Data Change Request Instructions

PY2020

5/2019

Version 1.1

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Introduction: Data Change Requests for PY2020

This user guide provides instructions for Centers for Medicare & 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 2020 Plan Year.

Overview

Issuers may make changes to their QHP Application data without state or CMS authorization until the initial QHP Application submission deadline. After the initial submission deadline, issuers may not add new plans to a QHP Application. Issuers may not change an off-Exchange plan to "on-Exchange" or "Both." Issuers may not change plan type (e.g., HMO, PPO) or market type (e.g., individual, SHOP) values. Qualified Health Plans (QHPs), excluding stand-alone dental plans (SADPs), may not change from a child-only plan to a non-child-only plan. Additionally, all issuers in FFE and SPE states, including issuers applying for off-exchange SADP certification, may only change their service areas after CMS approves the requested service area change. Refer to the Appendix for additional information on service area changes.

For all other changes, issuers will be able to upload revised QHP Application templates and make other necessary changes to their QHP Applications in response to state or CMS feedback until the final submission deadline for data changes. After certification, CMS may offer periodic, scheduled data correction windows (DCW) for issuers to correct data display errors or align QHP data with products and plans as approved by their 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 DCW each quarter, in which issuers may request changes to quarterly Small Business Health Options Program (SHOP) rates.

Before entering a data correction window, issuers must request to make the change(s) and receive approval from CMS and, if required, their state as well. 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 may result in a notice of non-compliance (NoNC).

To request a data change, including service area changes, issuers are required to provide a justification for each requested change. Issuers in Federally-Facilitated Exchange (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.

Accessing the DCR Form

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

1. Login to the PM Community.
2. Click on the <Cases> tab in the top navigation bar.
3. Click <New> on the right side of the screen to generate a new DCR.

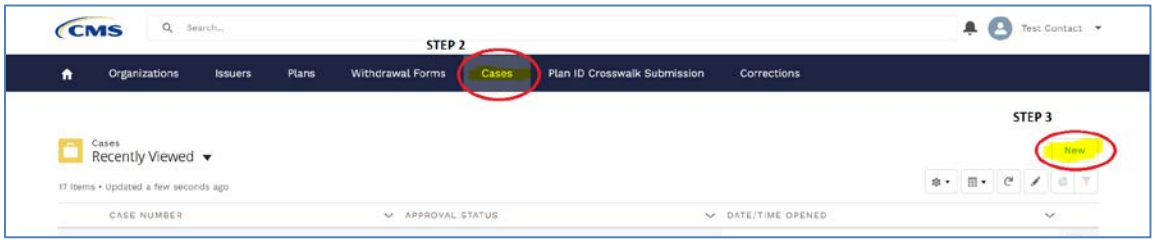


Figure 1. PM Community—Cases Homepage

Once you have accessed this screen, you will proceed through four steps in order to submit a DCR. (Figure 2)

Figure 2. Steps in DCR Submission Process

Step 1: Fill out the “New Case: Data Change Request” Form

Clicking <New> on the <Cases> page allows an issuer to enter data into a fillable form. When completing the online form, note that all fields with a red asterisk (*) are required, and fields with a plus sign (+) require additional documentation to be uploaded during Step 3: Upload Supporting Documents.

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.

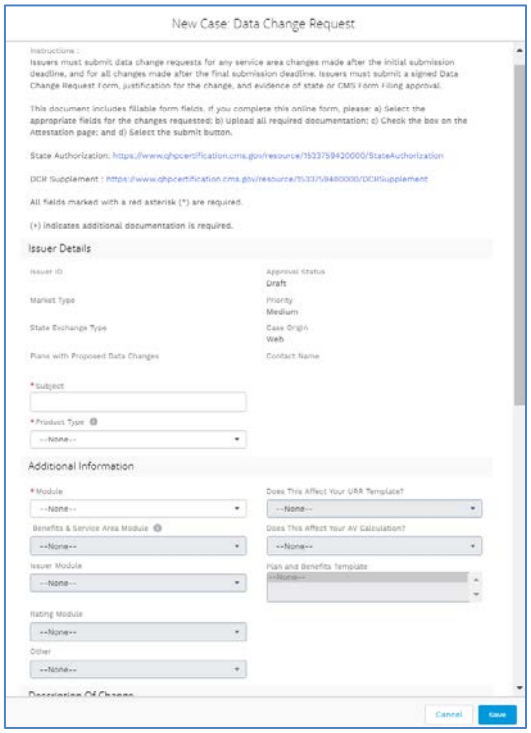


Figure 3. DCR Case (Top)

