



## Marketplace Health Plans Assessment Workbook October 2014

The following chart accompanies the *Marketplace Health Plans Template Assessment Workbook*, which explains the importance of each category listed below. It is intended to be used in conjunction with that material to assess the adequacy of any given qualified health plan on a federally facilitated, partnership, or state run Marketplace.

	Plan 1	Plan 2	Plan 3
<b>Issuer Name</b>			
<b>Product Name</b>			
<b>Plan Name</b>			
<b>Plan Type</b> (PPO, POS, HMO, etc)			
<b>Coverage area (counties)</b>			
<b>Client versus Plan OOP max</b> (see Workbook Table B)	Client: \$ Plan: \$	Client: \$ Plan: \$	Client: \$ Plan: \$
<b>Additional state financial assistance available to client?</b>		Yes / No	
<b>Plan eligible for ADAP support?</b>	Yes / No	Yes / No	Yes / No

	Plan 1	Plan 2	Plan 3
<b>Primary Care Providers</b>	Deductible: Co-pay: Co-insurance: Cap on visits:	Deductible: Co-pay: Co-insurance: Cap on visits:	Deductible: Co-pay: Co-insurance: Cap on visits:
<b>Specialists</b>	Deductible: Co-pay: Co-insurance: Cap on visits:	Deductible: Co-pay: Co-insurance: Cap on visits:	Deductible: Co-pay: Co-insurance: Cap on visits:
<b>Mental Health Providers</b>	Deductible: Co-pay: Co-insurance: Cap on visits:	Deductible: Co-pay: Co-insurance: Cap on visits:	Deductible: Co-pay: Co-insurance: Cap on visits:
<b>Substance Use Disorder Providers</b>	Deductible: Co-pay: Co-insurance: Cap on visits:	Deductible: Co-pay: Co-insurance: Cap on visits:	Deductible: Co-pay: Co-insurance: Cap on visits:

	Plan 1	Plan 2	Plan 3
<b>Client's Current PCP:</b> _____	In plan network: Requires referral:	In plan network: Requires referral:	In plan network: Requires referral:
<b>Client's Current Specialist(s):</b> _____	In plan network: Requires referral:	In plan network: Requires referral:	In plan network: Requires referral:
<b>Client's Current Mental Health Provider(s):</b> _____	In plan network: Requires referral:	In plan network: Designated as specialist:	In plan network: Requires referral:
<b>Client's Current Substance Use Disorder Provider:</b> _____	In plan network: Requires referral:	In plan network: Designated as specialist:	In plan network: Requires referral:
<b>Other Current Provider(s):</b> _____	In plan network: Requires referral:	In plan network: Designated as specialist:	In plan network: Requires referral:

	Plan 1	Plan 2	Plan 3
<b>Referral required for specialist?</b>	Yes / No	Yes / No	Yes / No
<b>Out-of-network provider rules</b>			
<b>Special provisions / exceptions for individuals living with HIV?</b>			
<b>Nutritional counseling / medical nutrition therapy</b>	Yes / No Limits: Subject to medically necessary determination: Automatically available for HIV:	Yes / No Limits: Subject to medically necessary determination: Automatically available for HIV:	Yes / No Limits: Subject to medically necessary determination: Automatically available for HIV:
<b>Case management</b>	Yes / No Limits: Subject to medically necessary determination: Automatically available for HIV:	Yes / No Limits: Subject to medically necessary determination: Automatically available for HIV:	Yes / No Limits: Subject to medically necessary determination: Automatically available for HIV:
<b>Mental health treatment coverage limitation?</b>	Cap on outpatient visits: Cap on inpatient days:	Cap on outpatient visits: Cap on inpatient days:	Cap on outpatient visits: Cap on inpatient days:
<b>Substance use disorder treatment coverage limitations?</b>	Cap on outpatient visits: Cap on inpatient days:	Cap on outpatient visits: Cap on inpatient days:	Cap on outpatient visits: Cap on inpatient days:

	Plan 1	Plan 2	Plan 3
<b>Inpatient services</b>	Deductible: Co-pay: Co-insurance: Cap on visits:	Deductible: Co-pay: Co-insurance: Cap on visits:	Deductible: Co-pay: Co-insurance: Cap on visits:
<b>Ambulatory Urgent Care</b>	Deductible: Co-pay: Co-insurance: Cap on visits:	Deductible: Co-pay: Co-insurance: Cap on visits:	Deductible: Co-pay: Co-insurance: Cap on visits:
<b>Emergency Room</b>	Deductible: Co-pay: Co-insurance: Cap on visits:	Deductible: Co-pay: Co-insurance: Cap on visits:	Deductible: Co-pay: Co-insurance: Cap on visits:
<b>Skilled Nursing Facility</b>	Deductible: Co-pay: Co-insurance: Cap on visits:	Deductible: Co-pay: Co-insurance: Cap on visits:	Deductible: Co-pay: Co-insurance: Cap on visits:
<b>Mental Health Inpatient</b>	Deductible: Co-pay: Co-insurance: Cap on visits:	Deductible: Co-pay: Co-insurance: Cap on visits:	Deductible: Co-pay: Co-insurance: Cap on visits:
<b>Substance Use Disorder Inpatient</b>	Deductible: Co-pay: Co-insurance: Cap on visits:	Deductible: Co-pay: Co-insurance: Cap on visits:	Deductible: Co-pay: Co-insurance: Cap on visits:

