the plan data.
- From the **HIH to the HBE system** - to send plan data for persistence in Siebel.

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## 2.1 Purpose

The Exchange is intended by the Affordable Care Act (ACA) to be a facilitator in the provision of healthcare coverage for eligible citizens seeking it. It is intended to bring issuers and applicants together, and streamline and operationally ease the task of applying for and enrolling in a healthcare plan.

The QHPs are at the center of the Exchange. The QHPs are provided by each state's participating carriers to a national facilitating body (SERFF). The SERFF provides plan storage and management operations for the various parties comprising the Exchanges. For a State Based Exchange (SBE), the single most meaningful interface (and currently the only one fully defined by SERFF) is the transfer plan service. With this service, SERFF sends plan details to the Exchange which takes the details and creates an instance of a QHP in its system, for eventual review and selection by a prospective enrollee.

The scope of this ICD is a smaller part of the overall process. The elements not covered in this ICD are beyond scope for the following reasons:

- Some operations are strictly the province of Carrier-SERFF communications and processes.
- Some operations will eventually be in scope for the VT HBE, but are not currently in this ICD because they have not yet been defined by SERFF. For example, the plan update service.
- Some operations are inherently business processes that may or may not eventually have supporting VT HBE portal functionality. For example, reviewing and raising potential issues for existing plans.

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## 2.2 Functionality

- **Trigger the Plan Transfer from SERFF**

This is a manual activity (invoked by clicking a button) that occurs within the SERFF web site. The site is configured with the location of the HIH web service established, to receive the plan data triggered by this manual activity.

- **Transfer the Plan to the HIH**

Once the plan transfer has been triggered, the SERFF server knows the web service location to call within the VT HBE Integration Hub and performs the call. This call streams the plan data securely to this web service, and concludes with an acknowledgement that the data was successfully received.

- **Store the Plan in the VT HBE System**

The HIH conveys the plan data to the VT HBE system itself, for storage within Siebel. The HIH handles this by performing an internal service call, which routes the plan to a Siebel web service, adding to (or modifying) the plan management store within the system. This storage makes plan details available to both appropriate parties accessing the system through the Portal, as well as CSRs accessing plan data through Siebel screens.

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## 2.3 Participants

- **HIH**

The infrastructure of the HIH is built using the Oracle Service-Oriented Architecture (SOA) Suite, and comprises a set of web services. The web service "transferPlan" is required by SERFF to stream plan data to. HIH is the single channel of communication between the at-large HBE System and the external world, such as the carrier hubs, Centers for Medicare and Medicaid Services (CMS) Data Services Hub (DSH) and SERFF.

- **VT HBE System**

The VT HBE System refers to a technology stack of customized COTS products, consisting of a Liferay Portal which serves as the public-facing UI for the system, as well as a host of Oracle products that form the underlying infrastructure of the system, such as Siebel, in the form of a customized Public Sector application implementation.

- **Carriers**

QHP issuers for citizens utilizing the VT HBE system (either through the Portal or through Customer Walk-or-Call in Centers). In this document, carrier refers to the initial provider of plan data to SERFF, and those responding to plan issues raised by the plan reviewers.

- **SERFF**

SERFF has been selected by CMS as a common repository for plan data used by the various state exchanges, as well as the federal exchange. SERFF provides a web service based Application Programming Interface (API).

## 2.4 Service Obligations

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- **VT HBE Integration Hub**

HIH is built on top of Oracle SOA Suite, and is a provider of services to both the VT HBE Portal and SERFF. For purposes of this ICD, it has no client responsibilities except for internal calls between itself and the SOA layer that exists as part of the HBE System stack. From a provider perspective, it is responsible for hosting a plan transfer web service that SERFF can call.

HIH is the sole gateway through which the VT HBE system communicates to the external world.

- **VT HBE System**

VT HBE services, in the case of enrollment related operations, are provided entirely by the VT HBE Integration Hub (HIH). It serves as a mediation layer between the functionality of the VT HBE Portal (and persistence and business methods of the underlying Siebel application layer) and external resources such as CMS and the Carriers.

HIH is built on top of Oracle SOA Suite, and is a provider of services to both the VT HBE Portal and SERFF. In turn, it consumes services provided by the Carriers. As a consumer of Carrier services and recipient of Carrier-delivered files, it has a transactional responsibility to acknowledge receipt of service calls and file transfers in a fashion laid out elsewhere in this document. HIH is the sole gateway through which the VT HBE system communicates to the external world.

- **Carriers**

The Carriers service obligations, in terms of this ICD, are to load the SERFF database with plan data, and respond to issues raised by SOV reviewers.

- **SERFF**

At present, the precise nature of CMS' service obligations is undetermined. Further detail is expected with each new release of the companion guide, and this ICD document will be updated accordingly.

## 2.5 Out of Scope

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The following items are out of scope:

- Carrier – SERFF operations
- Plan Review/Update processes



### 3 Assumptions and Issues

#### 3.1 Assumptions

The following assumptions have been made:

- Triggering of Plan Transfer to VT HBE will be a manual operation, using the SERFF website.
- No scheduled Plan Transfers will be provided.
- Changes to Plan Data in Siebel will be non-destructive and date-based. This means new rows in the database will be added for changes, with effective dates, rather than deleting or modifying data.

#### 3.2 Issues

The following issues were identified and have been resolved:

**Exhibit 1: Issues**

Issue	Resolution	Assigned To	Status
Not all interfaces described by SERFF are currently defined.	The interfaces needs have been finalized.	David Jurk	Closed
SERFF Plan data formats/structures are not yet finalized	This will not affect the interface or processes.	Kevin Ankin	Closed
How will Plan decertification be communicated to SERFF?	Manually	Kevin Ankin	Closed
The transaction details between SERFF and VT HBE in terms of headers, error handling, security, etc., are not yet known.	This information has been received from SERFF.	David Jurk	Closed
Plan Review/Change processes are still TBD.	This is a manual process done in SERFF.	Kevin Ankin	Closed
Rate Change during term – do notices need to be produced?	Rate changes will not be permitted so there is no need for notices.	Kevin Ankin	Closed

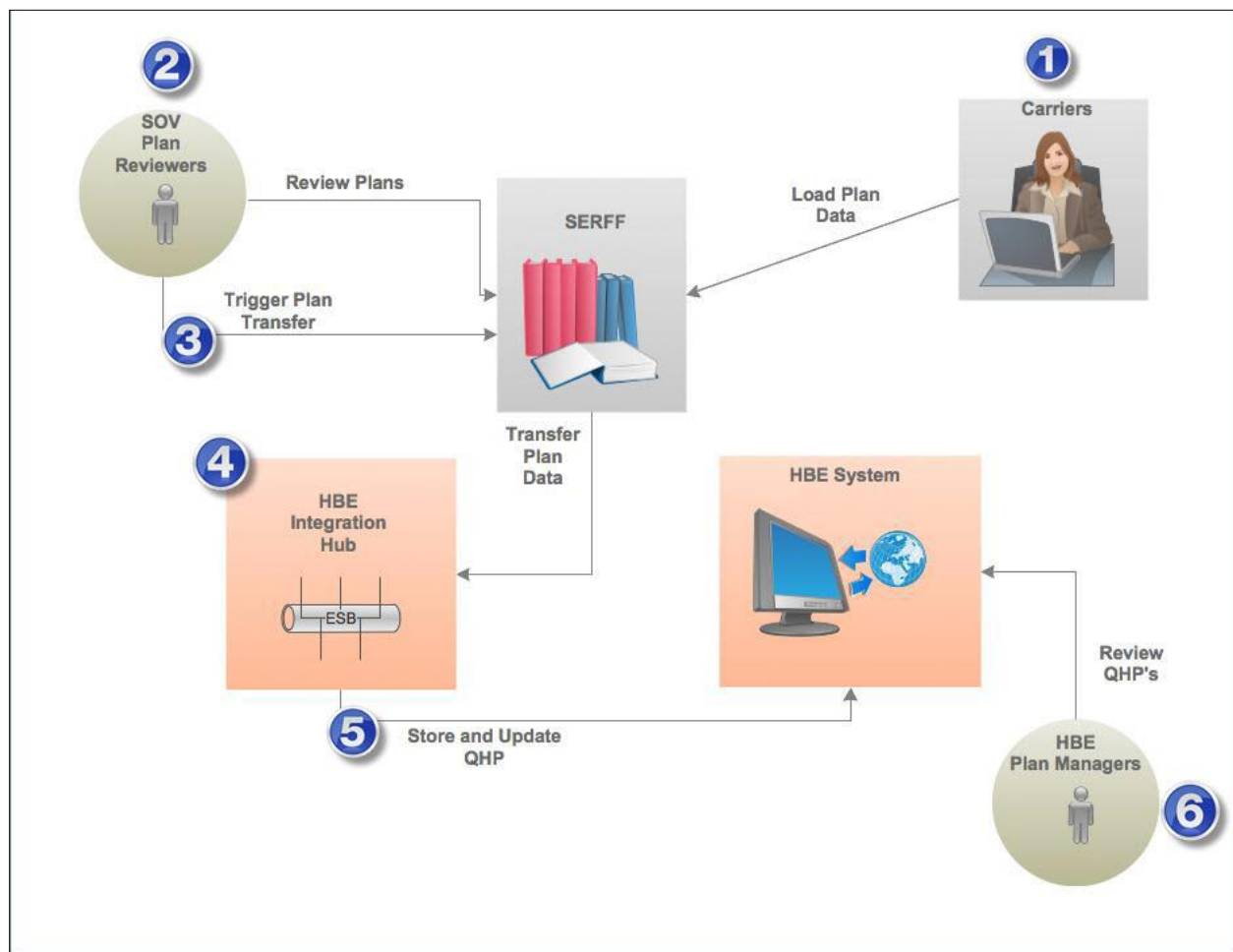
## 4 General Interface Requirements

### 4.1 Functional Summary

As previously described, the interfaces providing the services related to plan transfer involve three parties; the VT HBE, carriers, and SERFF. VT HBE is logically split into the two major components HIH and the at-large VT HBE System.

Exhibit 2: Functional Summary Diagram illustrates that SERFF plays a central role in the loading, review, and dissemination of plan data. In effect, they serve as a clearinghouse for carriers across the Exchange.

**Exhibit 2: Functional Summary Diagram**



### Functional Overview

The central role and steps are as follows:

1. Carriers load all plans to SERFF's database. There is no direct communication of plan data from the carrier to VT HBE.
2. State of Vermont plan review takes place within the purview of SERFF.
3. The SOV must take specific on-demand action in order for plan data to be transferred to VT HBE.
4. The HIH consumes the plan data from SERFF.
5. The HIH triggers a process that takes the plan data and stores it in Siebel. This process can format, transform, and/or eliminate data that is not pertinent to the SOV.