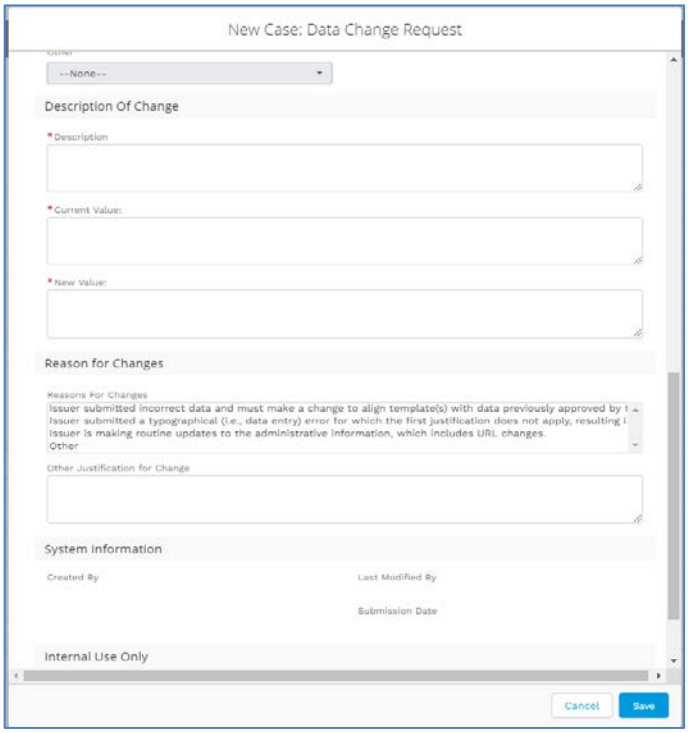


Figure 4. DCR Case (Bottom)

1. Issuer Details

(Note: Multiple fields at the beginning of this section (Issuer ID, Market Type, State Exchange Type, and Plans with Proposed Data Changes) are greyed out and not fillable, but will be auto-generated after you complete Step 2: Add Issuers and Plans.)

The two required (*) fields in this section of the DCR form are “Subject” and “Product Type”. The “Subject” is a brief summary or identifying detail that allows the issuer to distinguish between their multiple 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 DCR. The issuer may select:

- QHP (Medical-Only)
- SADP (Stand Alone Dental Plan), or
- Dual
  - Dual indicates an issuer offers both medical and dental plans.

2. Additional Information

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

The available modules (and sections/templates) include:

- Benefits & Service Area Module
  - Plans & Benefits Template, Network ID Template, Service Area Template, Prescription Drug Template, Supporting Documentation
- Issuer Module
  - Program Attestations, Licensure, Good Standing, Accreditation, Essential Community Provider (ECP)/Network Adequacy
- Rating Module
  - Medical Rates Template, Dental Rates Template, Business Rules Template
- Other
  - Plan-Crosswalk, Other-Describe.

Choosing specific sections/templates may require issuers to answer additional questions and provide supporting documentation. Fields that only apply to specific sections/templates will be greyed out until a selection is made that allows these fields to unlock. See Figures 5 and 6.

