

# Data Change Request Instructions

PY2019

08/20/2018

Version 1

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## Introduction: Data Change Requests for 2019

This user guide provides instructions, for Centers for Medicare and Medicaid Services (CMS) users and issuers, on properly submitting a Data Change Request (DCR) and the required supporting documentation in the Plan Management (PM) Community.

This User Guide applies to the 2019 Plan Year.

### Overview

After the initial QHP Application submission window ends, issuers will be able to upload revised data templates on an as-needed basis until the final data submission deadline, including corrections submitted in response to errors CMS identified during application review. However, during this period, issuers may not change their plan types and are required to submit a data change request to CMS for any changes to their service area. Additional information regarding service area changes is below.

After the final data submission deadline, the Health Insurance Oversight System (HIOS) will close, and no additional QHP data changes will be allowed until CMS completes its certification decisions and issuers sign the QHP Privacy and Security Agreement and Senior Official Acknowledgement.

After final certification, CMS may offer periodic, scheduled data correction windows for issuers to make changes to correct data display errors or align QHP data with products and plans as approved by the state. Issuers may also request a limited set of changes that do not impact certification, such as changes to URLs and plan marketing names. CMS will offer at least one data correction window each quarter, in which issuers may request to make quarterly Small Business Health Options Program (SHOP) rate updates.

Before entering a data correction window, issuers must request to make the change(s) and receive approval from CMS and their state (if required). For QHPs in direct enforcement states, the CMS Form Filing team, rather than the state, must authorize data changes. Since CMS expects data submitted by the final submission deadline to be accurate and complete, any data changes for inaccurate application data will result in a notice of non-compliance.

To request a data change, including service area changes, issuers are required to provide a justification for each requested change. Issuers in FFE states must submit signed evidence of state or CMS Form Filing approval. Issuers are responsible for ensuring that requested changes are in compliance with federal QHP certification standards set forth in the Patient Protection and Affordable Care Act (PPACA), federal regulations, and all other guidelines discussed in the Letter to Issuers.

### PM Community

Issuers that need to submit a Data Change Request (DCR) can follow the steps below (Figure 1):

1. Log into the PM Community
2. Navigate to the <Cases> tab in the top navigation bar.
3. Click <New> on the right side of the screen to generate a new data change request.
4. Complete the required fields.



Figure 1. PM Community—Cases Homepage

## DCR Case Instructions

The <Cases> function in the PM Community allows an issuer to enter data into a fillable form. When completing the online form, be sure to: a) Select the appropriate fields for the changes requested; b) Upload all required documentation; c) Check the box on the Attestation page; and d) Select the <SUBMIT> button.

All fields marked with a red asterisk (\*) are required.

All fields marked with a (+) sign indicate additional documentation is required.

The form is divided into four sections:

1. Issuer Details
2. Additional Information
3. Description of Change
4. Reason for Changes

Each of the sections is described in detail below. See Figures 2 and 3.

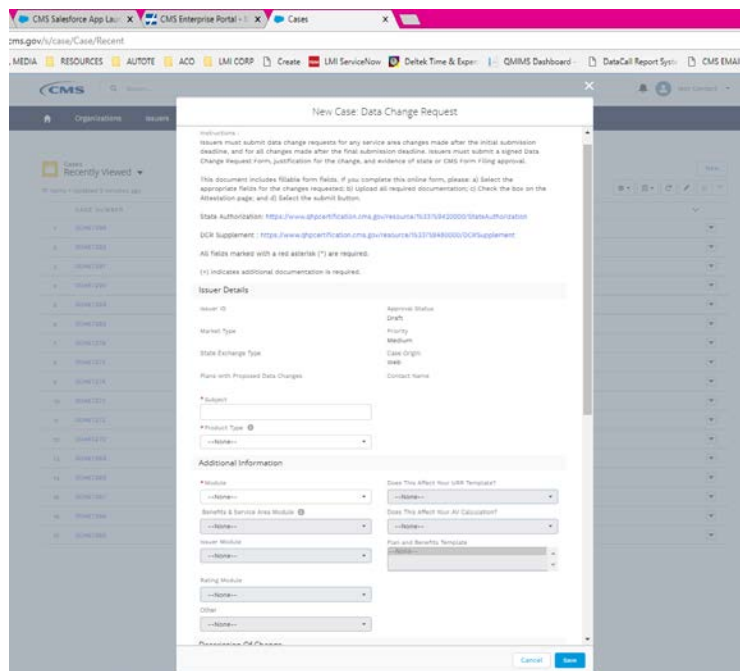


Figure 2. Data Change Request Case (Top)