6. The VT HBE plan manager will review the plan data and activate the plan. This makes the plan available for the various VT HBE applications for viewing purposes.
7. Any modifications or issues that plan data presents to VT HBE plan management, viewed through the VT HBE System, must be routed to SERFF in order to be conveyed to the carrier. Plan data modification requests cannot go directly from VT HBE to carriers.

**Note:** *In the previous diagram, the following items remain open:*

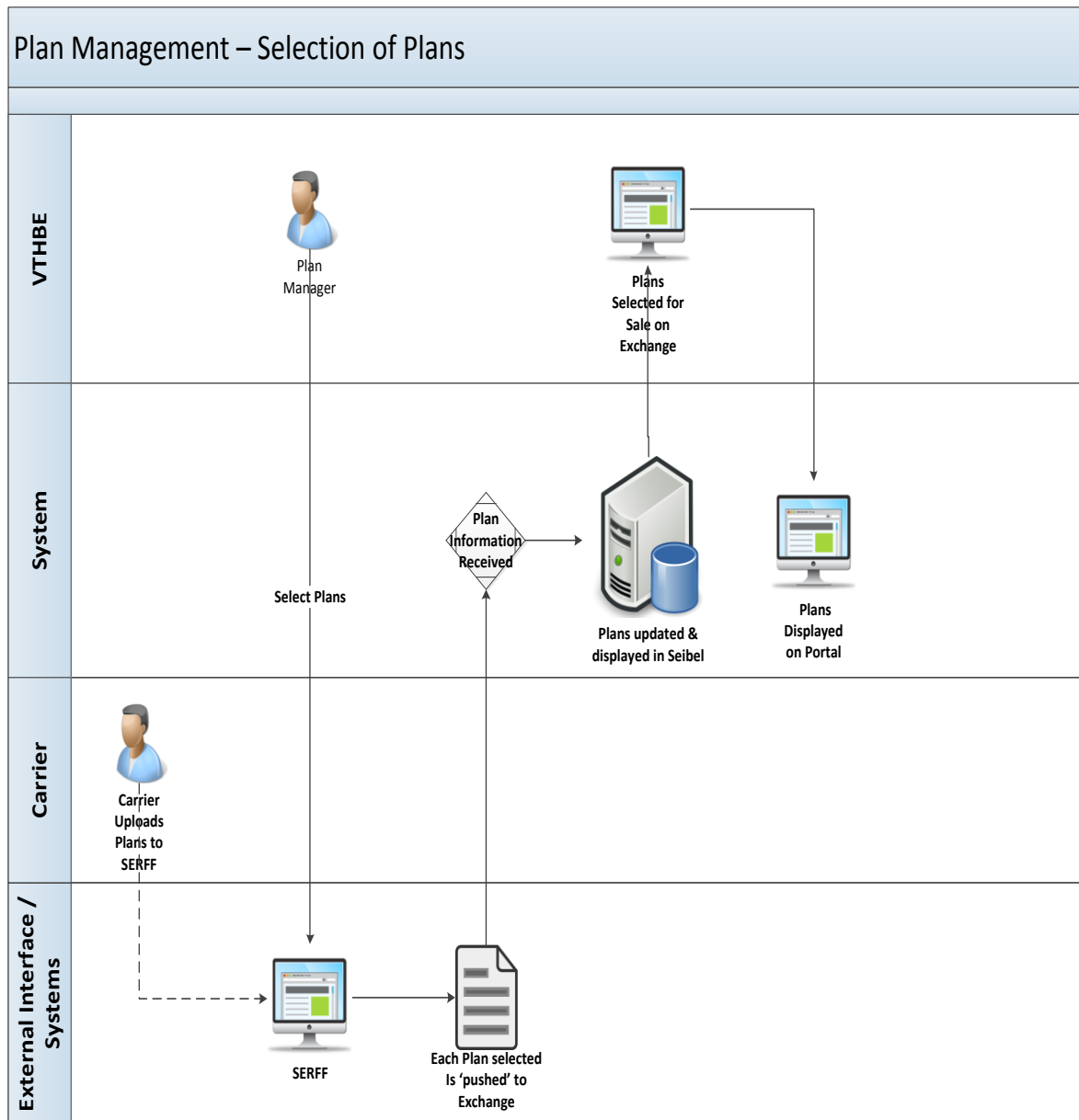
- *The process for carriers to load plan data into SERFF is undefined.*
- *The specific process, as well as review guidelines and standards, of the SOV review of plan data in SERFF is undefined.*
- *The plan data layouts themselves are not final.*
- *The processes, operational guidelines and standards involved in the Exchange's Plan management operations are undefined.*

## 4.2 Business Process

The overall set of business processes related to the full scope of plan management is broad and complex and has not been completely defined. There are multiple layers of review, clearinghouse operations at the SERFF layer, and tasks that carriers need to execute. These must all occur within tight and overlapping timeframes. This is a difficult set of business processes to comprehensively model in a single graphic.

Because the focus of this ICD is a narrow aspect of the overall process (only the steps involved in the transfer of a plan from SERFF to VT HBE), a homogenized picture has been put together in Exhibit 3: Plan Management – Selection of Plans and Exhibit 4: General SERFF Plan, to show the overall set of processes. Not all details have been included; the goal is to provide an overview of the interplay of processes that are related to the seemingly simple operation of transferring plan data from SERFF to VT HBE.

### Exhibit 3: Plan Management – Selection of Plans



## General SERFF Plan Management

Three core business workflows are shown at a high level in this exhibit:

- The loading, review, and confirmation of plan data that occurs between SERFF and the carriers:
  - ▶ carriers load plans to SERFF
  - ▶ SERFF alerts the carriers of issues that may be present
  - ▶ carriers respond to those issues with altered binders
  - ▶ SERFF notifies carriers of plan ratifications
- The movement of the plan data between SERFF and the VT HBE, which is the ultimate plan repository:
  - ▶ SOV reviewers trigger plan data transfer from SERFF to the VT HBE integration hub
  - ▶ HHH persists the plan data into operational objects within the VT HBE system

The detailed scope of this interface control document is only the last core workflow that entails the triggering and transfer of plan data to VT HBE. The following detailed descriptions do not cover the broader aspects of the overall process; these will be covered in subsequent Interface Control documents.

## 4.3 Service Operations

Exhibit 5: Service Operations shows the Transfer Plan and Load Plan service operations.

**Exhibit 4: Service Operations**

Service Host	Operation	Triggering Event
HHH	Transfer Plan – Provides an endpoint for SERFF to asynchronously call HHH with plan data.	SOV reviewer manually triggers via SERFF web site.
HBE System	Load Plan – Provides a service endpoint for HHH to send plan data to HBE system to be persisted as operational objects.	HHH receives plan data from SERFF.

## 4.4 Data Handling

HHH will provide a Simple Object Access Protocol (SOAP) based web service for the plan transfer functionality needed by SERFF. This interface layout is shown in Exhibit 8: Data Elements.

The VT HBE System will provide a secondary SOAP-based web service that will provide a callable interface for HHH to convey the plan data to the internal VT HBE persistence model. This web service is not included in this document.

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## 4.5 Process Controls

The general goal of process controls is to help ensure that regardless of whether the transactional protocol is file-based or web-service based, procedures are in place to monitor message delivery and response.

For web service based messaging, the operational controls include:

- The provision of formal Web Service Definition Language (WSDL) definitions and associated XML Schema Definitions (XSD) for all services. Appendix A: SOAP and XSD Schemas provides a list of the services and operations that will be used to manage plan information coming from SERFF.
- Expectation of synchronous acknowledgement of all request messages.
- Detailed logging of all messaging and data movement.
- Standardized transmission security controls.
- A rigid web service call calendar that establishes minimal activity thresholds for certain types of service calls. For example, a reconciliation call would be expected once per month.
- 'Ping' mechanisms to monitor service availability.
- SOA Suite Business Activity Monitoring (BAM) event triggers to monitor and report on message activity and behavior.

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## 4.6 Security and Integrity

Security for the VT HBE and its partners is paramount. Federal guidelines mandate adherence to high standards. These standards provide an overarching umbrella over all data exchanges and the various infrastructures, mechanisms, and operations providing that data.

Processes and technology must be provided to appropriately secure the following aspects of data exchange covered by the ICD:

- Secure encryption/decryption mechanisms and techniques for all data movements.
- Secure and standardized definition and implementation of web services security.
- Comprehensive authentication mechanisms for web service calls and Secure File Transfer Protocol (SFTP) transfers.
- Comprehensive logging of all activity related to data movement.
- Secure infrastructure, according to CMS security guidelines, in the provision of file repositories and web service endpoints.

## 5 Detailed Interface Design

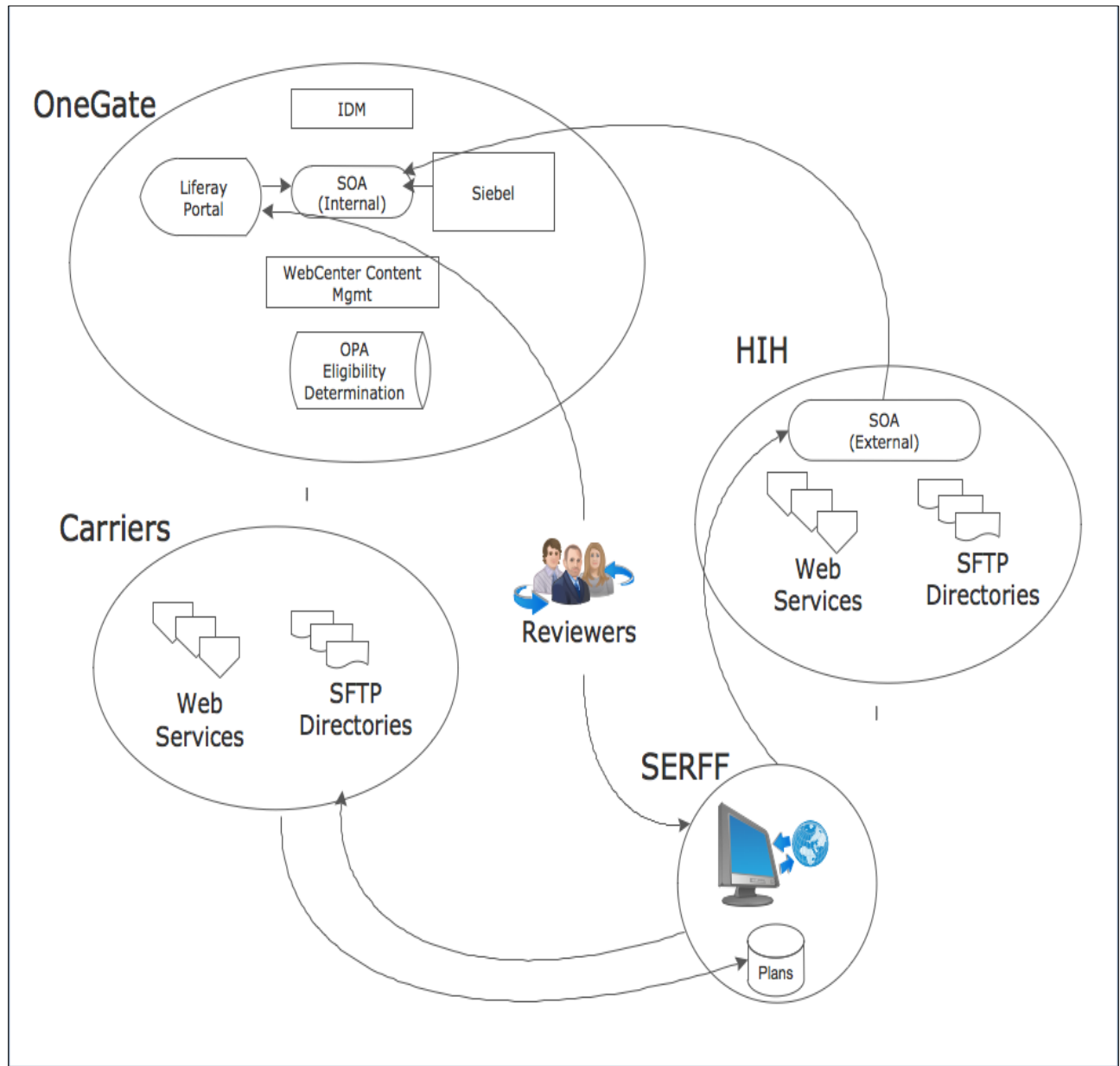
The scope of the SERFF-PLN interface encompasses four discrete layers architecturally:

- The VT HBE OneGate system is comprised of a customized Liferay portal and numerous Oracle products. The primary Oracle products included are; Siebel, SOA Suite, IDM and WebCenter Content. This should be viewed conceptually as the system front-end, with the Liferay portal providing the web-based UI for users accessing the system from a browser. Customer service and call center resources will access data, administrative screens, and processes through the Siebel CRM applications.
- A logical “integration layer” comprised of SOA Suite composites (mediators, BPEL processes, and adapters) whose purpose is to provide access for the Portal and Siebel applications to external services. This layer is referred to as the HIH.
- The carrier infrastructures providing specific SOAP-based web services and SFTP file transfer directories.
- The SERFF web site and web service client, providing remote access by carriers and reviewers, and providing the ability to call web services hosted by HIH.

In general, the topology of these systems forms a single access point, or gateway, between the broad application functionality of the ‘front end’ and the services provided by external resources, such as carriers and SERFF. This provides control and tracking of traffic between service providers and clients, and helps ensure that the business process implications of many of these external services are fully visible and managed.

Exhibit 6: Basic System Components provides a high-level overview of the components that comprise the VT HBE infrastructure. The key concept this exhibit illustrates is that the OneGate system itself is logically isolated from external interfaces. All traffic is routed through the Vermont HIH, which provides a set of web services and SFTP directories and functions to provide a mediation layer for data exchange between the VT HBE System and external Vermont partners (for example, carriers).

**Exhibit 5: Basic System Components**

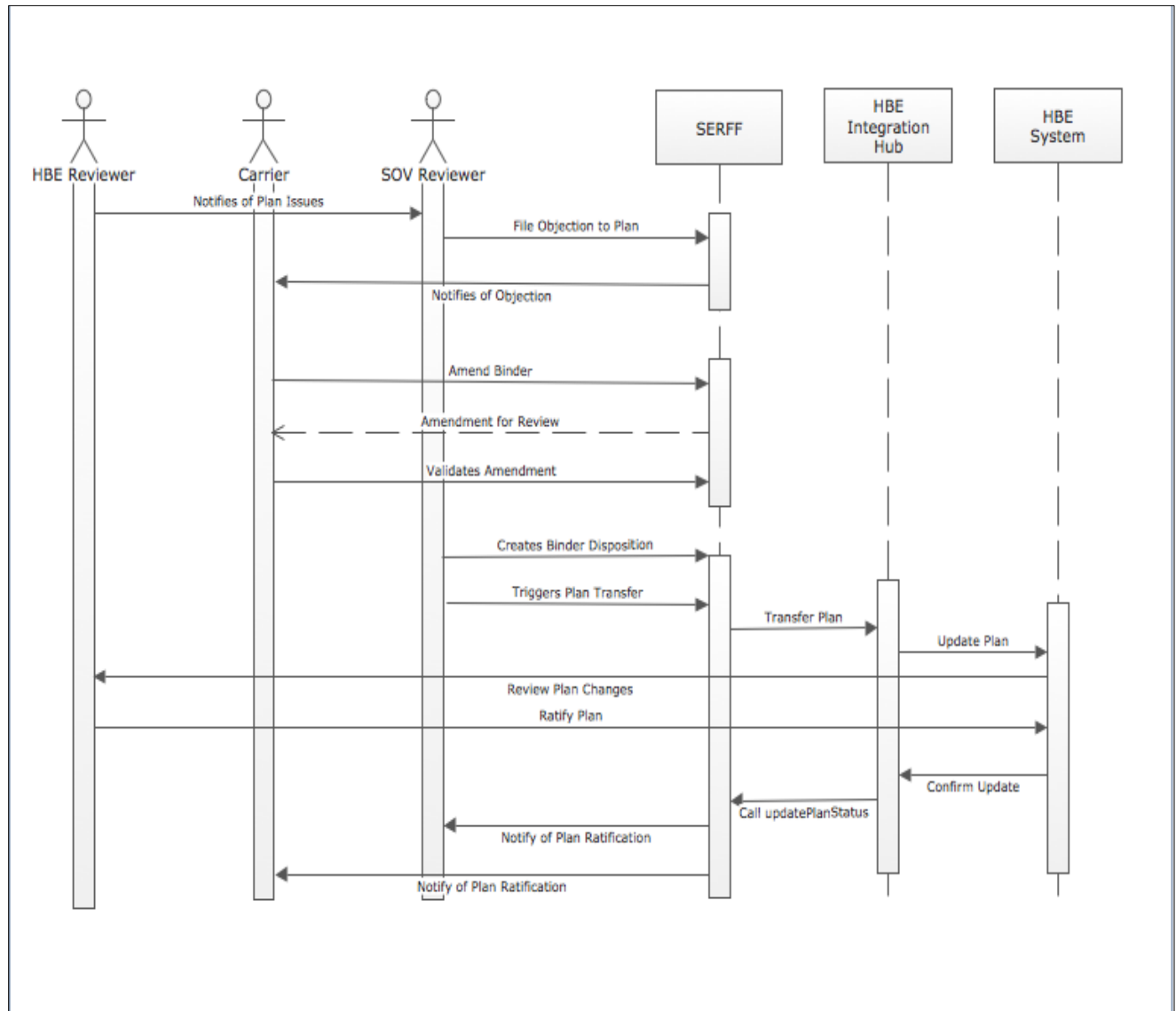




## 5.1 Event Sequence

Exhibit 7: Overall SERFF Plan Transfer Sequence shows the overall SERFF plan transfer sequence process, as adapted from the *NAIC SERFF Plan Management Web Service Guide*.

**Exhibit 6: Overall SERFF Plan Transfer Sequence**



### Overall SERFF Plan Transfer Sequence

The following sequence of steps occurs:

1. If issues exist with a plan that has been uploaded by a carrier, upon review of that plan the VT HBE reviewer can notify the appropriate SOV office that issues exist.
2. The SOV reviewer then accesses the SERFF site and files objections to the plan.
3. SERFF notifies the carrier of the objections.
4. The carrier makes modifications addressing the issues and files an amendment binder with SERFF.

5. SERFF provides that amendment to the SOV review office, which indicates an agreement with the amendment and essentially resolving the issues.
6. The SOV review office then creates a binder disposition within SERFF and triggers the upload of the plan to the HIH, which in turn communicates an updated plan to the VT HBE system.
7. The VT HBE reviewer is notified of the updated plan and, if satisfied, indicates his ratification.
8. The VT HBE system communicates that ratification to the HIH, which calls an Update Plan web service within SERFF.
9. SERFF then notifies both the SOV reviewer and the carrier of the plan ratification.

Within this overall process, the triggering of the transfer of an approved QHP from SERFF to VT HBE is the key step covered in this document. This consists of a single web service call, in which SERFF is in the role of the calling client and VT HBE is the service provider, and the subsequent updating of the plan within the VT HBE system.

## 5.2 Service Request Data

Exhibit 8: Data Elements lists each data element name and description for the service request.

**Note:** *This list is not final. For clarity, details such as data type, mandatory elements, lengths, etc., are omitted. As the system is currently being design and configured, this will be further addressed in a future version of this deliverable.*

### Exhibit 7: Data Elements

Data Elements Name	Data Element Description
Company Legal Name	The full legal name of the insurance company, service or organization which issues and underwrites health insurance policies in one or more of the 50 states or the District of Columbia. This field identifies the company with legal responsibility for all QHPs that will be associated with this application.
Federal Employer Identification Number (EIN)/Federal Tax ID Number	This number identifies the company's federal Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
NAIC Company Code	A 5-digit number that is the issuer's company identifier provided by the National Association of Insurance Commissioners (NAIC). Will be collected in the Request for QHP Application Access. Domestic NAIC Company Codes are assigned to insurance companies who are risk-bearing entities and hold a valid Certificate of Authority with their state of domicile. They must be risk-bearing entities who are licensed to write insurance business.
HHS Issuer ID	The unique 5-digit enumerator that identifies the company and state or territory combination in HIOS.
Issuer Address	Issuer address
Issuer Address 2	Issuer address continued
Issuer Address 3	Issuer address continued
Issuer Address City	Issuer city
Issuer Address State	Issuer state
Issuer Address Zip Code	Issuer zip code
Accreditation Organization ID (Org ID) / Application Number	An organization identification number or an application number (depending on the particular accrediting entity) assigned by an accrediting entity to a health care organization that the accrediting entity deems legally entitled to issue a contract for health insurance for a defined population.
Name of Accrediting Entity	Name of accrediting entity that accredited the issuer. Issuer could be accredited by one or more entities.