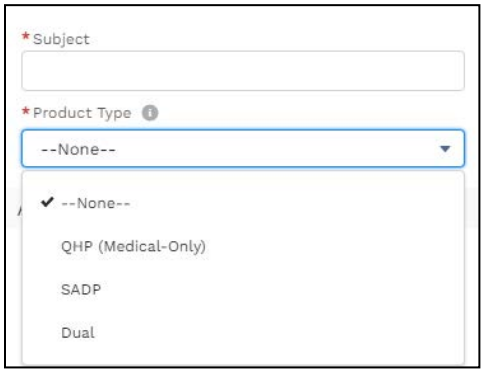


Figure 5. DCR Section—Issuer Details

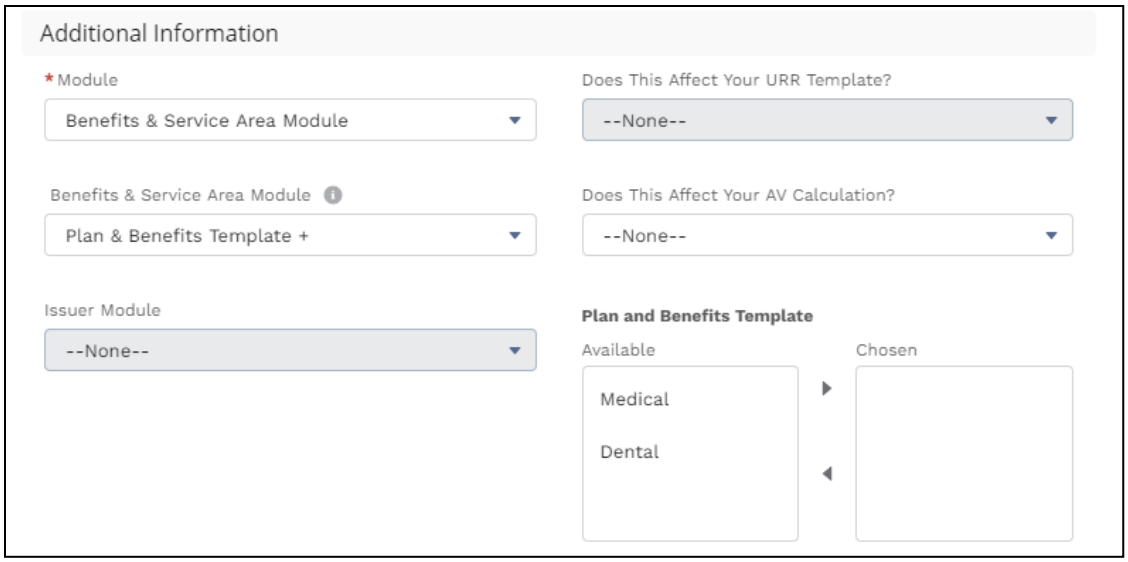


Figure 6. DCR Section—Additional Information. Certain fields will unlock depending on template selection.

Plans & Benefits and Rating Module Templates

1. Issuers requesting Plans & Benefits (P&B), Business Rules, or Service Area template changes must complete and upload the DCR Supplement. For changes to the **P&B Template** that affect the plan's actuarial value (AV) calculation under 45 *Code of Federal Regulations (*CFR) 156.135 and 156.140, issuers must respond to the following question:

   (a) Does This Affect Your AV Calculation?

      (i) If the issuer chooses YES, they must 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, during Step 3: Upload Supporting Documents.

2. For changes to the **Rates Table Template** of the Rating Module Templates, issuers submitting a DCR with the "QHP (Medical-Only)" product type must answer the following question:

   (a) Does This Affect the Unified Rate Review (URR) Template?

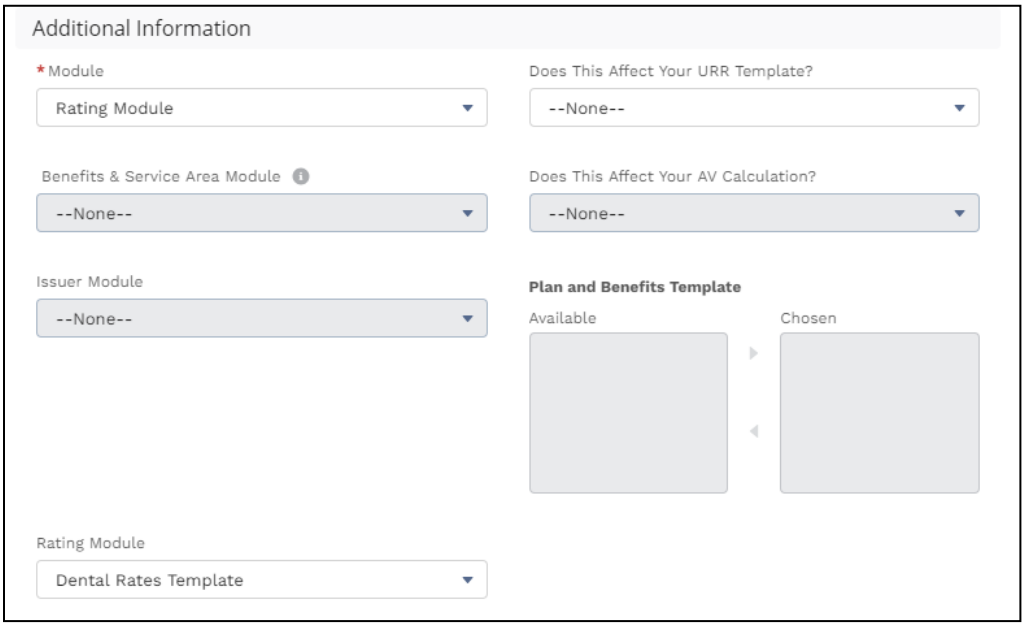


Figure 7. DCR Section—Additional Information. Choosing a template associated with the Rating Module will require the issuer to answer "Does This Affect Your URR Template?"

3. 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 8:

1. **Description of Change**: Enter a detailed description of the requested data changes.
2. **Current Value**: Indicate the current value(s) for the fields that you propose changing.
3. **New Value**: Indicate the updated value(s) that you propose to make.

