Essential Plan Program (EPP) Template Submission Instructions

The EPP templates are available on the NYSoH Plan Invitation page with the exception of the prescription drug template that can be found on the CMS website. The instructions for submitting the templates are included below. Each issuer should submit ONE set of templates for all of the EPP products they are offering i.e. both the standard and the EPP plus Vision and Dental versions.   The templates are required for the information to be displayed on the NYSOH web portal, the review process, for enrollment transmission, and for payment by eMedNY.

Once all of the templates are completed, place the templates in a password encrypted zipped folder and email the folder to your plan manager followed by an email to your plan manager with the password. The templates should be in the file format indicated in the instructions below. The naming convention for each template should be Issuer ID_TemplateName i.e. 12345_AdminTemplate.csv

General Instructions for EPP Template Submission

Submission Requirements: Each issuer must submit the following templates:

Admin Template	Collects general company and contact information.
Plans Template	Collects plan IDs, plan type, and other information.
Prescription Drug Template	Collects formulary data for plans.
Service Area Template	Information identifying an issuer's geographic service area.
Rate Template	Collects rates necessary for display on the web portal.

Template Instructions

Admin Template

General Instructions: This template must be submitted to in csv format.

The chart below contains a listing of all fields that are included on the Admin Template. The column headings below contain the following data:

- Field Name – this is the name of the data element used by the NYSOH.
- Field Size – this indicates the type of data allowed (9, X or datesize) and provides the maximum field length (the number in parentheses). 9 = numeric (should be all numbers). X = alpha-numeric (can have numbers and letters). Date size = a date in YYYY/MM/DD format.

- R/O – indicates if the field is required or optional.
- Field Description – provides the description of the field including any specific valid values that may be allowed or additional rules that may apply.

TEMPLATE COLUMN	FIELD NAME	FIELD SIZE	R/O	FIELD DESCRIPTION
A	HIOS Issuer ID	9(5)	R	Entry must be the 5 digit HIOS Issuer ID assigned by HIOS or by NYSoH Plan Management for those that do not offer QHPs through the Marketplace.
B	Company Legal Name	X(1000)	R	Enter the full legal name of the insurance company, service or organization.
C	FEIN	X(9)	R	Enter the Federal Employer Identification Number (FEIN) or Tax Identification Number (TIN) of the Issuer.
D	Issuer Marketing Name	X(1000)	R	Enter the name of the company used for marketing purposes.
E	Issuer Address1	X(200)	R	Enter the address of the Issuer.
F	Issuer Address2	X(200)	O	Enter the address of the Issuer.
G	Issuer Address3	X(200)	O	Enter the address of the Issuer.
H	Issuer City	X(50)	R	Enter the city of the Issuer's address.
I	State	X(2)	R	Enter the state abbreviation of the Issuer's address. Must be alpha (A-Z) uppercase. Must be a valid state abbreviation.
J	Zip Code	X(5)	R	Enter the zip code of the Issuer's address.
K	Lock Box Address 1	X(200)	R	Enter the address used to receive payment of EPP premium.
L	Lock Box Address 2	X(200)	O	Enter address 2 if appropriate.
M	Lock Box City	X(50)	R	Enter the city of the address used to receive payment of EPP premium.
N	Lock Box State	X(2)	R	Enter the state of the address used to receive payment of EPP premium. Must be alpha (A-Z). Must be a valid state abbreviation.
O	Zip Code	X(5)	R	Enter the zip code of the address used to receive payment of EPP premium.
P	Issuer State of Domicile	X(2)	R	Enter the state abbreviation to identify the state where the Issuer is legally located. Must be alpha (A-Z) uppercase. Must be a valid state abbreviation.
Q	Consumer Facing Website URL	X(250)	R	Enter the URL for the company consumer-facing web site. Must be in valid URL format as per market standards. Must begin with "http" or "https".

Plans Template

General Instructions: You will complete one row with each these fields completed for EACH HIOS Plan ID you are submitting. This template must be submitted in csv format.

The chart below contains a listing of all fields that included on the Plans Template. The column headings below contain the following data:

- Field Name – this is the name of the data element used by the NYSOH.
- Field Size – this indicates the type of data allowed (9, X, or datesize) and provides the maximum field length (the number in parentheses). 9 = numeric (should be all numbers). X = alpha-numeric (can have numbers and letters). Date size = a date in YYYY/MM/DD format.
- R/O – indicates if the field is required or optional.
- Field Description – provides the description of the field including any specific valid values that may be allowed or additional rules that may apply.