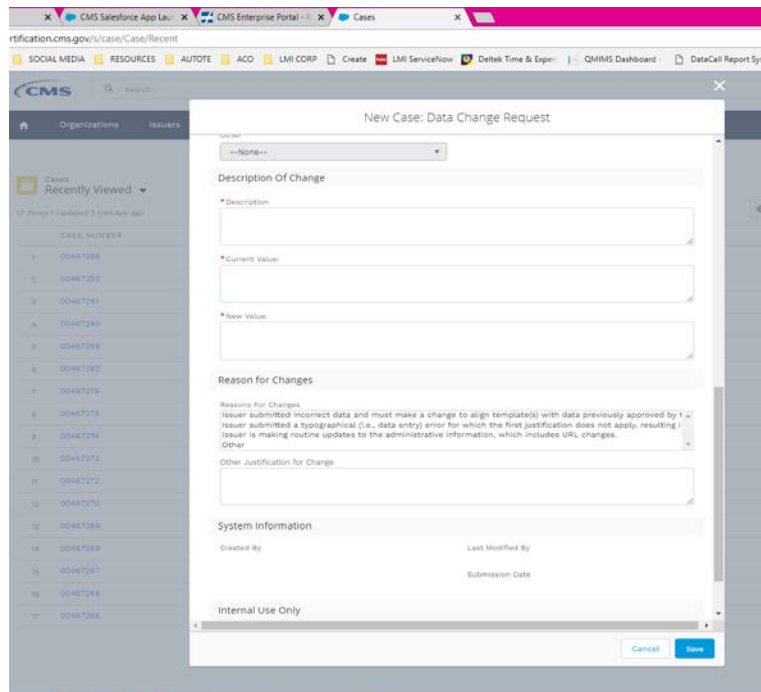


Figure 3. Data Change Request Case (Bottom)

## Issuer Details

The two required fields in this section of the DCR form are the “Subject” and “Product Type”. The “Subject” is a brief summary, or identifying detail that allows the issuer to distinguish between DCR submissions.

The “Product Type” is a drop-down single-select field that allows the issuer to identify the product type for the plans included in the data change request. The issuer may select QHP (Medical-Only), SADP, or Dual (See Figure 4). Dual indicates an issuer offering both medical and dental plans.

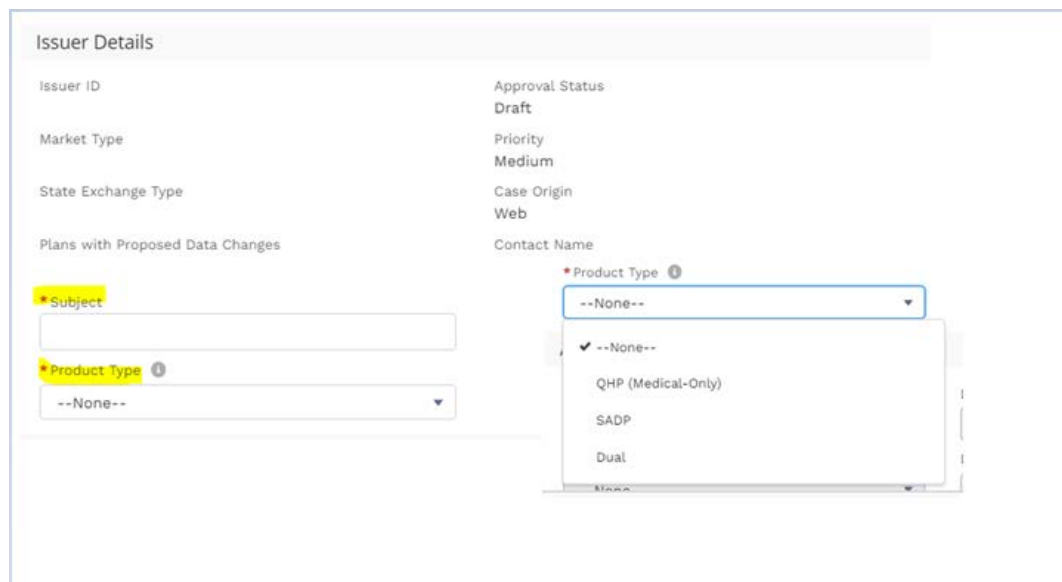


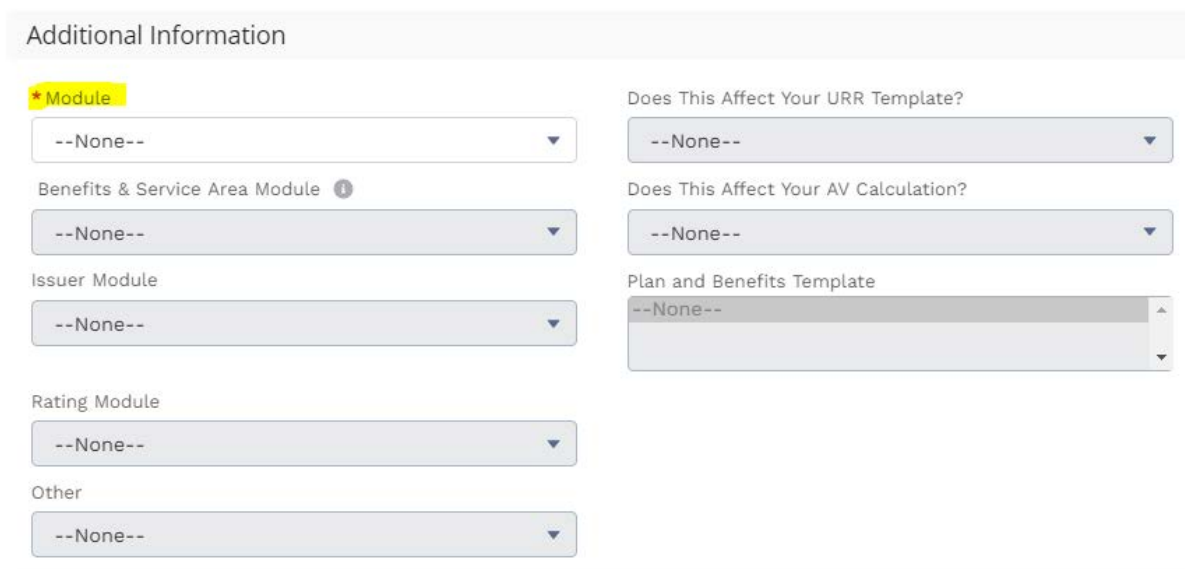
Figure 4. DCR Section—Issuer Details

The additional unfillable fields (Issuer ID, Market Type, State Exchange Type, and Plans with Proposed Data Changes) will only display information once plans are selected and the form is completed.