Data Elements Name	Data Element Description
State of Domicile	The state of domicile of the Insurer.
Insurer Type	Life and Health, Property and Casualty, etc.
Insurer Accreditation	Whether the Insurer has received credentials from a formally recognized accrediting body.
Insurer Phone	Insurer phone number.
Insurer Phone Extension	Insurer phone extension (if applicable).
State ID Number	ID which links the Insurer to the State.
Plan Contact Type	Type of Contact
Plan Contact Last Name	Last Name of Plan Contact.
Plan Contact First Name	First Name of Plan Contact.
Plan Contact Address	Street Address of Plan Contact.
Plan Contact City	City Address of Plan Contact.
Plan Contact State	State Abbreviation of Plan Contact.
Plan Contact Title	Job Title of Plan Contact.
Plan Contact Postal Code	Zip Code of Plan Contact.
Plan Contact Email	Email address of Plan Contact.
Plan Contact Phone Number	Phone number of Plan Contact.
Plan Contact Phone Extension	Phone number extension of Plan Contact.
Consumer-Facing Web Site - URL	URL for company consumer-facing web site.
Customer Service Toll Free Number - Individual Market	Company customer service toll free phone number for individual market.
Customer Service TTY - Individual Market	Company customer service TTY service for individual market.
Customer Service URL - Individual Market	Company customer service URL for individual market.
Customer Service Toll Free Number - Group Market	Company customer service toll free phone number for small group market.
Customer Service TTY - Group Market	Company customer service TTY service for small group market.
Customer Service URL - Group Market	Company customer service URL for small group market.
Network ID	A unique ID created to identify each network of providers that the applicant intends to use for any proposed plans offered in a specific state for which the applicant is applying. The same network ID may only be used, and may only reflect a provider network available within one state.
Network Name	The name associated with a specific network ID. The same name may be associated with multiple network IDs across multiple states. This name will be displayed to consumers on the Exchange Web site.
Network Provider List URL	The URL associated with a specific network ID at which the provider directory or network provider list is available. The same URL may be associated with multiple network IDs across multiple states. This URL may be displayed to consumers on the Exchange Web site.
Documentation of network adequacy	Documentation to demonstrate network adequacy for each QHP network that the applicant will include in the rate and benefit submission.

Data Elements Name	Data Element Description
Market Type (Commercial or Medicaid)	Health care coverage that a health care entity is already providing in the large, small or individual commercial markets or in the Medicaid market.
Accredited Product (if applicable) (HMO/POS/PPO)	An organization may have accreditation at the product level. Products are differentiated by the structure, services and benefits offered products include HMO (Health Maintenance Organization), POS (Point of Service), PPO (Preferred Provider Organization), and FFS (Fee for Service).
Accreditation Sub ID (if applicable)	A unique identifier that an accrediting entity assigns to each product type within each existing line of business that is offered by a health care organization.
Exchange Market	Market coverage, individual or small group, for a specific plan
Product ID	10-digit alphanumeric that identifies a product.
Product	Product Name
Product Description	A brief statement of the main points of the Product.
Plan ID	An automatically generated number assigned to a specific proposed QHP
Plan Marketing Name	Name of each plan.
HIOS Product ID	The HIOS Product ID associated with each proposed Exchange plan.
Coverage Level (Plan Metal Level)	Coverage level for a specific proposed plan (Platinum, Gold, Silver, Bronze, Catastrophic)
H.S.A.-Eligible?	Plan meets all of the requirements to be a Health Savings Account (HSA)-qualified high deductible health plan HSAs are one avenue used by many consumers to manage overall health care expenses.
Child-only offering	Indicator of whether a specific plan will also be offered at a child-only rate or have a corresponding child-only plan; one option must be selected consistent with requirements at 45 CFR 156.200. Not applicable if the plan's coverage level is catastrophic.
Plan Type	Network design for the product: indemnity, preferred provider organization (PPO), health maintenance organization (HMO), point of service (POS), or exclusive provider organization (EPO).
Stand-alone Dental Plan ID	An automatically generated number assigned to a specific proposed stand-alone dental plan.
Stand-Alone Dental Plan Type	Network design for the stand-alone dental product: dental maintenance organization (DMO), dental preferred provider organization (DPPO), indemnity or other.
URL for Summary of Benefits & Coverage	URL that provides a link to the Summary of Benefits and Coverage document that is required to be posted on the plan's website
URL for Enrollment Payment	URL for the location on the plan website where the enrollee will effectuate payment.
New or Existing Plan Indicator	Indicator of whether the proposed plan is a new or existing plan. Note: We expect most proposed plans submitted for the 2014 coverage year to be new plans.
Plan Effective Date	Date that a plan becomes open for enrollment
Plan Expiration Date	Date that a plan becomes closed and no longer accepts new enrollments
Primary Care Physician Required	Issuers will be required to indicate whether a primary care physician must be specified under the plan. This factor has significant effects on the relationship between patients and their doctors and as such is of importance to consumers.
Self directed account	(small group only) A self-directed account is a health insurance plan that provides an annual dollar credit that can be used to pay for covered services. Any unused portion of the dollar credit may be carried over and added to the next year's credit if the enrollee is continuously enrolled in the plan. This information will be collected for small group plans.
Medical Records coverage	Are the costs of obtaining medical records covered under the plan?

Data Elements Name	Data Element Description
Out-of-Country Coverage	A yes/no or short description of whether care obtained outside the country is covered under the plan. This information may be of critical importance to consumers who travel internationally.
Out-of-Service Area Coverage	A yes/no or short description of whether care obtained outside the service area is covered under the plan.
National Network	A yes/no of whether a national network is available
AV Calculator Output Number	Output from AV Calculator
Plan Level Combined Maximum Out of Pocket for Additional Benefits Above EHBs	Maximum out of pocket (MOOP) for additional benefits above EHBs combined for in and out of network and medical/drug. Combined MOOP may be a number smaller than the sum of the in-network MOOP plus the out-of-network MOOP. Medical MOOP may be separate from Drug MOOP and may or may not be additive. Additional benefits above EHBs include state-mandated benefits and issuer-added benefits.
Limits for Plan Level Combined Maximum Out of Pocket for Additional Benefits Above EHBs	List all benefits that are excluded from plan level combined maximum out of pocket for additional benefits above EHBs.
Wellness Program Offered	List wellness programs offered according to Section 2705 of the Public Health Service Act.
Annual Limit for Non-EHB	The annual limits imposed on payments from an insurer for non-EHB.
Lifetime Maximum for Non-EHB	Maximum benefit that issuers will cover for non-EHB.
Plan Level Deductible Combined	Overall deductible (combined).
Limits for Plan Level Deductible for Services in Tier 1	List all benefits that are excluded from plan level deductible for services in tier 1. Examples may include primary care and preventative care.
Individual Deductible Embedded (Y/N)?	Whether the individual deductible is embedded in the family deductible.
Plan Description	A brief statement of the main points of the Plan.
Plan Area	Defines the area where the plan is offered. This could be zip code plus county.
Plan Status	Status of the Plan
Plan Certification	Whether the Plan has been certified as a Qualified Health Plan (QHP).
Plan Crosswalk	Association from one Plan to another. Typically by Plan Year.
Plan Year	The year for which a Plan is being submitted to the Exchange.
Plan Version	Plan version number.
Allow Same-Sex Partners	Whether the Plan allows Same-Sex partners.
Allow Domestic Partners	Whether the Plan allows Domestic partners.
Exclusions	If particular services or diagnoses are excluded, please list those exclusions. Commonly excluded benefits include non-emergency transportation, elective cosmetic surgery, and therapy.
Having a Baby: Final Payment to Provider	SBC example, having a baby. What is the final payment to the provider?
Having a Baby: Deductible	SBC example, having a baby. What is the deductible?
Having a Baby: Copayment	SBC example, having a baby. What is the copayment due from the insured?
Having a Baby: Coinsurance	SBC example, having a baby. What is the coinsurance due from the insured?

Data Elements Name	Data Element Description
Having a Baby: Customer Total Cost	SBC example, having a baby. What is the total cost to the customer?
Having a Baby: Limits	SBC example, having a baby. What is the total cost to the customer for limits and exclusions?
Treating Breast Cancer: Final Payment to Provider	SBC example, treating breast cancer. What is the final payment to the provider?
Treating Breast Cancer: Deductible	SBC example, treating breast cancer. What is the deductible?
Treating Breast Cancer: Copayment	SBC example, treating breast cancer. What is the copayment due from the insured?
Treating Breast Cancer: Coinsurance	SBC example, treating breast cancer. What is the coinsurance due from the insured?
Treating Breast Cancer: Customer Total Cost	SBC example, treating breast cancer. What is the total cost to the customer?
Treating Breast Cancer: Limits	SBC example, treating breast cancer. What is the total cost to the customer for limits and exclusions?
Managing Diabetes: Final Payment to Provider	SBC example, managing diabetes. What is the final payment to the provider?
Managing Diabetes: Deductible	SBC example, managing diabetes. What is the deductible?
Managing Diabetes: Copayment	SBC example, managing diabetes. What is the copayment due from the insured?
Managing Diabetes: Coinsurance	SBC example, managing diabetes. What is the coinsurance due from the insured?
Managing Diabetes: Customer Total Cost	SBC example, managing diabetes. What is the total cost to the customer?
Managing Diabetes: Limits	SBC example, managing diabetes. What is the total cost to the customer for limits and exclusions?
Other Example: Final Payment to Provider	SBC example, other example. What is the final payment to the provider?
Other Example: Deductible	SBC example, other example. What is the deductible?
Other Example: Copayment	SBC example, other example. What is the copayment due from the insured?
Other Example: Coinsurance	SBC example, other example. What is the coinsurance due from the insured?
Other Example: Customer Total Cost	SBC example, other example. What is the total cost to the customer?
Other Example: Limits	SBC example, other example. What is the total cost to the customer for limits and exclusions?
Are the following services covered (Y/N)?	Do you cover the following services: cosmetic surgery, long-term care, routine eye care (adult), dental care (adult), non-emergency care when traveling outside the United States, routine foot care, infertility treatment, private duty nursing, routine hearing test, and acupuncture for rehabilitation purposes, chiropractic care, bariatric surgery, hearing aids or weight loss programs?
Benefit Category ID	Essential Health Benefit Category
Service Name	Service within a benefit category.
Service ID	Unique identifier for a service.
Covered?	Is this benefit covered, not covered, available as rider?
Tier (Y/N)	Do you have cost-sharing tiers?
Number of Tiers	Enter the number of cost-sharing tiers.

