

Schema table screenshots pulled from here: <https://developer.cms.gov/marketplace-api/coverage-portal/#/schema>

Index Schema

| Field | Definition | Required |
|----------------|---|----------|
| provider_urls | An array of URLs of JSON files that conform to the provider schema, minimum of 1 required | Yes |
| formulary_urls | An array of URLs of JSON files that conform to the formulary schema | Yes |
| plan_urls | An array of URLs of JSON files that conform to the plans schema, minimum of 1 required | Yes |

Drugs Schema

| Field | Label | Definition | Required |
|-----------|-----------------|--|----------|
| rxnorm_id | Drug Identifier | RxCUI (Specific drug identifier from RXNORM). Nullable. | Yes |
| drug_name | Drug Name | Name of Drug | Yes |
| plans | Plans | Array of plans that cover this drug (see "Plans sub-type" below) | Yes |

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Appendix A. Machine Readable Schema

Plans Sub-type

| Field | Label | Definition | Required |
|---------------------|------------------------------|---|----------|
| plan_id_type | ID Type | Type of Plan ID. For all Marketplace plans this should be: HIOS-PLAN-ID | Yes |
| plan_id | Unique Identifier | The plan ID that was used in the plans.json as the plan_id value. For a Marketplace plan, this must be the 14-digit HIOS plan id. | Yes |
| drug_tier | Drug Tier | Tier for formulary (Example Values: GENERIC, PREFERRED-GENERIC, NON-PREFERRED-GENERIC, SPECIALTY, BRAND, PREFERRED-BRAND, NON-PREFERRED-BRAND, ZERO-COST-SHARE-PREVENTIVE, MEDICAL-SERVICE, etc. Values should be all uppercase, no whitespace allowed.) | Yes |
| prior_authorization | Prior Authorization Required | Is prior authorization required? - (boolean value: true or false) | No |
| step_therapy | Step Therapy Required | Is step therapy required? - (boolean value: true or false) | No |
| quantity_limit | Quantity Limit | Is there a quantity limit for this drug? - (boolean value: true or false) | No |
| years | Years | Array of years the data covers. | Yes |

Appendix A. Machine Readable Schema

Plans Schema

| Field | Label | Definition | Required |
|-----------------|--------------------------------|--|----------|
| plan_id_type | ID Type | Type of Plan ID. For all Marketplace plans this should be: HIOS-PLAN-ID | Yes |
| plan_id | Unique Identifier | The 14-character, HIOS-generated Plan ID number. (Plan IDs must be unique, even across different markets.) | Yes |
| marketing_name | Marketing Name | The name of the plan as it is displayed on HealthCare.gov | Yes |
| summary_url | URL for Plan Information | The URL that goes directly to the summary of benefits and coverage for the specific standard plan or plan variation. | Yes |
| marketing_url | URL for Plan Information | The URL that goes directly to the plan brochure for the specific standard plan or plan variation. | No |
| formulary_url | URL for Formulary | The URL that goes directly to the formulary brochure for the specific standard plan or plan variation. | No |
| plan_contact | Contact Email Address for Plan | An email address for developers/public to report mistakes in the network and formulary data. | Yes |
| years | Years | Array of years the data covers. | Yes |
| network | Network | Array of networks | Yes |
| formulary | Formulary | A list of formularies or a single formulary associated with this plan. Both a list of formularies or a single formulary are valid. | Yes |
| benefits | Benefits | Array of benefits | No |
| last_updated_on | Last Updated On | ISO 8601 format (e.g. YYYY-MM-DD) | Yes |

Appendix A. Machine Readable Schema

Network Sub-type

This type defines a network within a plan. The values should be something that is meaningful to an issuer, there is no taxonomy of network tier names. This value will be used later in the providers.json file to connect a provider to a specific plan and network tier within that plan.

| Field | Label | Definition | Required |
|--------------|--------------|--|----------|
| network_tier | Network Tier | Tier name for network (Example Values: PREFERRED, NON-PREFERRED, etc. Values should be all uppercase, no whitespace allowed.) | Yes |

Formulary Sub-type

This type defines a formulary within a plan. The values should be something that is meaningful to an issuer, there is no taxonomy of formulary tier names. This value will be used later in the drugs.json file to connect a drug to a specific plan and formulary tier within that plan.

| Field | Label | Definition | Required |
|--------------|--------------|--|----------|
| drug_tier | Drug Tier | Tier for formulary - (Example Values: GENERIC, PREFERRED-GENERIC, NON-PREFERRED-GENERIC, SPECIALTY, BRAND, PREFERRED-BRAND, NON-PREFERRED-BRAND, ZERO-COST-SHARE-PREVENTIVE, MEDICAL-SERVICE, etc. Values should be all uppercase, no whitespace allowed.) | Yes |
| mail_order | Mail Order | Does the formulary cover mail order? - (Values: true or false) | Yes |
| cost_sharing | Cost Sharing | Array of cost sharing values (see "Cost sharing sub-type" below) | No |