## Additional Information

In this section, issuers are required to identify the module and corresponding template, or other forms that require revisions. Issuers can only select one module/template per submission. Changes to additional modules/templates should be submitted in additional DCRs. Issuers should also submit separate requests for the Individual and SHOP markets.

Specific modules and templates require issuers to answer additional questions and provide supporting documentation. Specific fields are greyed out until a selection is made that allows these fields to unlock. See Figures 5 and 6.



The screenshot shows the 'Additional Information' section of a form. It includes the following fields:

- \*Module**: A dropdown menu with '--None--' selected.
- Benefits & Service Area Module**: A dropdown menu with '--None--' selected.
- Issuer Module**: A dropdown menu with '--None--' selected.
- Rating Module**: A dropdown menu with '--None--' selected.
- Other**: A dropdown menu with '--None--' selected.
- Does This Affect Your URR Template?**: A dropdown menu with '--None--' selected.
- Does This Affect Your AV Calculation?**: A dropdown menu with '--None--' selected.
- Plan and Benefits Template**: A dropdown menu with '--None--' selected.

Figure 5. DCR Section—Additional Information (Module)

## Module/Template Detail

1. Issuers requesting Plans & Benefits (P&B), Business Rules, or Service Area template changes must complete the DCR Supplement found [here](#)
2. For changes to the P&B Template that affect the plan's actuarial value (AV) calculation under 45 CFR 156.135 and 156.140, issuers must respond to the following question:
  - (a) Does This Affect Your AV Calculation?
    - (i) Issuer must select YES or NO.
    - (ii) If YES, the issuer needs to submit the plan's old and new AV Calculator screenshots, along with a copy of the old and new version of the P&B Template.
3. For changes in the Rating Module templates, if the issuer is submitting a data request associated with the "QHP (Medical-Only)" product type, the following question must be answered:
  - (a) Does This Affect URR Template?
    - (i) Issuer must select YES or NO.

Additional Information

**\* Module**

Benefits & Service Area Module ▼

Benefits & Service Area Module ⓘ

Plan & Benefits Template + ▼

Issuer Module

--None-- ▼

Rating Module

--None-- ▼

Other

--None-- ▼

Does This Affect Your URR Template?

--None-- ▼

Does This Affect Your AV Calculation?

--None-- ▼

Plan and Benefits Template

Medical  
Dental

Figure 6. DCR Section—Additional Information (Template)

## Description of Change

This section of the form allows the issuer to identify the changes requested, including any current and revised values. Specifically, the issuer should provide responses for each of the fields described below and shown in Figure 7:

1. **Description of Change.** Enter the detailed description of the changes requested of the data elements in the template.
2. **Current Value.** Indicate the current information listed in the template.
3. **New Value.** Indicate the requested revised value that will appear in the template.

Description Of Change

**\* Description**

**\* Current Value:**

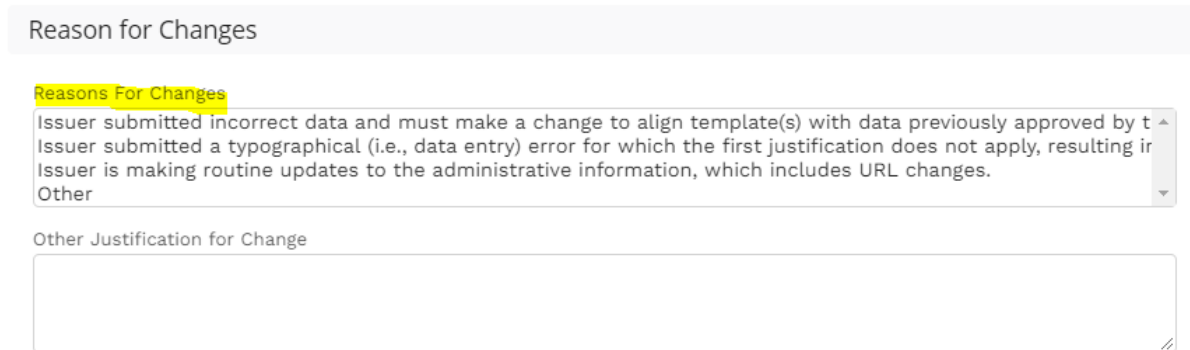
**\* New Value:**

Figure 7. DCR Section—Description of Change

## Reason for Changes

Select all reasons that apply regarding the request for data changes (see Figure 8). The options include:

- Issuer submitted incorrect data and must make a change to align template(s) with QHP/SADP data previously approved by the applicable state.
- Issuer submitted a typographical (i.e., data entry error) for which the first justification does not apply, resulting in incorrect data display on the Exchange consumer portal.
- Issuer is making routine updates to the administrative information, which includes URL changes.
- Other.