Data Elements Name	Data Element Description
Tier Name	Enter the name of the cost-sharing tier.
Coinsurance (in network)	This is the percentage that is paid by the enrollee for a specific benefit service.
Coinsurance (out of network)	If an out of network coinsurance is charged, enter the percentage here. If no coinsurance is charged, leave blank.
Copayment (in network)	If an in-network copayment is charged, enter the amount here. If no copayment is charged, leave blank.
Copayment (out of network)	If an out of network copayment is charged, enter the amount here. If no copayment is charged, leave blank.
Out of Pocket Limit (in network)	This is defined as an annual cap on the amount of money individuals are required to pay out of pocket for health care costs, excluding the premium cost. Exclusions will be identified.
Out of Pocket Limit (out of network)	This is defined as an annual cap on the amount of money individuals are required to pay out of pocket for health care costs, excluding the premium cost. Exclusions will be identified.
Referral(s) Required	None, single, or multiple referral(s) required for this benefit.
Prior Authorization(s) Required	None, one, or multiple prior authorization(s) required for this benefit.
Limit Quantity	If there are limits on this benefit, enter the numerical limit. (e.g., day or visit limits for essential health benefits, dollar limits on services other than essential health benefits.)
Limit Unit	Is the limit the number of visits (e.g. 30 physical therapy visits in one year), number of days, etc.?
Non-Quantitative Limit on Service (Y/N)?	If there are limits on non-quantitative parameters of service, enter Y.
List Non-Quantitative Limits of Service	List the non-quantitative limits and exclusions applicable to this benefit. This includes non-quantitative treatment limits listed at 45 CFR 146.136.
Minimum Stay	If there is a minimum stay, list the minimum stay in hours for this benefit.
Explanation	Free text field to list any notes.
Exclusions	If particular services or diagnoses are excluded, please list those exclusions. Commonly excluded benefits include non-emergency transportation, elective cosmetic surgery, and therapy.
Limitations on this service	
Number of Occurrence Unit	Number of the Occurrence Unit
Values such as Visit, Day, Episode, Dollar	Reference data (this will be normalized in data structure).
Number of Duration Unit	Number of the Duration Unit
Values such as Year, Quarter, Month and Day	Reference data (this will be normalized in data structure).
Out of pocket deductible Amounts	This is the deductible amount for a specific benefit service.
Are there any exemptions from the deductible?	Are there any services that do not go toward the deductible for this service?
Does the copayment amount apply toward overall plan deductible?	A copayment can be called a point of service payment, is it applied towards overall plan deductible.
Does the copayment amount apply toward overall plan out of pocket maximum?	A copayment can be called a point of service payment, is it applied towards plan out of pocket maximum.



Data Elements Name	Data Element Description
Does the coinsurance amount apply toward overall plan deductible?	If an in-network coinsurance is charged, enter the percentage here. If no coinsurance is charged, leave blank.
Does the coinsurance amount apply toward overall plan out of pocket maximum?	Coinsurance is when your insurance company pays part of your medical bills and you pay the other part, does it apply to overall plan or out of pocket maximum.
Notes	Any notes relevant to a specific service.
Supplemental Benefits offered	Any supplement benefits that are offered.
Drug Tier ID	Tier ID
Cost-Sharing Type	Indicate the type of cost-sharing structure for this tier. Type options are copay or coinsurance.
Up to 1 Month In Network Coinsurance Pharmacy	Indicate coinsurance percentage for in-network pharmacy up to 1-month supply.
Up to 1 Month In Network Copayment Pharmacy	Indicate copayment amount for in-network pharmacy up to 1-month supply.
Drug Plan ID	Unique ID for drug plan to link tables.
Drug Deductible Amount Drug Plan ID	What is the dollar value of the drug deductibles? Unique ID for drug plan to link tables.
Drugs Exempted from Drug Deductible Drug Deductible Amount	Does the benefit design exempt categories of drugs from the drug deductible? For which categories of drugs? What is the dollar value of the drug deductibles?
Drug MOOP Drugs Exempted from Drug Deductible	Amount of drug maximum out of pocket (MOOP). Does the benefit design exempt categories of drugs from the drug deductible? For which categories of drugs?
Network Retail Pharmacy Limitation Drug MOOP	If beneficiary must obtain maintenance supplies (60–90 day quantity) after some number of 30-day fills at a retail pharmacy, what is the number of retail pharmacy fills allowed before prescription must go to mail order? Amount of drug maximum out of pocket (MOOP).
Network Retail Pharmacy (60-90 Day Supply) Covered Network Retail Pharmacy Limitation	Is retail pharmacy fill of maintenance supplies (60–90 day quantity) permitted, or must beneficiary go to plan's designated mail order pharmacy? If beneficiary must obtain maintenance supplies (60–90 day quantity) after some number of 30-day fills at a retail pharmacy, what is the number of retail pharmacy fills allowed before prescription must go to mail order?
Network Mail Order Pharmacy (60-90 Day Supply) Network Retail Pharmacy (60-90 Day Supply) Covered	Does plan designate one or more mail order pharmacies? Is retail pharmacy fill of maintenance supplies (60–90 day quantity) permitted, or must beneficiary go to plan's designated mail order pharmacy?
Network Specialty Pharmacy Network Mail Order Pharmacy (60-90 Day Supply)	Does plan designate one or more specialty pharmacies? Does plan designate one or more mail order pharmacies?
Network Specialty Pharmacy	Does plan designate one or more specialty pharmacies?
National Drug Code	Unique 11-digit number that identifies the drug being included in this formulary.
Tier Level National Drug Code	Cost-sharing tier level. Unique 11-digit number that identifies the drug being included in this formulary.
Brand Name Tier Level	Brand name. Cost-sharing tier level.
Generic Name Brand Name	Generic name. Brand name.
Dosage Form Generic Name	Dosage form (e.g., oral, injectable, topical). Generic name.
Quantity Limits? Dosage Form	Quantity limits (Yes/No). Dosage form (e.g., oral, injectable, topical).
Quantity Amount Limit Quantity Limit?	Quantity amount limit. Quantity limit (Yes/No).



Data Elements Name	Data Element Description
Quantity Day Limit Quantity Amount Limit	Quantity day limit. Quantity amount limit.
Prior Authorization Required Quantity Day Limit	Prior authorization required (Yes/No)? Quantity day limit.
Access to this Drug Limited to Certain Pharmacies (Y/N)? Prior Authorization Required	Is access to this drug limited to certain pharmacies (Yes/No)? Prior authorization required (Yes/No)?
Therapeutic Category Access to this Drug Limited to Certain Pharmacies (Y/N)?	Therapeutic category to use. Is access to this drug limited to certain pharmacies (Yes/No)?
Therapeutic Class Name Therapeutic Category	Therapeutic class name to use. Therapeutic category to use.
Step Therapy Required Therapeutic Class Name	Is step therapy required (Yes/No)? Therapeutic class name to use.
Prerequisite Drugs Step Therapy Required	If step therapy is required, list the prerequisite drugs required. Is step therapy required (Yes/No)?
Type of drug Prerequisite Drugs	Description of the drug type. If step therapy is required, list the prerequisite drugs required.
Type of drug	Description of the drug type.
Formulary ID	Unique ID assigned to each newly created formulary.
Formulary Version Formulary ID	Version ID Unique ID assigned to each newly created formulary.
Formulary Name Formulary Version	Formulary Name Version ID
Formulary Model Formulary Name	Valid values are: United States Pharmacopeia, American Hospital Formulary Service, Medi-Span GPI, FirstDatabankMedknowledge (NDDF). Formulary Name
Formulary URL Formulary Model	Enter the URL for formulary document Valid values are: United States Pharmacopeia, American Hospital Formulary Service, Medi-Span GPI, and FirstDatabankMedknowledge (NDDF).
Formulary Effective Date Formulary URL	Formulary effective date Enter the URL for formulary document
Formulary Effective Date	Formulary effective date
Rate ID	Unique ID to Rates of a Plan
Minimum Age Rate ID	Minimum Age for Rate. Unique ID to Rates of a Plan
Maximum Age Minimum Age	Maximum Age for Rate. Minimum Age for Rate.
Type of Subscriber Maximum Age	Subscriber type. Examples: Primary subscriber, Primary subscriber plus one dependent, Primary subscriber plus two dependents, Child only, etc. Maximum Age for Rate.
Tobacco? Type of Subscriber	Tobacco use. Subscriber type. Examples: Primary subscriber, Primary subscriber plus one dependent, Primary subscriber plus two dependents, Child only, etc.
Unique identifier for a Region Tobacco?	Designated geographic area that was used to determine the rate. This could be zip code, zip code plus county. Tobacco use.
Rate Unique identifier for a Region	Monthly Premium quoted by the Insurer before credits or supplements are applied. Designated geographic area that was used to determine the rate. This could be zip code, zip code plus county.
Rate Effective Date Rate	Date the Rate is effective. Monthly Premium quoted by the Insurer before credits or supplements are applied.

Data Elements Name	Data Element Description
Rate Expiration Date Rate Effective Date	Date the Rate expires. Date the Rate is effective.
Rate Expiration Date	Date the Rate expires.
Primary Care Physician (PCP) Office Visit	Report cost sharing, limitations, and other relevant data for primary care physician (PCP) office visit.
Physician Specialist Office Visit Primary Care Physician (PCP) Office Visit	Report cost sharing, limitations, and other relevant data for physician specialist office visit. Report cost sharing, limitations, and other relevant data for primary care physician (PCP) office visit.
Pediatrician Office Visit Physician Specialist Office Visit	Report cost sharing, limitations, and other relevant data for pediatrician office visit. Report cost sharing, limitations, and other relevant data for physician specialist office visit.
Outpatient Physician Services Pediatrician Office Visit	Report cost sharing, limitations, and other relevant data for outpatient physician services. Report cost sharing, limitations, and other relevant data for pediatrician office visit.
Other Practitioner Office Visit Outpatient Physician Services	Report cost sharing, limitations, and other relevant data for other practitioner office visit. Report cost sharing, limitations, and other relevant data for outpatient physician services.
Urgent Care Professional Other Practitioner Office Visit	Report cost sharing, limitations, and other relevant data for urgent care professional. Report cost sharing, limitations, and other relevant data for other practitioner office visit.
Urgent Care Facility Urgent Care Professional	Report cost sharing, limitations, and other relevant data for urgent care facility. Report cost sharing, limitations, and other relevant data for urgent care professional.
Home Health Care Urgent Care Facility	Report cost sharing, limitations, and other relevant data for home health care. Report cost sharing, limitations, and other relevant data for urgent care facility.
Outpatient Hospital Facility Home Health Care	Report cost sharing, limitations, and other relevant data for outpatient hospital facility. Report cost sharing, limitations, and other relevant data for home health care.
Drug Infusion Administration Outpatient Hospital Facility	Report cost sharing, limitations, and other relevant data for drug infusion administration. Includes the administration of chemotherapy or infusion of drugs. Report cost sharing, limitations, and other relevant data for outpatient hospital facility.
Radiation Administration Drug Infusion Administration	Report cost sharing, limitations, and other relevant data for radiation administration. Includes the administration of radiation therapy. Report cost sharing, limitations, and other relevant data for drug infusion administration. Includes the administration of chemotherapy or infusion of drugs.
Biological Drugs Radiation Administration	Report cost sharing, limitations, and other relevant data for biological drugs. Report cost sharing, limitations, and other relevant data for radiation administration. Includes the administration of radiation therapy.
Outpatient End Stage Renal Disease Treatment Biological Drugs	Report cost sharing, limitations, and other relevant data for outpatient end stage renal disease treatment, including Kidney Dialysis. Report cost sharing, limitations, and other relevant data for biological drugs.
Hospice Services Outpatient End Stage Renal Disease Treatment	Report cost sharing, limitations, and other relevant data for hospice services. Includes palliative care. Report cost sharing, limitations, and other relevant data for outpatient end stage renal disease treatment, including Kidney Dialysis.
Allergy Testing and Treatment Hospice Services	Report cost sharing, limitations, and other relevant data for allergy testing and treatment. Report cost sharing, limitations, and other relevant data for hospice services. Includes palliative care.
Diagnostic Adult Hearing Exam Allergy Testing and Treatment	Report cost sharing, limitations, and other relevant data for diagnostic adult hearing exam. Report cost sharing, limitations, and other relevant data for allergy testing and treatment.