Appendix A. Machine Readable Schema

Cost Sharing Sub-type

| Field | Label | Definition | Required |
|------------------|--------------------|--|----------|
| pharmacy_type | Pharmacy Type | Pharmacy type (Example Values: 1-MONTH-IN-RETAIL, 1-MONTH-OUT-RETAIL, 1-MONTH-IN-MAIL, 1-MONTH-OUT-MAIL, 3-MONTH-IN-RETAIL, 3-MONTH-OUT-RETAIL, 3-MONTH-IN-MAIL, 3-MONTH-OUT-MAIL) | Yes |
| copay_amount | Copay amount | Amount of copay, in \$ (number) | Yes |
| copay_opt | Copay option | Qualifier of copay amount (Values: AFTER-DEDUCTIBLE, BEFORE-DEDUCTIBLE, NO-CHARGE, NO-CHARGE-AFTER-DEDUCTIBLE). Nullable. | Yes |
| coinsurance_rate | Coinsurance rate | Rate of coinsurance (float, 0.0 to 1.0) | Yes |
| coinsurance_opt | Coinsurance option | Qualifier for coinsurance rate (Values: AFTER-DEDUCTIBLE, NO-CHARGE, NO-CHARGE-AFTER-DEDUCTIBLE). Nullable. | Yes |

Appendix A. Machine Readable Schema

Benefits Sub-type

The Benefits sub-type is an optional section and will be shaped depending on what industry and consumers find valuable.

For example, many health plans are offering telemedicine as an additional health benefit and that can be highlighted by adding a telemedicine entry.

| Field | Label | Definition | Required |
|--------------|---------------------|--|----------|
| telemedicine | Offers Telemedicine | Does the plan cover telemedicine? Boolean (values should be either true or false) | No |

Providers Schema

| Field | Label | Definition | Required |
|-----------------|----------------------|---|----------|
| npi | National Provider ID | The 10-digit National Provider Identifier (NPI) is a unique identification number for covered health care providers | Yes |
| type | Type | Specify if INDIVIDUAL, FACILITY, or GROUP. | Yes |
| plans | Plans | Array of plans that cover this provider (see "Plans sub-type" below) | Yes |
| last_updated_on | Last Updated On | Date of when the record for this provider has been last updated or refreshed - ISO 8601 format (e.g. YYYY-MM-DD) | Yes |

Appendix A. Machine Readable Schema

If the entry is for an INDIVIDUAL then the following fields should be present:

| Field | Label | Definition | Required |
|-----------|--------------------|--|----------|
| name | Name | A name object, containing name fields specified below. Ex. {"prefix": "Dr.", "first": "Jane", "middle": "Gretchen", "last": "Smith"} | Yes |
| prefix | Prefix | One of Mr., Mrs., Miss, Ms., Dr. | No |
| first | First Name | Full first name | Yes |
| middle | Middle Name | Full middle name | No |
| last | Last Name | Full last name | Yes |
| suffix | Suffix | One of Jr., Sr., II, III, III, IV | No |
| addresses | Address | List of addresses for this provider, see address sub-type below. | Yes |
| specialty | Specialty Type | An array of specialty types. Free form text field. | Yes |
| accepting | Accepting Patients | Is the provider accepting new patients? One of three values: accepting, not accepting, accepting in some locations | Yes |
| gender | Gender | Values: Male, Female, Other, Transgender-female, Transgender-male, Non-binary, Non-disclose | No |
| languages | Languages Spoken | An array of the languages spoken | No |

If the entry is for a FACILITY then the following fields should be present:

| Field | Label | Definition | Required |
|---------------|---------------|--|----------|
| facility_name | Facility Name | - | Yes |
| facility_type | Facility Type | An array of facility types. Free-form text field. | Yes |
| addresses | Address | List of addresses for this provider, see address sub-type below. | Yes |

If entry is present for GROUP then the following fields should be present.

| Field | Label | Definition | Required |
|------------|------------|--|----------|
| group_name | Group Name | - | Yes |
| addresses | Address | List of addresses for this provider with the address sub-type below. | Yes |

Appendix A. Machine Readable Schema

Address Sub-type

| Field | Label | Definition | Required |
|-----------|--------------------|--|----------|
| address | Street Address | - | Yes |
| address_2 | Street Address 2 | - | No |
| city | City | - | Yes |
| state | State Abbreviation | Two letter state abbreviation (FL, IA, etc.) | Yes |
| zip | Zip Code | Five digit zip code, represented as a string | Yes |

Plans Sub-type

| Field | Label | Definition | Required |
|--------------|-------------------|---|----------|
| plan_id_type | ID Type | Type of Plan ID. For all Marketplace plans this should be: HIOS-PLAN-ID | Yes |
| plan_id | Unique Identifier | The plan ID that was used in the plans.json as the plan_id value. For a Marketplace plan, this must be the 14-digit HIOS plan id. | Yes |
| network_tier | Network Tier | Tier for network (Example Values: PREFERRED, NON-PREFERRED, etc. Values should be all uppercase, no whitespace allowed.) Must match a network tier defined in the corresponding plan record in a plans.json file. | Yes |
| years | Years | The years the data is relevant to | Yes |