Reason for Changes

Reasons For Changes

Issuer submitted incorrect data and must make a change to align template(s) with data previously approved by t  
 Issuer submitted a typographical (i.e., data entry) error for which the first justification does not apply, resulting in  
 Issuer is making routine updates to the administrative information, which includes URL changes.  
 Other

Other Justification for Change

Figure 8. DCR Section—Reason for Changes

If the first option is selected, the issuer must attach relevant section(s) of form filings.

If the second option is selected, the issuer must provide evidence of the typographical error on its templates.


If OTHER, please describe in the <Other Justification for Change> field. Issuers may enter additional information to explain why the data change is being requested.


## Adding Issuers/Plans

After entering data into the form, select <Save> in the bottom, right corner. Disregard the <System Information> and <Internal Use Only> sections of the form.

Once the form is saved, the Issuer will be taken to the current Case page (see Figure 9). The left side of the form will show the data the issuer has entered to that point.







Organizations
 Issuers
 Plans
 Withdrawal Forms
 Cases
 Plan ID Crosswalk Submission
 Corrections

Case test
 

Edit Cancel Submit to CMS

Case Number	Priority	Approval Status
00467300	Medium	Draft

Instructions :  
 Issuers must submit data change requests for any service area changes made after the initial submission deadline, and for all changes made after the final submission deadline. Issuers must submit a signed Data Change Request Form, justification for the change, and evidence of state or CMS Form Filing approval.

This document includes fillable form fields. If you complete this online form, please: a) Select the appropriate fields for the changes requested; b) Upload all required documentation; c) Check the box on the Attestation page; and d) Select the submit button.

State Authorization:  
<https://www.qhpcertification.cms.gov/resource/1533769420000/StateAuthorization>

PCR Supplement :  
<https://www.qhpcertification.cms.gov/resource/1533759480000/PCRSupplement>

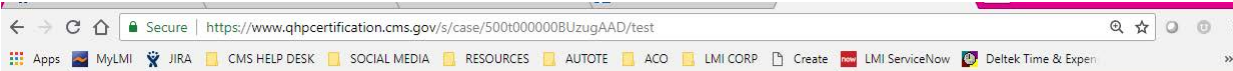
Add Issuers/Plans


Files (0) Add Files  

Upload Files  
 Or drop files

Figure 9. Issuer/Plan Selection

Now the issuer must select the plans with proposed data changes. To do this, select the <Add Issuers/Plans> button on the right side of the form. Selecting this button will open a dialog box. Place the mouse in the search field and select the respective Issuer ID associated with the plans with proposed data changes. See Figure 10.





Organizations
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Case test
 

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00467300	Medium

Instructions :  
 Issuers must submit data change requests for any service area changes made after the initial submission deadline, and for all changes made after the final submission deadline. Issuers must submit a signed Data Change Request Form, justification for the change, and evidence of state or CMS Form Filing approval.

This document includes fillable form fields. If you complete this online form, please: a) Select the appropriate fields for the changes requested; b) Upload all required documentation; c) Check the box on the Attestation page; and d) Select the submit button.

Issuer  


10100-2019  
 10100-2018

Back
Save

Figure 10. Issuer ID

Once the appropriate Issuer ID is selected, the issuer will see the list of valid plans to choose from. The issuer may select, one, more than one, or all plans, but should only select those plans affected by the request. If the issuer wishes to select all plans, select the box to the left of <PLAN ID>. After selecting the plans with proposed data changes, be sure to select the <Save> button.

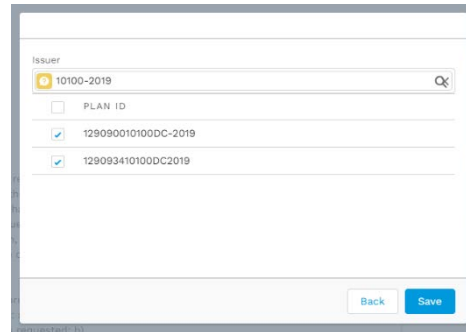


Figure 11. Plan Selection

Once you have selected the plans with proposed data changes, the form will pre-populate the previously locked fields for Issuer ID, Market Type, State Exchange Type, and Plans with Proposed Data Changes.

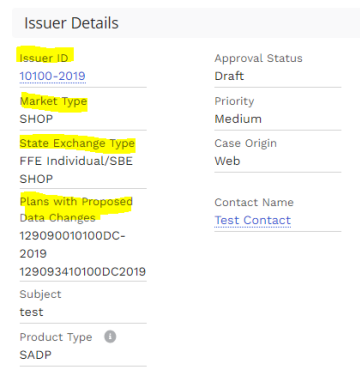


Figure 12. Issuer Detail Auto-Populated

## Uploading Supporting Documents

After selecting the plans with proposed changes, the issuer should upload all required or additional supporting documentation. Additional documentation includes:

- State Authorization Form (see Resources-Supporting Documents)
- DCR Supplement (see Resources-Supporting Documents)

To upload supporting documents the Issuer can either select <Add Files>, <Upload Files>, or drag a file into the File Upload dialog box. See Figure 13.