Data Elements Name	Data Element Description
Routine Child Hearing Exam Diagnostic Adult Hearing Exam	Report cost sharing, limitations, and other relevant data for routine child hearing exam. Report cost sharing, limitations, and other relevant data for diagnostic adult hearing exam.
Other Eye Care for Adults Routine Child Hearing Exam	Report cost sharing, limitations, and other relevant data for other eye care for adults. Report cost sharing, limitations, and other relevant data for routine child hearing exam.
Infertility Treatment Standard Other Eye Care for Adults	Report cost sharing, limitations, and other relevant data for standard infertility treatment. Report cost sharing, limitations, and other relevant data for other eye care for adults.
In Vitro Fertilization Infertility Treatment Standard	Report cost sharing, limitations, and other relevant data for in vitro fertilization. Report cost sharing, limitations, and other relevant data for standard infertility treatment.
Infertility Treatment Other Advanced Reproductive Therapies In Vitro Fertilization	Report cost sharing, limitations, and other relevant data for infertility treatment—advanced reproductive therapies. Report cost sharing, limitations, and other relevant data for in vitro fertilization.
Emergency Outside US Care Infertility Treatment Other Advanced Reproductive Therapies	Report cost sharing, limitations, and other relevant data for emergency outside US care. Report cost sharing, limitations, and other relevant data for infertility treatment—advanced reproductive therapies.
Non-Emergency Outside US Care Emergency Outside US Care	Report cost sharing, limitations, and other relevant data for non-emergency outside US care. Report cost sharing, limitations, and other relevant data for emergency outside US care.
Surgery Facility—Outpatient Procedure at an Ambulatory Surgical Center Non- Emergency Outside US Care	Report cost sharing, limitations, and other relevant data for surgery facility—outpatient procedure at an ambulatory surgical center. Report cost sharing, limitations, and other relevant data for non-emergency outside US care.
Professional Services— Outpatient Procedure at an Ambulatory Surgical Center Surgery Facility—Outpatient Procedure at an Ambulatory Surgical Center	Report cost sharing, limitations, and other relevant data for professional services—outpatient procedure at an ambulatory surgical center. Report cost sharing, limitations, and other relevant data for surgery facility—outpatient procedure at an ambulatory surgical center.
Surgery Facility—Outpatient Procedure at a Hospital Professional Services— Outpatient Procedure at an Ambulatory Surgical Center	Report cost sharing, limitations, and other relevant data for surgery facility—outpatient procedure at a hospital. Report cost sharing, limitations, and other relevant data for professional services—outpatient procedure at an ambulatory surgical center.
Professional Services— Outpatient Procedure at a Hospital Surgery Facility— Outpatient Procedure at a Hospital	Report cost sharing, limitations, and other relevant data for professional services—outpatient procedure at a hospital. Report cost sharing, limitations, and other relevant data for surgery facility—outpatient procedure at a hospital.
Blood and Blood Services Professional Services— Outpatient Procedure at a Hospital	Report cost sharing, limitations, and other relevant data for blood and blood services. Report cost sharing, limitations, and other relevant data for professional services—outpatient procedure at a hospital.
Voluntary Sterilization (Male) Blood and Blood Services	Report cost sharing, limitations, and other relevant data for voluntary sterilization (male). Female voluntary sterilization is included in hospital women's wellness. Report cost sharing, limitations, and other relevant data for blood and blood services.
Adult Vision Exam Voluntary Sterilization (Male)	Report cost sharing, limitations, and other relevant data for adult vision exam. Report cost sharing, limitations, and other relevant data for voluntary sterilization (male). Female voluntary sterilization is included in hospital women's wellness.

Data Elements Name	Data Element Description
Basic Dental Care – Adult Vision Exam	Report cost sharing, limitations, and other relevant data for adult basic dental care. Report cost sharing, limitations, and other relevant data for adult vision exam.
Preventive & Diagnostic Dental Care – Adult Basic Dental Care – Adult	Report cost sharing, limitations, and other relevant data for adult preventive dental care. Report cost sharing, limitations, and other relevant data for adult basic dental care.
Major Dental Care – Adult Preventive & Diagnostic Dental Care – Adult	Report cost sharing, limitations, and other relevant data for adult major dental care. Report cost sharing, limitations, and other relevant data for adult preventive dental care.
Orthodontia—Adult Major Dental Care – Adult	Report cost sharing, limitations, and other relevant data for orthodontia—adult. Report cost sharing, limitations, and other relevant data for adult major dental care.
Ambulatory Patient Services Other Orthodontia—Adult	Report cost sharing, limitations, and other relevant data for ambulatory patient services other. Report cost sharing, limitations, and other relevant data for orthodontia—adult.
Emergency Room Professional Services Ambulatory Patient Services Other	Report cost sharing, limitations, and other relevant data for emergency room professional services. Report cost sharing, limitations, and other relevant data for ambulatory patient services other.
Emergency Room Facility Services Emergency Room Professional Services	Report cost sharing, limitations, and other relevant data for emergency room facility services. Report cost sharing, limitations, and other relevant data for emergency room professional services.
Emergency Services Other Emergency Room Facility Services	Report other covered services and their cost sharing, limitations, and other relevant data for emergency services. Report cost sharing, limitations, and other relevant data for emergency room facility services.
Emergency Transportation— Land Emergency Services Other	Report cost sharing, limitations, and other relevant data for emergency transportation—land. Includes ambulance. Report other covered services and their cost sharing, limitations, and other relevant data for emergency services.
Emergency Transportation—Air Emergency Transportation— Land	Report cost sharing, limitations, and other relevant data for emergency transportation—air. Includes air lift. Report cost sharing, limitations, and other relevant data for emergency transportation—land. Includes ambulance.
Hospital Stay Emergency Transportation—Air	Report cost sharing, limitations, and other relevant data for hospital stay. Report cost sharing, limitations, and other relevant data for emergency transportation—air. Includes air lift.
Hospital Stay Physician Services Hospital Stay	Report cost sharing, limitations, and other relevant data for hospital stay physician and surgeon services. Report cost sharing, limitations, and other relevant data for hospital stay.
Transplant Surgery—Donor Charges Hospital Stay Physician Services	Report cost sharing, limitations, and other relevant data for transplant surgery—donor charges. Report cost sharing, limitations, and other relevant data for hospital stay physician and surgeon services.
Transplant Surgery—Recipient Charges Transplant Surgery— Donor Charges	Report cost sharing, limitations, and other relevant data for transplant surgery—recipient charges. Report cost sharing, limitations, and other relevant data for transplant surgery—donor charges.
Bariatric Surgery Transplant Surgery—Recipient Charges	Report cost sharing, limitations, and other relevant data for bariatric surgery. Report cost sharing, limitations, and other relevant data for transplant surgery—recipient charges.
Hospitalization Other Bariatric Surgery	Report other covered services and their cost sharing, limitations, and other relevant data for hospitalization. Report cost sharing, limitations, and other relevant data for bariatric surgery.
Skilled Nursing Care Facility Hospitalization Other	Report cost sharing, limitations, and other relevant data for skilled nursing care facility. Report other covered services and their cost sharing, limitations, and other relevant data for hospitalization.

Data Elements Name	Data Element Description
Hospital Delivery Facility Fee Skilled Nursing Care Facility	Report cost sharing, limitations, and other relevant data hospital delivery facility fee. Report cost sharing, limitations, and other relevant data for skilled nursing care facility.
Birthing Center Facility Fee Hospital Delivery Facility Fee	Report cost sharing, limitations, and other relevant data for birthing center facility fees. Report cost sharing, limitations, and other relevant data hospital delivery facility fee.
Prenatal Care Services Birthing Center Facility Fee	Report cost sharing, limitations, and other relevant data for prenatal care services. Report cost sharing, limitations, and other relevant data for birthing center facility fees.
Postnatal Care Services Prenatal Care Services	Report cost sharing, limitations, and other relevant data for postnatal care services. Report cost sharing, limitations, and other relevant data for prenatal care services.
Ultrasound and Pre-Natal Screening Postnatal Care Services	Report cost sharing, limitations, and other relevant data for ultrasound and pre-natal screening. Report cost sharing, limitations, and other relevant data for postnatal care services.
Pregnancy Testing Ultrasound and Pre-Natal Screening	Report cost sharing, limitations, and other relevant data for pregnancy testing. Report cost sharing, limitations, and other relevant data for ultrasound and pre-natal screening.
Physician Services for Delivery Pregnancy Testing	Report cost sharing, limitations, and other relevant data for physician services for delivery. Report cost sharing, limitations, and other relevant data for pregnancy testing.
Routine Newborn Nursery and Care Physician Services for Delivery	Report cost sharing, limitations, and other relevant data for routine newborn nursery and care. Report cost sharing, limitations, and other relevant data for physician services for delivery.
Delivery by Midwife Routine Newborn Nursery and Care	Report cost sharing, limitations, and other relevant data for delivery by midwife. Includes delivery by certified midwife or nurse midwife. Report cost sharing, limitations, and other relevant data for routine newborn nursery and care.
Maternity Services Other Delivery by Midwife	Report other covered services cost-sharing, limitations and other relevant data for maternity services. Report cost sharing, limitations, and other relevant data for delivery by midwife. Includes delivery by certified midwife or nurse midwife.
Newborn Services Other Maternity Services Other	Report other covered services cost-sharing, limitations and other relevant data for newborn services. Report other covered services cost-sharing, limitations and other relevant data for maternity services.
Mental Health Services Facility, Inpatient Newborn Services Other	Report cost sharing, limitations, and other relevant data for mental health services facility, inpatient. Report other covered services cost-sharing, limitations and other relevant data for newborn services.
Mental Health Inpatient Professional Mental Health Services Facility, Inpatient	Report cost sharing, limitations, and other relevant data for mental health inpatient professional. Report cost sharing, limitations, and other relevant data for mental health services facility, inpatient.
Mental Health Services Facility, Outpatient Mental Health Inpatient Professional	Report cost sharing, limitations, and other relevant data for mental health services facility, outpatient. Report cost sharing, limitations, and other relevant data for mental health inpatient professional.
Mental Health Outpatient Professional Mental Health Services Facility, Outpatient	Report cost sharing, limitations, and other relevant data for mental health outpatient professional. Report cost sharing, limitations, and other relevant data for mental health services facility, outpatient.
Mental Health Other Mental Health Outpatient Professional	If covered, Report other covered services cost sharing, limitations, and other relevant data for mental health other. Report cost sharing, limitations, and other relevant data for mental health outpatient professional.
Partial Hospitalization Mental Health Other	Report cost sharing, limitations, and other relevant data for partial hospitalization. If covered, Report other covered services cost sharing, limitations, and other relevant data for mental health other.