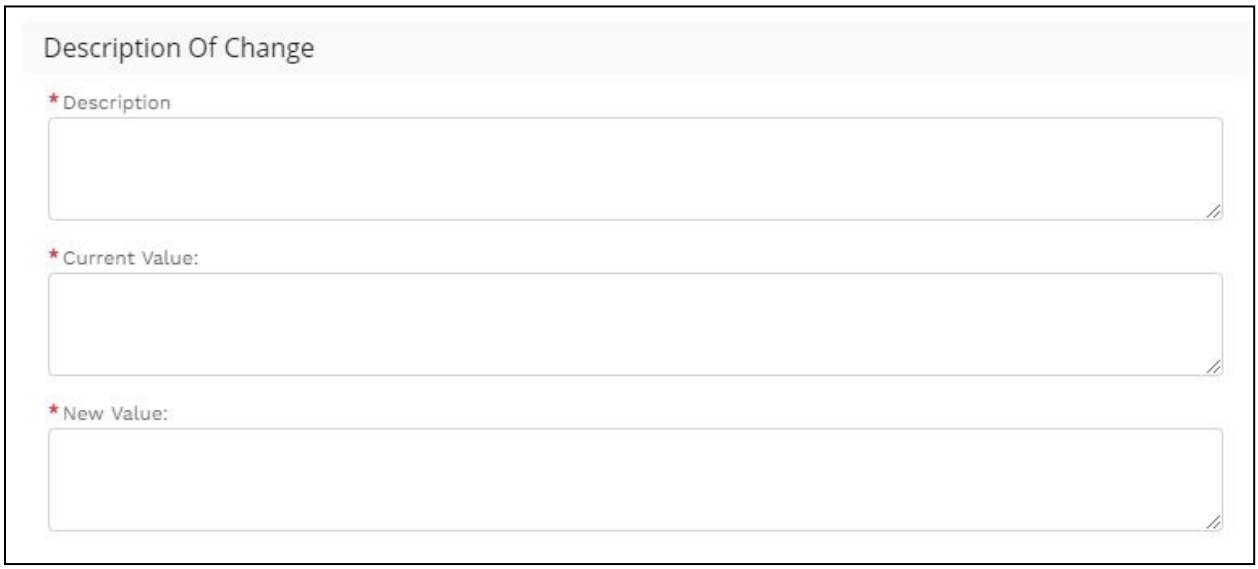


Figure 8. DCR Section—Description of Change

4. Reason for Changes

Select all reasons that apply regarding the request for the DCR (see Figure 9). 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 (or CMS Form Filing if in a Direct Enforcement state).
  - If this option is selected, the issuer must attach the relevant section(s) of form filings during Step 3: Upload Supporting Documents.
- 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.
  - If this option is selected, the issuer must provide evidence of the typographical error on its templates during Step 3: Upload Supporting Documents.
- Issuer is making routine updates to the administrative information, which includes URL changes.
- Other.
  - If choosing “Other”, please describe the reason in the “Other Justification for Change” field.

Submitting the “New Case: Data Change Request” Form

Once you have completed the “Reason for Changes” section, be sure you have noted any required documentation that you will need to upload during Step 3: Upload Supporting Documentation.

Do not change the fields in the “System Information” or “Internal Use Only” sections (see Figure 9).

Figure 9. DCR Section—Reason for Changes

Then, to finish the form, click the <Save> button.

Step 2: Add Issuers and Plans

Once the form is saved, the issuer will be taken to the current Case page. The left side of the form will show the data that the issuer entered to this point.

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 page. Selecting this button will open a dialog box. Place the mouse in the search field and select the Issuer ID associated with the plans with proposed data changes (Figures 10 and 11).

Figure 10. Do not update the two sections at the bottom of the form.