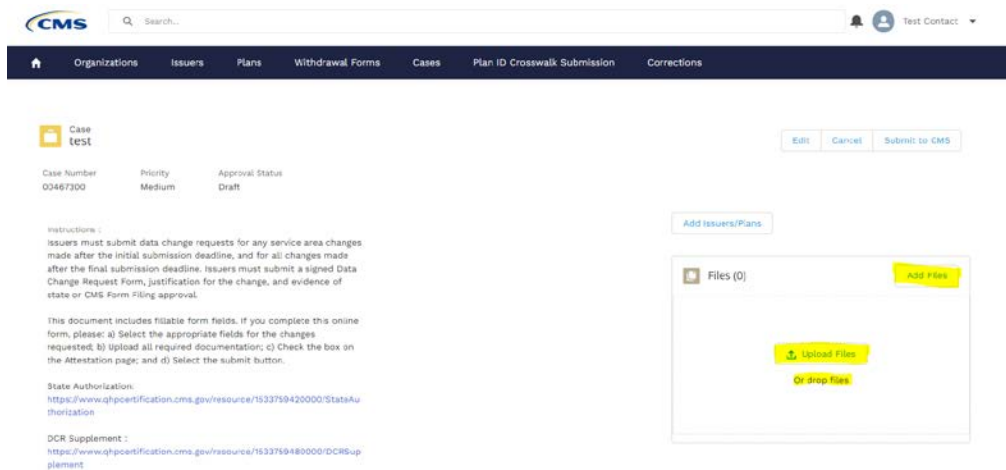


Figure 13. File Uploads

If the issuer determines that the incorrect file was uploaded, follow these steps to delete and replace:

1. Select <View All> in the lower right corner of the <Files> dialog box.

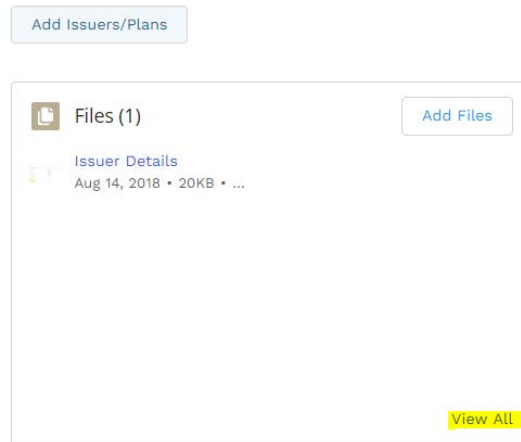


Figure 14. Editing Files

2. In the <Files> window, select the down arrow drop-down button in the lower, far right corner.

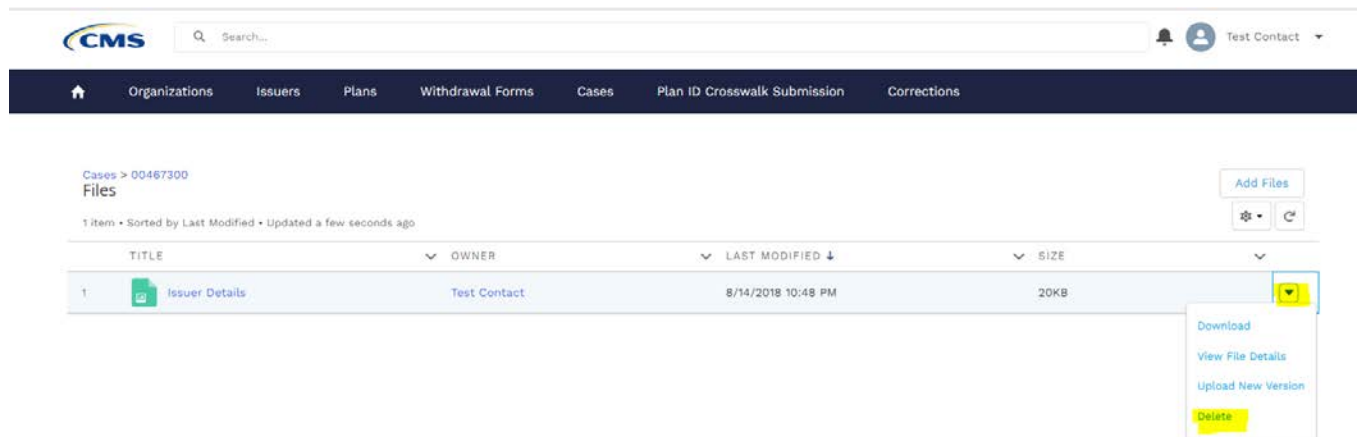
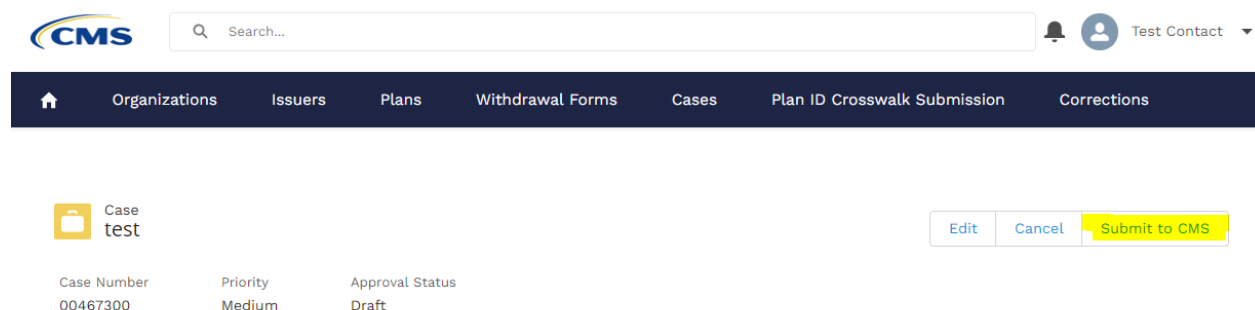


Figure 15. Deleting Files

3. Select <Delete>.
4. Select <Add Files>, and upload the correct/revised documentation.
5. Select the Case number to navigate back to the Case DCR Form page.