Data Elements Name	Data Element Description
Intensive Outpatient Treatment Partial Hospitalization	Report cost sharing, limitations, and other relevant data for intensive outpatient treatment. Report cost sharing, limitations, and other relevant data for partial hospitalization.
Substance Use Disorder Inpatient Facility, Detox-Intensive Outpatient Treatment	Report cost sharing, limitations, and other relevant data for substance use disorder inpatient facility, detox. Report cost sharing, limitations, and other relevant data for intensive outpatient treatment.
Substance Use Disorder Inpatient Facility, Rehab Substance Use Disorder Inpatient Facility, Detox	Report cost sharing, limitations, and other relevant data for substance user disorder inpatient facility, rehab. Report cost sharing, limitations, and other relevant data for substance use disorder inpatient facility, detox.
Substance Use Disorder Outpatient Facility, Rehab Substance Use Disorder Inpatient Facility, Rehab	Report cost sharing, limitations, and other relevant data for substance use disorder outpatient facility, rehab. Report cost sharing, limitations, and other relevant data for substance user disorder inpatient facility, rehab.
Substance Use Disorder Inpatient Professional Substance Use Disorder Outpatient Facility, Rehab	Report cost sharing, limitations, and other relevant data for substance use disorder inpatient professional. Report cost sharing, limitations, and other relevant data for substance use disorder outpatient facility, rehab.
Substance Use Disorder Outpatient Professional Substance Use Disorder Inpatient Professional	Report cost sharing, limitations, and other relevant data for substance use disorder outpatient professional. Report cost sharing, limitations, and other relevant data for substance use disorder inpatient professional.
Substance Use Disorder Services Other Substance Use Disorder Outpatient Professional	Report other services and their cost sharing, limitations, and other relevant data for substance use disorder services other. Report cost sharing, limitations, and other relevant data for substance use disorder outpatient professional.
Cognitive Therapy Substance Use Disorder Services Other	Report cost sharing, limitations, and other relevant data for cognitive therapy. Report other services and their cost sharing, limitations, and other relevant data for substance use disorder services other.
Eating Disorder Treatment Cognitive Therapy	Report cost sharing, limitations, and other relevant data for eating disorder treatment. Report cost sharing, limitations, and other relevant data for cognitive therapy.
Applied Behavior Analysis Based Therapies Eating Disorder Treatment	Report cost sharing, limitations, and other relevant data for applied behavior analysis based therapies. Report cost sharing, limitations, and other relevant data for eating disorder treatment.
Behavioral Health Treatment Other Applied Behavior Analysis Based Therapies	Report other services and their cost sharing, limitation, and other relevant data for behavioral health treatments. Report cost sharing, limitations, and other relevant data for applied behavior analysis based therapies.
Physical Therapy Behavioral Health Treatment Other	Report cost sharing, limitations, and other relevant data for physical therapy. Report other services and their cost sharing, limitation, and other relevant data for behavioral health treatments.
Occupational Therapy Physical Therapy	Report cost sharing, limitations, and other relevant data for occupational therapy. Report cost sharing, limitations, and other relevant data for physical therapy.
Speech Therapy Occupational Therapy	Report cost sharing, limitations, and other relevant data for speech therapy. Report cost sharing, limitations, and other relevant data for occupational therapy.
Inpatient Rehabilitation Facility Speech Therapy	Report cost sharing, limitations, and other relevant data for inpatient rehabilitation facility. Report cost sharing, limitations, and other relevant data for speech therapy.
Inpatient Rehabilitation Professional Inpatient Rehabilitation Facility	Report cost sharing, limitations, and other relevant data for inpatient rehabilitation professional. Report cost sharing, limitations, and other relevant data for inpatient rehabilitation facility.

Data Elements Name	Data Element Description
Outpatient Rehabilitation Facility Inpatient Rehabilitation Professional	Report cost sharing, limitations, and other relevant data for outpatient rehabilitation facility. Report cost sharing, limitations, and other relevant data for inpatient rehabilitation professional.
Outpatient Rehabilitation Professional Outpatient Rehabilitation Facility	Report cost sharing, limitations, and other relevant data for outpatient rehabilitation professional. Report cost sharing, limitations, and other relevant data for outpatient rehabilitation facility.
Early Intervention Services Outpatient Rehabilitation Professional	Report cost sharing, limitations, and other relevant data for early intervention services. Report cost sharing, limitations, and other relevant data for outpatient rehabilitation professional.
Habilitation Services Early Intervention Services	Report cost sharing, limitations, and other relevant data for habilitation services. Report cost sharing, limitations, and other relevant data for early intervention services.
Chiropractic Care Habilitation Services	Report cost sharing, limitations, and other relevant data for chiropractic care. Report cost sharing, limitations, and other relevant data for habilitation services.
Corrective Lenses (adults)Chiropractic Care	Report cost sharing, limitations, and other relevant data for eye corrective lenses (adults).Report cost sharing, limitations, and other relevant data for chiropractic care.
Durable Medical Equipment (DME)Corrective Lenses (adults)	Report cost sharing, limitations, and other relevant data for durable medical equipment (DME).Report cost sharing, limitations, and other relevant data for eye corrective lenses (adults).
Prosthetics Durable Medical Equipment (DME)	Report cost sharing, limitations, and other relevant data for prosthetic devices. Report cost sharing, limitations, and other relevant data for durable medical equipment (DME).
Hearing Aids Prosthetics	Report cost sharing, limitations, and other relevant data for hearing aids. Report cost sharing, limitations, and other relevant data for prosthetic devices.
Orthotics Hearing Aids	Report cost sharing, limitations, and other relevant data for orthotic devices. Report cost sharing, limitations, and other relevant data for hearing aids.
Temporomandibular joint disorder (TMJ) Device Orthotics	Report cost sharing, limitations, and other relevant data for temporomandibular joint (TMJ) disorder device. Report cost sharing, limitations, and other relevant data for orthotic devices.
Rehabilitative Services Other Temporomandibular joint disorder (TMJ) Device	Report other covered services and their cost sharing, limitations, and other relevant data for rehabilitative services other. Report cost sharing, limitations, and other relevant data for temporomandibular joint (TMJ) disorder device.
Habilitative Services Other Rehabilitative Services Other	Report other covered services and their cost sharing, limitations, and other relevant data for habilitative services other. Report other covered services and their cost sharing, limitations, and other relevant data for rehabilitative services other.
Devices Other Habilitative Services Other	Report other covered services and their cost sharing, limitations, and other relevant data for devices other. Report other covered services and their cost sharing, limitations, and other relevant data for habilitative services other.
Therapy Professional Other Devices Other	Report other covered services and their cost sharing, limitations, and other relevant data for therapy professional other. Report other covered services and their cost sharing, limitations, and other relevant data for devices other.
Supplies Therapy Professional Other	Report cost sharing, limitations, and relevant data for supplies. Report other covered services and their cost sharing, limitations, and other relevant data for therapy professional other.
Outpatient Laboratory Services Supplies	Report cost sharing, limitations, and other relevant data for outpatient laboratory services. Report cost sharing, limitations, and relevant data for supplies.
Inpatient Laboratory Services Outpatient Laboratory Services	Report cost sharing, limitations, and other relevant data for inpatient laboratory services. Report cost sharing, limitations, and other relevant data for outpatient laboratory services.

Data Elements Name	Data Element Description
Professional Laboratory Services Inpatient Laboratory Services	Report cost sharing, limitations, and other relevant data for professional laboratory services. Report cost sharing, limitations, and other relevant data for inpatient laboratory services.
X-ray- Hospital Professional Laboratory Services	Report cost sharing, limitations, and other relevant data for an x-ray in a hospital. Report cost sharing, limitations, and other relevant data for professional laboratory services.
X-ray- Non-hospital X-ray- Hospital	Report cost sharing, limitations, and other relevant data for an x-ray not in a hospital. Report cost sharing, limitations, and other relevant data for an x-ray in a hospital.
Imaging—CT Scan—Hospital X-ray- Non-hospital	Report cost sharing, limitations, and other relevant data for imaging—computed tomography (CT) scan in a hospital. Report cost sharing, limitations, and other relevant data for an x-ray not in a hospital.
Imaging—CT Scan-Non-Hospital Imaging—CT Scan-Hospital	Report cost sharing, limitations, and other relevant data for imaging—computed tomography (CT) scan not in a hospital setting. Report cost sharing, limitations, and other relevant data for imaging—computed tomography (CT) scan in a hospital.
Imaging—MRI—Hospital Imaging—CT Scan—Non-Hospital	Report cost sharing, limitations, and other relevant data for imaging—magnetic resonance imaging (MRI) in a hospital. Report cost sharing, limitations, and other relevant data for imaging—computed tomography (CT) scan not in a hospital setting.
Imaging—MRI—Non-Hospital Imaging—MRI—Hospital	Report cost sharing, limitations, and other relevant data for imaging—magnetic resonance imaging (MRI) not in a hospital setting. Report cost sharing, limitations, and other relevant data for imaging—magnetic resonance imaging (MRI) in a hospital.
Imaging—PET Scan—Hospital Imaging—MRI—Non-Hospital	Report cost sharing, limitations, and other relevant data for imaging—positron emission tomography (PET) scan in a hospital. Report cost sharing, limitations, and other relevant data for imaging—magnetic resonance imaging (MRI) not in a hospital setting.
Imaging—PET Scan—Non-Hospital Imaging—PET Scan—Hospital	Report cost sharing, limitations, and other relevant data for imaging—positron emission tomography (PET) scan not in a hospital setting. Report cost sharing, limitations, and other relevant data for imaging—positron emission tomography (PET) scan in a hospital.
Imaging—Other Imaging—PET Scan—Non-Hospital	Report other covered services and their cost sharing, limitations, and other relevant data for imaging—other. Report cost sharing, limitations, and other relevant data for imaging—positron emission tomography (PET) scan not in a hospital setting.
Laboratory Services Other Imaging—Other	Report covered services and their cost sharing, limitations, and other relevant data for lab other. Report other covered services and their cost sharing, limitations, and other relevant data for imaging—other.
Preventive Services with Zero Copay Laboratory Services Other	Report cost sharing, limitations, and other relevant data for preventive services with zero copay. Report covered services and their cost sharing, limitations, and other relevant data for lab other.
Bone Mineral Density Test Preventive Services with Zero Copay	Report cost sharing, limitations, and other relevant data for bone mineral density test. Report cost sharing, limitations, and other relevant data for preventive services with zero copay.
Metabolic Exam Bone Mineral Density Test	Report cost sharing, limitations, and other relevant data for metabolic exam. Report cost sharing, limitations, and other relevant data for bone mineral density test.
Nutritional Counseling Metabolic Exam	Report cost sharing, limitations, and other relevant data for nutritional counseling. Report cost sharing, limitations, and other relevant data for metabolic exam.
Medical Nutritional Therapy (Diabetes) Nutritional Counseling	Report cost sharing, limitations, and other relevant data for medical nutritional therapy (diabetes). Report cost sharing, limitations, and other relevant data for nutritional counseling.