	Plan 1	Plan 2	Plan 3
<b>Current Medication:</b> _____	On formulary: Co-pay: Co-insurance: Deductible: Prior authorization: Step therapy: Monthly limit:	On formulary: Co-pay: Co-insurance: Deductible: Prior authorization: Step therapy: Monthly limit:	On formulary: Co-pay: Co-insurance: Deductible: Prior authorization: Step therapy: Monthly limit:
<b>Current Medication:</b> _____	On formulary: Co-pay: Co-insurance: Deductible: Prior authorization: Step therapy: Monthly limit:	On formulary: Co-pay: Co-insurance: Deductible: Prior authorization: Step therapy: Monthly limit:	On formulary: Co-pay: Co-insurance: Deductible: Prior authorization: Step therapy: Monthly limit:
<b>Current Medication:</b> _____	On formulary: Co-pay: Co-insurance: Deductible: Prior authorization: Step therapy: Monthly limit:	On formulary: Co-pay: Co-insurance: Deductible: Prior authorization: Step therapy: Monthly limit:	On formulary: Co-pay: Co-insurance: Deductible: Prior authorization: Step therapy: Monthly limit:

	Plan 1	Plan 2	Plan 3
<b>Current Medication:</b> _____	On formulary: Co-pay: Co-insurance: Deductible: Prior authorization: Step therapy: Monthly limit:	On formulary: Co-pay: Co-insurance: Deductible: Prior authorization: Step therapy: Monthly limit:	On formulary: Co-pay: Co-insurance: Deductible: Prior authorization: Step therapy: Monthly limit:
<b>Current Medication:</b> _____	On formulary: Co-pay: Co-insurance: Deductible: Prior authorization: Step therapy: Monthly limit:	On formulary: Co-pay: Co-insurance: Deductible: Prior authorization: Step therapy: Monthly limit:	On formulary: Co-pay: Co-insurance: Deductible: Prior authorization: Step therapy: Monthly limit:
<b>Current Medication:</b> _____	On formulary: Co-pay: Co-insurance: Deductible: Prior authorization: Step therapy: Monthly limit:	On formulary: Co-pay: Co-insurance: Deductible: Prior authorization: Step therapy: Monthly limit:	On formulary: Co-pay: Co-insurance: Deductible: Prior authorization: Step therapy: Monthly limit:

	Plan 1	Plan 2	Plan 3
<b>Plan uses preferred pharmacy?</b>			
<b>If yes, geographically accessible to client?</b>			
<b>Plan includes pharmacy that client already uses?</b>			
<b>ADAP assists with prescription cost-sharing?</b>			
<b>If yes, who does ADAP reimburse?</b>			
<b>Diabetes Equipment &amp; Supplies (note quantity limits if applicable)</b>	Glucose monitors: Syringes: Glucose testing strips: Glucose tablets: Lancets:	Glucose monitors: Syringes: Glucose testing strips: Glucose tablets: Lancets:	Glucose monitors: Syringes: Glucose testing strips: Glucose tablets: Lancets:
<b>Nutritional counseling</b>			
<b>Prescription drugs for treatment of long term obesity</b>			
<b>Diabetes self-management education</b>			



	Plan 1	Plan 2	Plan 3
<b>Anti-diabetic drugs</b>	Insulin: Metformin / glucophage: Other drugs client takes: _____	Insulin: Metformin / glucophage: Other drugs client takes: _____	Insulin: Metformin / glucophage: Other drugs client takes: _____
<b>Diabetes case or care management</b>	Yes / No Limits:	Yes / No Limits:	Yes / No Limits:
<b>Endocrinologist visit</b>	Yes / No Referral required? Caps on visits:	Yes / No Referral required? Caps on visits:	Yes / No Referral required? Caps on visits:
<b>Hospice</b>	Limits:	Limits:	Limits:
<b>Vision</b>	Yes / No Co-pay:	Yes / No Co-pay:	Yes / No Co-pay:
<b>Oral health</b>	Yes / No Co-pay: Exclusions:	Yes / No Co-pay: Exclusions:	Yes / No Co-pay: Exclusions:
<b>Chiropractic care</b>	Yes / No Co-pay: Limits:	Yes / No Co-pay: Limits:	Yes / No Co-pay: Limits:

	Plan 1	Plan 2	Plan 3
<b>Laboratory services</b>	Co-pay (PCP ordered): Co-pay (specialist ordered): Limits:	Co-pay (PCP ordered): Co-pay (specialist ordered): Limits:	Co-pay (PCP ordered): Co-pay (specialist ordered): Limits:
<b>X-ray / imaging services</b>	Co-pay: Limits:	Co-pay: Limits:	Co-pay: Limits:
<b>Durable medical equipment</b>	Co-pay: Limits:	Co-pay: Limits:	Co-pay: Limits:
<b>Home health visits</b>	Cost-sharing: Limits:	Cost-sharing: Limits:	Cost-sharing: Limits:
<b>Rehabilitation services</b>	Cost-sharing: Limits / exclusions:	Cost-sharing: Limits / exclusions:	Cost-sharing: Limits / exclusions:
<b>Habilitative services</b>	Cost-sharing: Limits / exclusions:	Cost-sharing: Limits / exclusions:	Cost-sharing: Limits / exclusions:
<b>Dialysis</b>	Cost-sharing: Limits:	Cost-sharing: Limits:	Cost-sharing: Limits:
<b>Specific exclusions from plan</b>			