## Attestation and Submission

Once the required documentation is uploaded, the issuer should select the <Submit to CMS> button in the far right corner of the Case page.



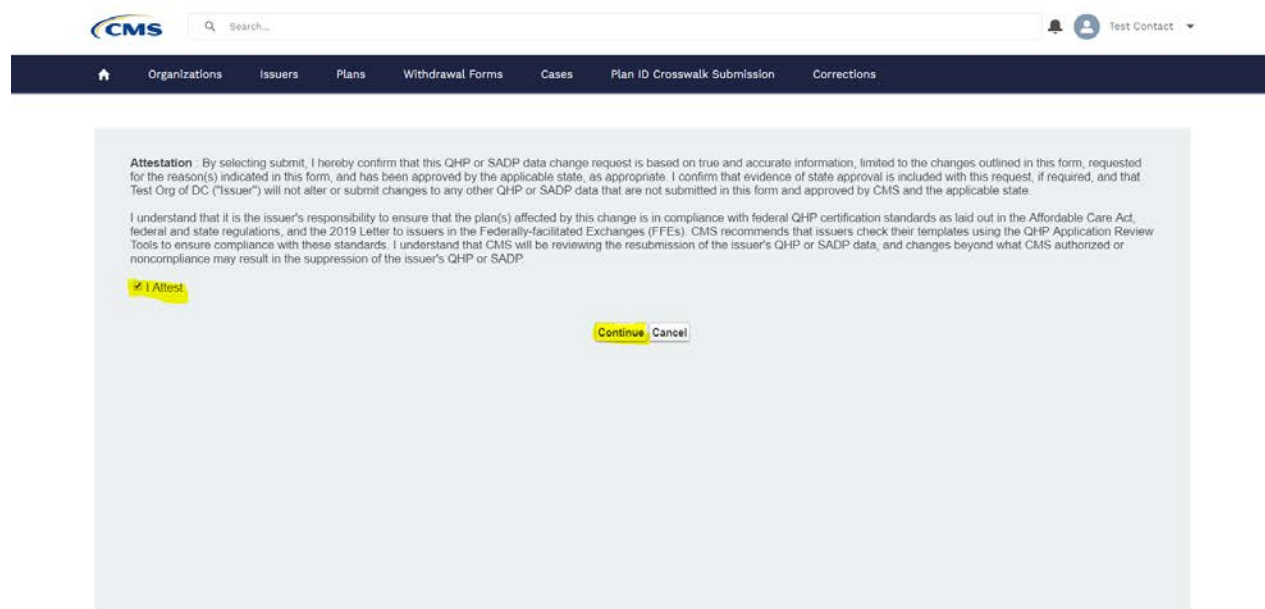
The screenshot shows the CMS interface with a search bar and a navigation menu. The 'Cases' menu item is selected. Below the menu, there is a 'Case test' section with a table showing case details:

Case Number	Priority	Approval Status
00467300	Medium	Draft

At the bottom right of the case details, there are three buttons: 'Edit', 'Cancel', and 'Submit to CMS' (highlighted in yellow).

Figure 16. DCR Submission

Selecting the <Submit to CMS> button will navigate the issuer to the “Attestation” page. The issuer should read the attestation, and must check the box next to “I Attest” before selecting <Continue>. See Figure 17.



The screenshot shows the CMS Attestation page. It contains the following text:

**Attestation** : By selecting submit, I hereby confirm that this QHP or SADP data change request is based on true and accurate information, limited to the changes outlined in this form, requested for the reason(s) indicated in this form, and has been approved by the applicable state, as appropriate. I confirm that evidence of state approval is included with this request, if required, and that Test Org of DC (“Issuer”) will not alter or submit changes to any other QHP or SADP data that are not submitted in this form and approved by CMS and the applicable state.

I understand that it is the issuer's responsibility to ensure that the plan(s) affected by this change is in compliance with federal QHP certification standards as laid out in the Affordable Care Act, federal and state regulations, and the 2019 Letter to issuers in the Federally-facilitated Exchanges (FEEs). CMS recommends that issuers check their templates using the QHP Application Review Tools to ensure compliance with these standards. I understand that CMS will be reviewing the resubmission of the issuer's QHP or SADP data, and changes beyond what CMS authorized or noncompliance may result in the suppression of the issuer's QHP or SADP.

Below the text, there is a checkbox labeled 'I Attest' which is checked (highlighted in yellow). At the bottom right, there are two buttons: 'Continue' (highlighted in yellow) and 'Cancel'.

Figure 17. DCR Attestation

Once the issuer checks the “I Attest” checkbox and selects <Continue> the DCR is officially submitted and under review by CMS.