Data Elements Name	Data Element Description
Medical Nutritional Therapy (Obesity)Medical Nutritional Therapy (Diabetes)	Report cost sharing, limitations, and other relevant data for medical nutritional therapy (obesity).Report cost sharing, limitations, and other relevant data for medical nutritional therapy (diabetes).
Routine Foot Care Medical Nutritional Therapy (Obesity)	Report cost sharing, limitations, and other relevant data for routine foot care. Report cost sharing, limitations, and other relevant data for medical nutritional therapy (obesity).
Routine Foot Care Diabetics Routine Foot Care	Report cost sharing, limitations, and other relevant data for routine foot care for diabetics. Report cost sharing, limitations, and other relevant data for routine foot care.
Diabetes Care Management Routine Foot Care Diabetics	Report cost sharing, limitations, and other relevant data for diabetes care management. Report cost sharing, limitations, and other relevant data for routine foot care for diabetics.
Chronic Disease Management Programs Diabetes Care Management	Report cost sharing, limitations, and other relevant data for chronic disease management programs. Report cost sharing, limitations, and other relevant data for diabetes care management.
Adult Immunization Chronic Disease Management Programs	Report cost sharing, limitations, and other relevant data for adult immunization. Report cost sharing, limitations, and other relevant data for chronic disease management programs.
Preventive Services Other Adult Immunization	Report covered services and their cost sharing, limitations, and other relevant data for other preventive services. Report cost sharing, limitations, and other relevant data for adult immunization.
Wellness Services Other Preventive Services Other	Report covered services and their cost sharing, limitations, and other relevant data for other wellness services. Report covered services and their cost sharing, limitations, and other relevant data for other preventive services.
Chronic Disease Management Programs Other Wellness Services Other	Report covered services and their cost sharing, limitations, and other relevant data or other chronic disease management programs. Report covered services and their cost sharing, limitations, and other relevant data for other wellness services.
Acupuncture Chronic Disease Management Programs Other	Report cost sharing, limitations, and other relevant data for acupuncture. Report covered services and their cost sharing, limitations, and other relevant data or other chronic disease management programs.
Alternative Therapy Acupuncture	Report cost sharing, limitations, and other relevant data for alternative therapy. Includes acupressure and homeopathy.(PS term naturopathy)Report cost sharing, limitations, and other relevant data for acupuncture.
Massage Therapy Alternative Therapy	Report cost sharing, limitations, and other relevant data for massage therapy. Report cost sharing, limitations, and other relevant data for alternative therapy. Includes acupressure and homeopathy.(PS term naturopathy)
Major Dental Care – Child Massage Therapy	Report cost sharing, limitations, and other relevant data for major child dental care. Report cost sharing, limitations, and other relevant data for massage therapy.
Preventive & Diagnostic Dental Care – Child Major Dental Care – Child	Report cost sharing, limitations, and other relevant data for preventive child dental visit. Report cost sharing, limitations, and other relevant data for major child dental care.
Basic Dental Care – Child Preventive& Diagnostic Dental Care - Child	Report cost sharing, limitations, and other relevant data for basic child dental visit. Report cost sharing, limitations, and other relevant data for preventive child dental visit.
Orthodontia—Child Basic Dental Care – Child	Report cost sharing, limitations, and other relevant data for orthodontia—child. Report cost sharing, limitations, and other relevant data for basic child dental visit.
Routine Eye Exam (children)Orthodontia—Child	Report cost sharing, limitations, and other relevant data for routine eye exam (children).Report cost sharing, limitations, and other relevant data for orthodontia—child.

Data Elements Name	Data Element Description
Pediatric Services Other Routine Eye Exam (children)	Report covered services and their cost sharing, limitations, and other relevant data for pediatric services other. Report cost sharing, limitations, and other relevant data for routine eye exam (children).
Corrective Lens (children) Pediatric Services Other	Report cost sharing, limitations, and other relevant data for corrective lens(children).Report covered services and their cost sharing, limitations, and other relevant data for pediatric services other.
Other Eye Care for Children Corrective Lens (children)	Report covered services and their cost sharing, limitations, and other relevant data for other eye care for children. Report cost sharing, limitations, and other relevant data for corrective lens(children).
Substituted Benefits Other Eye Care for Children	Report covered services and their cost sharing, limitations, and other relevant data for substituted benefits. These are benefits substituted by a plan to replace a benchmark benefit. Report covered services and their cost sharing, limitations, and other relevant data for other eye care for children.
Abortion for Which Public Funding Is Prohibited Substituted Benefits	The services described in this clause are abortions for which the expenditure of Federal funds appropriated for the Department of Health and Human Services is not permitted, based on the law as in effect as of the date that is 6 months before the beginning of the plan year involved. Report covered services and their cost sharing, limitations, and other relevant data for substituted benefits. These are benefits substituted by a plan to replace a benchmark benefit.
Other Abortion for Which Public Funding Is Prohibited	If covered, the issuer will report cost sharing, limitations, and other relevant data for other benefits not previously captured. The services described in this clause are abortions for which the expenditure of Federal funds appropriated for the Department of Health and Human Services is not permitted, based on the law as in effect as of the date that is 6 months before the beginning of the plan year involved.
Telemedical Services Other	Telemedicine is the use of telecommunication and information technologies in order to provide clinical health care at a distance. It helps eliminate distance barriers and can improve access to medical services that would often not be consistently available in distant rural communities. It is also used to save lives in critical care and emergency situations. If covered, the issuer will report cost sharing, limitations, and other relevant data for other benefits not previously captured.
Telemedical Services	Telemedicine is the use of telecommunication and information technologies in order to provide clinical health care at a distance. It helps eliminate distance barriers and can improve access to medical services that would often not be consistently available in distant rural communities. It is also used to save lives in critical care and emergency situations.

### 5.3 Service Response Data

Exhibit 9: Service Response Data provides an explanation of the fields passed in service response data.

**Exhibit 8: Service Response Data**

Field	Data Type	Required	Description
Successful	Boolean	Yes	Success / Failed
exchangePlanId	Alphanumeric	Yes	Plan identifier
planStatus	Alphanumeric	Yes	Status of the plan
errorCode	Numeric	Conditional	The error code related to the issue
errorMessage	Alphanumeric	Conditional	The message to describe the error code

### 5.4 Packaging and Delivery

The HIH supports two basic data exchange operations, each requiring a different approach toward packaging and operational delivery methods; web service based calls, and file exchange processes.

For SERFF Plan Transfer, all interfaces are handled through web services.

For Web Services:

- Current versions of WS-Reliable Messaging and WS-Security standards will be followed.
- HIH will implement a comprehensive system of BAM event triggers. This will provide real-time tracking of traffic activity through the various layers of the SOA composites, carrying out the web service provision and consumption.
- Comprehensive logging will also be provided with header and body data, network addresses, time of day, and operation attempted will be recorded for all activity.
- The Transactional Requirements section below discussed the identification of web service packaging and delivery expectations and management.

#### 5.4.1 System Architecture

As the system is currently being designed and configured, this will be addressed in a future version of this deliverable. The future version will contain component diagrams, showing the interface topology, as the infrastructure details are available.

### 5.5 Transactional Requirements

There are no formal transaction requirements represented in this document. However, there are several transactional-style conventions:

- Web service calls will always be responded to as an acknowledgement of transmission, so that the consumer of the web service can confirm a successful call.
- There are numerous “operational pairs” described in this document, where two call sequences (one request/response call in one direction and a second request/response call in the other) exist. The expectation is that the integrity and reliability of these pseudo transactions will be explicitly enforced through call/response tracking.

The expected 'transaction groups' are:

- For TransferPlan (from SERFF to HIH):
  - ▶ Plan reviewer manually triggers transfer client call by SERFF
  - ▶ SERFF calls HIH plan transfer web service
  - ▶ HIH provides synchronous response with Success/Error
- For LoadPlan (from HIH to HBE System)
  - ▶ HIH calls Load Plan Web Service on HBE internal SOA layer
  - ▶ HBE responds synchronously with Success/Error

## 5.6 Security Management

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As the system is currently being designed and configured, this will be addressed in a future version of this deliverable.

In general, the security approach will consist of web services implementing WS-Security standards.

## 5.7 Business Rules

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As the system is currently being designed and configured, this will be addressed in a future version of this deliverable.

There are no explicit business rules identified yet for this ICD. This will require further discussion between the carriers, SERFF, and the SOV.

## 5.8 Exception Handling

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As the system is currently being designed and configured, this will be addressed in a future version of this deliverable.

This needs further review and discussion. While identifying specific operations and steps in the processes involved in this ICD is straight forward, establishing a standard approach for the various types of exceptions that can occur is considerably more involved.

## 5.9 Service Performance

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Because all of the service operations described so far in this document are synchronous, response SLA's do not apply at this point.

## 6 HBE Process Implications

As the system is currently being designed and configured, this will be addressed in a future version of this deliverable. The business processes surrounding the loading and review (including issue identification with plans), and other open questions related to timing of group plans, certification/decertification of plans, and resolution processes for these, are areas to be addressed. These processes will be addressed comprehensively as soon as possible.

## 7 General Qualification Plan

The General Qualification Plan for this ICD will be developed in sync with the testing plan (currently being derived) for the HBE system.

The likely steps for qualification (of the current scope) of the ICD are:

1. Validation of the HIH web service using SERFF-provided SoapUI (a web service testing product that is freely available) project files
2. Validation of the HBE system web service using test clients from HIH
3. Validation of the plan data that are contained in the SoapUI test projects with each of the carriers
4. Final confirmation with SERFF of the business process details of the overall plan management scope

## 8 Acronyms

**Exhibit 9: Glossary**

Acronym	Description
ACA	Affordable Care Act
API	Application Programming Interface
BAM	Business Activity Monitoring
CMS	Centers for Medicare and Medicaid Services
CSR	Customer Support Reps
DSH	Data Services Hub
HIH	HBE Integration Hub
ICD	Interface Control Document
LDM	Logical Data Model
NAIC	National Association of Insurance Commissioners
OPA	Oracle Policy Automation
PGP	Pretty Good Privacy
QHP	Qualified Health Plan
SBE	State Based Exchange
SDD	System Design Document
SERFF	System for Electronic Rate and Form Filing
SFTP	Secure File Transfer Protocol
SOA	Service-Oriented Architecture
SOAP	Simple Object Access Protocol
SOV	State of Vermont
VT HBE	Vermont Health Benefit Exchange
WSDL	Web Service Definition Language
XSD	XML Schema Definitions

## Appendix A: SOAP and XSD Schemas

The following is a list of the services and operations that will be used to manage plan information coming from SERFF.

Service Name	Operation	Description
SERFF Exchange Plan Management	transferPlan	This operation transfers plan related information such as issuer information, the product, plan effective dates, services covered, etc.
SERFF Exchange Plan Management	transferPlanResponse	This output message provides the status of the transferPlan operation