TEMPLATE COLUMN	FIELD NAME	FIELD SIZE	R/O	FIELD DESCRIPTION
A	HIOS Plan ID	X(17)	R	This ID is 17 characters and will be assigned by Plan Management. It must be exactly 17 characters. First 5 digits of this ID must match the HIOS Issuer ID. The next 2 characters will be EP to identify EPP. The next 7 digits are as follows: 0000001 for Standard EPP plans and 0000002 for Non-Standard EPP plans (the plans with Vision and Dental). Last 2 digits must contain a value of -50-55 for Standard Plans and -52-55 for Non-Standard Plans. The -50-55 variant must be used for the corresponding population identified in the Example set forth below.
B	Standard vs Non-Standard Plan	X(20)	R	Entry will be the word "Standard" or "Non-Standard"; Non-Standard will be used for plans with Vision and Dental
C	Plan Year	9(4)	R	Enter the 4 digit plan year to identify the coverage year. This entry must be 2016.
D	Plan Marketing Name	X(400)	R	Enter the name of the product used by the Issuer for marketing purposes i.e. Essential Plan 1, Essential Plan 1 Plus Vision and Dental
E	Service Area ID	X(6)	R	Enter the corresponding Service Area ID assigned in the Service Area Template. This entry will be NYS001.
F	Plan Type	X(20)	R	Enter EPP to identify the Essential Plan Program.
G	URL for Enrollment and Payment	X(250)	O	Enter the URL that can be used by the member if they need information on where to make a payment. If

				populated, must be in valid URL format as per market standards. Must begin with "http" or "https".
H	Plan Effective Start Date	Date Size	**R**	Enter 2016/01/01 in this exact format.
I	Plan Effective End Date	Date Size	**R**	Enter 2016/12/31 in this format.
J	Customer Service Toll Free Number	X(15)	**R**	Enter the customer service toll free telephone number. Numbers separated by dashes.
K	Customer Service TTY	X(15)	**R**	Enter the customer service TTY telephone number. Numbers separated by dashes.
L	Formulary URL	X(250)	**R**	Enter the URL for this formulary or prescription drug list. Must be in valid URL format as per market standards. Must begin with "http" or "https".
M	Provider URL	X(250)	**R**	Enter the provider search URL. Must be in valid URL format as per market standards. Must begin with "http" or "https".
N	Plan Status			Leave this field blank

Example of HIOS Plan IDs

Based on the instructions above, issuers must submit at least the following HIOS Plan IDs, and the variants set forth below must be assigned to the population identified.

Standard EPP HIOS Plan IDs	
Aliessa 0 – 100% FPL	12345EP0000001-50
Aliessa 100-138% FPL	12345EP0000001-51
EPP 138 – 150% FPL AI/AN	12345EP0000001-52
EPP 138 – 150% FPL	12345EP0000001-53
EPP 150 – 200% FPL AI/AN	12345EP0000001-54
EPP 150 – 200% FPL	12345EP0000001-55
Non-Standard EPP (EPP Plus Vision and Dental) HIOS Plan IDs	
EPP 138 – 150% FPL AI/AN	12345EP0000002-52
EPP 138 – 150% FPL	12345EP0000002-53
EPP 150 – 200% FPL AI/AN	12345EP0000002-54
EPP 150 – 200% FPL	12345EP0000002-55

Service Area Template

1. Enter the 14 digit HIOS Issuer ID and State. Each variation of the HIOS ID will use the same service area.

2. Click the Create Service Area IDs button. Each issuer should have only ONE service area as they must offer their EPP products in every county of their service area.
3. After inputting the HIOS Issuer ID and state the template will create NYS001 in the Service Area ID column. Select that service area ID.
4. Enter the Service Area Name: EPP Service Area
5. Indicate whether the Service Area covers the entire state.
6. If the Service Area does not cover the entire state, then select a county that is within the Service Area.
7. Repeat steps 3-6 for every county within the Service Area.
8. Once you have entered each county in the service area, click the "validate" button to confirm that the template is filled out completely.
9. Once the template is validated, click the "Finalize" button on the template to create the XML version the template. You will need to submit the XML version of the template to NYSoH along with the XLS version.