## Canceling a DCR

At any stage an Issuer may cancel a DCR. The issuer may cancel a DCR before submission by selecting the <CANCEL> button from the Case page (Figure 18). If, after submission to CMS, the Issuer decides the data changes are no longer necessary, they may cancel the DCR from the Cases homepage in the PM Community by selecting the corresponding DCR hyperlink. Once the DCR opens, the issuer can select the <CANCEL> button. After selecting the <CANCEL> button the issuer will be taken to a page to confirm the cancellation. Click the <CONTINUE> button to finalize the cancellation.

**Case test**

Case Number: 00467311 | Priority: Medium | Approval Status: Draft

**Instructions:**  
 Issuers must submit data change requests for any service area changes made after the initial submission deadline, and for all changes made after the final submission deadline. Issuers must submit a signed Data Change Request Form, justification for the change, and evidence of state or CMS Form Filing approval.

This document includes fillable form fields. If you complete this online form, please: a) Select the appropriate fields for the changes requested; b) Upload all required documentation; c) Check the box on the Attestation page; and d) Select the submit button.

State Authorization:  
<https://www.qhpcertification.cms.gov/resource/1533759420000/StateAuthorization>

DCR Supplement:  
<https://www.qhpcertification.cms.gov/resource/1533759480000/DCRSupplement>

Buttons: Edit, **Cancel**, Submit to CMS

Files (0) | Add Files | Upload Files | Or drop files

Figure 18. Canceling a DCR

## Resources—Supporting Documents

The following section provides additional detail on the State Authorization Form and DCR Supplement.

### State Authorization Form

Issuers in FFEs, including direct enforcement states, should complete this form. QHP or dual issuers in direct enforcement states should submit the form to CMS form filing.

Complete the following steps when entering data into the State Authorization of QHP Data Change Request (Figure 19).

DEPARTMENT OF HEALTH & HUMAN SERVICES  
 Centers for Medicare & Medicaid Services  
 7500 Security Boulevard  
 Baltimore, Maryland 21244-1850

**CMS**  
 CENTERS FOR MEDICARE & MEDICAID SERVICES  
 OFFICE OF INFORMATION SERVICES

**State Authorization of QHP Data Change Request**

Issuers should complete Section 1 of this form and submit to their state for authorization along with a copy of their QHP Application Data Change Request Form. States should complete Section 2 of this form. A state should complete and return this form directly to the issuer for submission with the issuer's Data Change Request.

**Section 1:**

Date: \_\_\_\_\_

Issuer ID: \_\_\_\_\_

Issuer Legal Name: \_\_\_\_\_

State: \_\_\_\_\_

Figure 19. State Authorization Form

Issuers should complete Section 1 of this form and submit it to their state (or CMS form filing) for authorization.

States should complete Section 2 of this form and return it directly to the issuer for submission.

### Section 1

- **Date.** Enter the date in which the issuer is submitting the form to the state for approval.
- **Issuer ID.** Enter the five-digit HIOS issuer ID.

- **Issuer Legal Name.** Enter the issuer's legal name. Verify that the Issuer Legal Name on the form matches the issuer legal name in the system you use for submission.
- **State.** Enter the state in which the issuer is currently offering coverage.
- **Description of data change.** Enter the information about what data elements are being changed in the template, as well as why they are being changed. This description must align with data changes described in the Data Change Request.

## Section 2

Select the appropriate box that identifies the issuer's situation.

- **Yes**—Select Yes if the issuer is authorized to submit the data change to CMS.
- **No**—Select No if the issuer is not authorized to submit the data change to CMS.

**Reason for change.** Select all that apply for the reason the change is being made:

- The issuer submitted incorrect data on the QHP/SADP Template(s) and must make a change to align the template(s) with QHP/SADP data previously approved by the state.
- The issuer submitted a typographical error (i.e., data entry error) for which the first justification does not apply, resulting in incorrect data display on the Exchange consumer portal.
- The issuer is making routine updates to administrative information, which includes URL changes.
- **Other:** Fill in this section if none of the above options apply.

**Signature.** The state representative must sign and date the last portion of this form, print his or her name, and include a title, phone number, and e-mail address.

## DCR Supplement

Issuers making changes to the Plans & Benefits Template, Business Rules Template, or Service Area Template are required to complete the DCR Supplement (Figure 20). This workbook accompanies all other forms and justifications with your DCR, as required by CMS.

Only include information in the worksheet that applies to the specific DCR. The other worksheets should be left blank.

Once all proposed data changes have been entered, save the workbook file using the following name structure: DCR [IssuerID]\_[Date(mm-dd-yyyy)]. For example: DCR\_12345\_01-01-2018.

Data Change Request Workbook	
Complete the tab(s) for the specific template(s) with the proposed data changes. All other tabs should be left blank.	
P&B Benefits Package Tab	
This tab references fields from the Benefits Package tab of the Plans and Benefits template.	
Field	Definition
HIOS Plan ID or Benefit Package ID	HIOS Plan ID (Standard Component ID) or Benefit Package ID with the proposed data change.
Plan-Level Field Name	Specific plan-level field (data element) that is changing.
Benefit Package-Level Field Name	Specific benefit package-level field (data element) that is changing.
Benefit Name	Benefit with the proposed data change.
Original Field Value	Value of the field in the current template.
Revised Field Value	Proposed data change.

Figure 20. DCR Supplement

### ***P&B Benefits Package—Standard Component ID***

Based on the changes being requested, complete the following steps when entering data into the P&B Benefits Package worksheet:

1. HIOS Plan ID (Standard Component ID). Enter each Plan ID that would be affected by the change being requested. The Plan IDs are the 14-character, HIOS-generated plan ID number.
2. Plan-Level Field Name. Enter the specific data field/data element that is changing if the change is at the plan level (if applicable).
3. Benefit Package-Level Field Name. Enter the specific data field/data element that is changing if the change is at the benefit package level (if applicable).
4. Benefit Name. Enter the benefit name associated with the change.
5. Original Field Value. Enter the current value of the field/data element in the template (prior to any changes being made).
6. Revised Field Value. Enter the new value for the specific field/data element.

If new data are being added, that is, in the case where a current value does not exist for the field/section, then Original Field Value should be left blank and Revised Field Value should contain the new value.

If data are being deleted with no proposed revised value, then Original Field Value should contain the current value in the field/section and Revised Field Value should be left blank.

### ***P&B Benefits Package—Standard Component ID + Variant***

Based on the changes being requested, complete the following steps when entering data into the P&B Cost Share Variance worksheet:

1. HIOS Plan ID (Standard Component ID + Variant). Enter each Plan ID that would be affected by the change being requested. The Plan IDs are the 14-character, HIOS-generated plan ID number. Also include the specific variant, a two-digit code, which is associated with the specific Plan ID.
2. Section or Field Name. Enter the specific field/data element that is changing.
3. Benefit Name. Enter the benefit name associated with the change.
4. Plan Cost Sharing Attribute. Enter the copay/coinsurance for the benefit changes, enter individual/family for maximum out-of-pocket or deductible changes, or enter deductible/copay/coinsurance/limit for SBC Scenario changes.
5. Network Type (INN, OON) or SBC Scenario Type. Enter the network type (In Network or Out of Network) and tier level (if applicable) associated with any benefit data change. Enter the SBC Scenario if making a change to the SBC Scenario.
6. Original Field Value. Enter the current value of the field/data element in the template (prior to any changes being made).
7. Revised Field Value. Enter the new value for the specific field/data element.

If new data are being added, that is, in the case where a current value does not exist for the field/section, then Original Field Value should be left blank and Revised Field Value should contain the new value.

If data are being deleted with no proposed revised value, then Original Field Value should contain the current value in the field/section and Revised Field Value should be left blank.



## **Business Rules**

Based on the changes being requested, complete the following steps when entering data into the Business Rules worksheet:

1. **Product ID.** Enter each Product ID that would be affected by the change being requested. The Product IDs are the 10-character, HIOS-generated product ID number.
2. **Plan ID.** Enter each Plan ID that would be affected by the change being requested. The Plan IDs are the 14-character, HIOS-generated plan ID number.
3. **Field Name.** Enter the specific field/data element that is changing.
4. **Original Field Value.** Enter the current value of the field/data element in the template (prior to any changes being made).
5. **Revised Field Value.** Enter the new value for the specific field/data element.

If new data are being added, that is, in the case where a current value does not exist for the field/section, then Original Field Value should be left blank and Revised Field Value should contain the new value.

If data are being deleted with no proposed revised value, then Original Field Value should contain the current value in the field/section and Revised Field Value should be left blank.

## **Service Area**

Based on the changes being requested, complete the following steps when entering data into the Service Area worksheet:

1. **Service Area ID.** Enter each Service Area ID that would be affected by the change being requested. The Service Area ID is a six-character code that consists of the state abbreviation plus an "S" and then a sequenced number for the service area.
2. **Service Area Name.** Enter the name of the service area.
3. **Field Name.** Enter the specific field/data element that is changing.
4. **Original Field Value.** Enter the current value of the field/data element in the template (prior to any changes being made).
5. **Revised Field Value.** Enter the new value for the specific field/data element.

If new data are being added, that is, in the case where a current value does not exist for the field/section, then Original Field Value should be left blank and Revised Field Value should contain the new value.

If data are being deleted with no proposed revised value, then Original Field Value should contain the current value in the field/section and Revised Field Value should be left blank.



## ***SHOP Quarterly Rate Changes***

An issuer submitting a SHOP quarterly rate change must submit the entire Rates Table Template with updated worksheets for the effective date range(s) of the quarterly rate change during the applicable data change submission window. Issuers may make changes to SHOP second-, third-, and/or fourth-quarter rates only in advance of the start of the quarter whose rates are being changed. Issuers may make changes to worksheets with rate effective dates of April 1, July 1, or October 1.

An issuer may submit rate changes that would apply for the next quarter and/or any subsequent quarter in the remaining PY. Issuers are prohibited from changing or removing SHOP first-quarter rates and any current or previous quarter rates or worksheets.

All QHP rates must be consistent with the rates filed in the issuer's Unified Rate Review Template. The rates that the issuer submits to CMS must be the final review and/or approved rates endorsed by the issuer's rate reviewer.

The Rates Table Template that the issuer submits for the quarterly rate change must be identical to the template submitted in the QHP Application, with the exception of the applicable quarterly rate changes that the rate reviewer approved.

Issuers will submit a Quarterly Rate Change DCR in the same manner as a normal DCR. Issuers should complete the "Additional detail to justify need for changes" justification section on the Data Change Request Form with the statement "Quarterly Rate Change" rather than choosing one of the prewritten options.