Prescription Drug Template

1. Enter the HIOS Issuer ID and State.
2. Click the Create Formulary IDs button. A pop up box will ask the issuer to indicate the number of formularies it has. An issuer can create as many Formulary IDs as needed to reflect the varying cost-sharing for prescription drugs. The cost-sharing has a one to one match with the Formulary ID. The same drug list can be reused for each formulary or additional drug lists can be created for different Formulary IDs.
3. Select the Formulary ID in the first box from the drop down menu.
4. Enter the URL for the Formulary on the issuer's website. If a working URL has not yet been developed for the particular Formulary identified, a test link URL will be sufficient for the SERFF submission. For the NYSOH filings, the URL must clearly identify the formulary is for the Marketplace and/or the Marketplace QHPs, and a working URL will be needed prior to certification.
5. Switch to the Drug List sheet. Enter the RXCUI on the drug list and indicate the tier level of the drug. Indicate whether the drug requires preauthorization or step therapy.
6. Add as many drug lists as needed.
7. Switch back to the Formulary Tiers sheet. Select the Drug List ID from the drop down menu.
8. Indicate the number of tiers on the formulary. A formulary may not contain more than three tiers.
9. Indicate the drug tier type from the menu of choices. Select all that apply.
10. Fill in the remaining cost sharing information as appropriate. Leave any cost sharing fields (out-of-network fields for example) blank that do not apply.
11. The Standard Benefit Design Mail Order Cost-Sharing template will not accept values that are not whole numbers. Round up any cost sharing amounts to whole numbers.
12. Inadequate Count in a Category or Class of Prescription Drugs: If the issuer determines that the formulary they are submitting has an inadequate number of prescription drugs in a category or class, then the issuer must provide an explanation. For example, if vaccines are covered as a medical benefit, rather than a prescription drug, an explanation is required. The explanation may be submitted as a separate document attached on the Supporting Documentation Tab.

Rate Template

General Instructions: This template should be submitted in XLSX format. Enter each HIOS ID in column A, followed by the applicable Rating Area ID in column B, followed by the Rate in Column C and the amount the consumer will owe in Column D. You will have at a minimum 6 rows if you only offer the standard plan in one region. You will have a maximum of 81 rows if you offer the standard and non-standard plan in all 9 rating regions. The listing of the EPP Rating Regions can be found on the NYSoH Plan Invitation Page.

The chart below contains a listing of all fields that included on the Rates Template. The column headings below contain the following data:

- Field Position: This is the cell where the Field Name is located
- Field Name – this is the name of the data element used by the NYSOH.
- Field Size – this indicates the type of data allowed (9,X or datesize) and provides the maximum field length (the number in parentheses). 9 = numeric (should be all numbers). X = alpha-numeric (can have numbers and letters). Date size = a date in YYYY/MM/DD format.
- R/O – indicates if the field is required or optional.
- Field Description – provides the description of the field including any specific valid values that may be allowed or additional rules that may apply.

FIELD POSITION	FIELD NAME	FIELD SIZE	R/O	FIELD DESCRIPTION
B6	HIOS Issuer ID	9(5)	**R**	Entry must be the 5 digit HIOS Issuer ID assigned by HIOS or by DOH Plan Management for those that do not use SERFF.
B7	FEIN	X(9)	**R**	Enter the Federal Employer Identification Number (FEIN) or Tax Identification Number (TIN) of the Issuer.
B8	Rate Effective Date	Date Size	**R**	Enter the effective date of the rate for this plan. YYYY/MM/DD Format. This field must have the special character "/" and will be 2016/01/01
B9	Rate Expiration Date	Date Size	**R**	Enter the expiration date of the rate for this plan. YYYY/MM/DD Format. This field must have the special character "/" and will be 2016/12/31.
A14 – 19 (minimum for standard plan in one rating region)	HIOS Plan ID	X(17)	**R**	This ID is 17 characters assigned by Plan Management.
B14 -19 (minimum for standard plan in one rating region)	Rating Area ID	X	**R**	This field will be a drop down populated with values for the nine EPP rating areas as follows:

				Rating Area 1 Rating Area 2 Rating Area 3 Rating Area 4 Rating Area 5 Rating Area 6 Rating Area 7 Rating Area 8 Rating Area 9
C14 – 19 (minimum for standard plan in one rating region)	Subsidized Rate	9(10,2)	**R**	Enter the premium amount DOH will pay the issuer for this plan minus any consumer responsibility for the HIOS ID in A14 in the region listed in B14. Example: if the HIOS ID is for a plan variation where the consumer pays $20 and the full premium is 400, the amount in this field should be 380.
D14 -19 (minimum for standard plan in one rating region)	Consumer Responsibility	9(6,2)	**O**	Must contain dollar amount or blank. Do not include dollar signs. Standard plans would have the following inputs: -50: blank -51: blank -52: blank -53: blank -54: 20 -55: 20