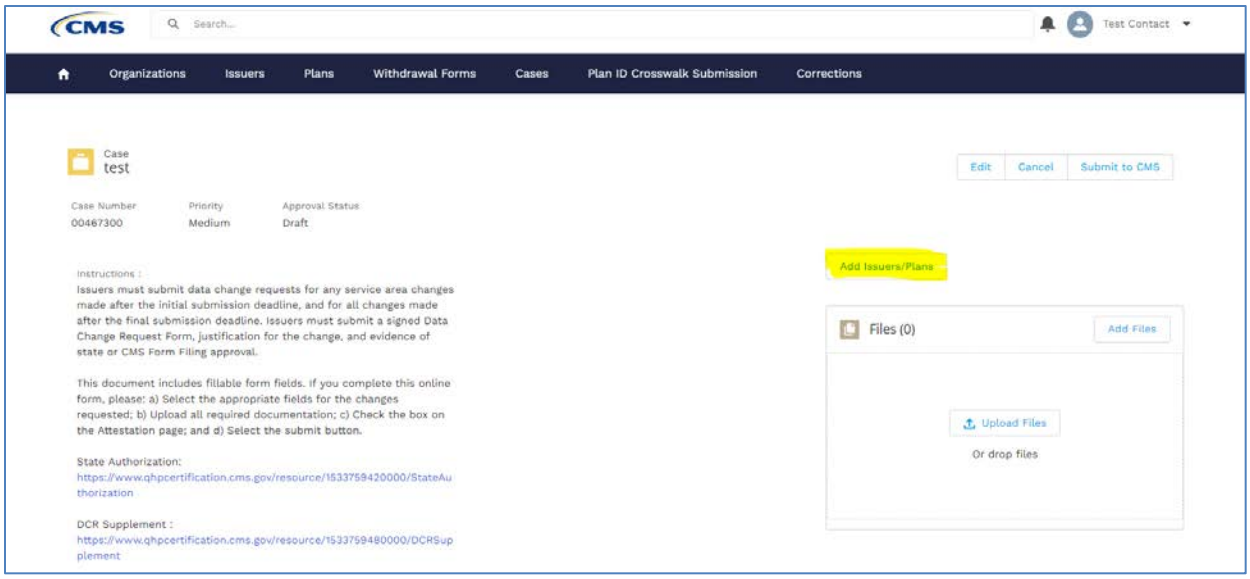


Figure 11. Issuer/Plan Selection

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 this specific DCR. 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 12)

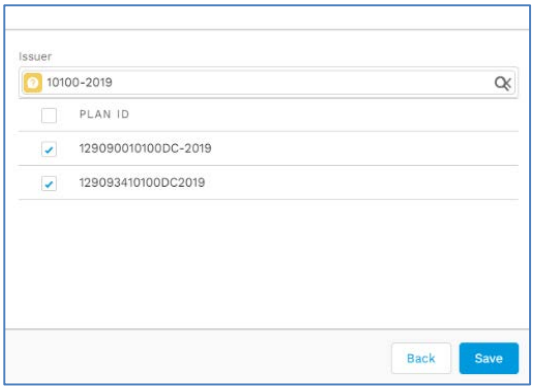


Figure 12. Issuer ID

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 13)

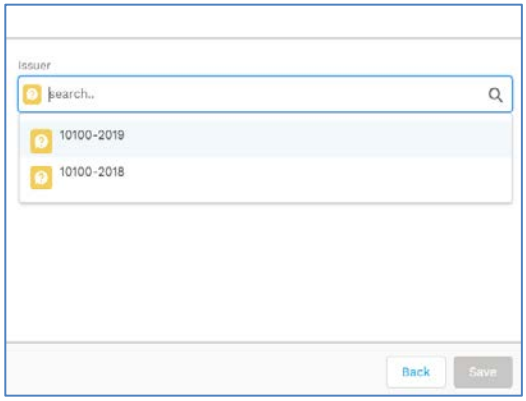


Figure 13. Plan Selection

Step 3: Upload Supporting Documents

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

1. State Authorization Form (see Appendix for details)

2. DCR Supplement (see Appendix for details)
3. Issuers requesting P&B, Business Rules, or Service Area Template changes must submit the relevant parts of the DCR Supplement.

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 14.

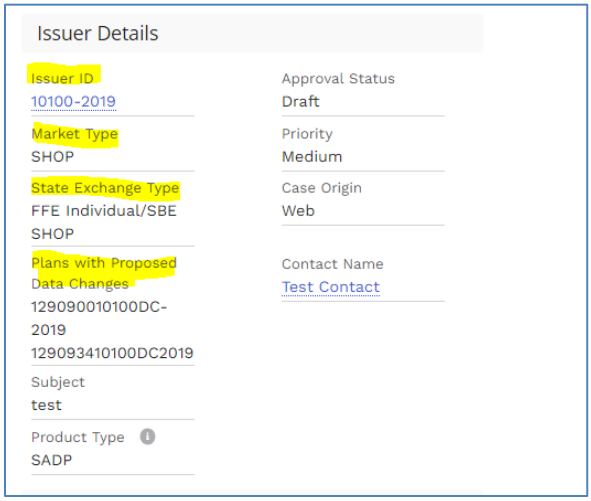


Figure 14. Issuer Detail Auto-Populated

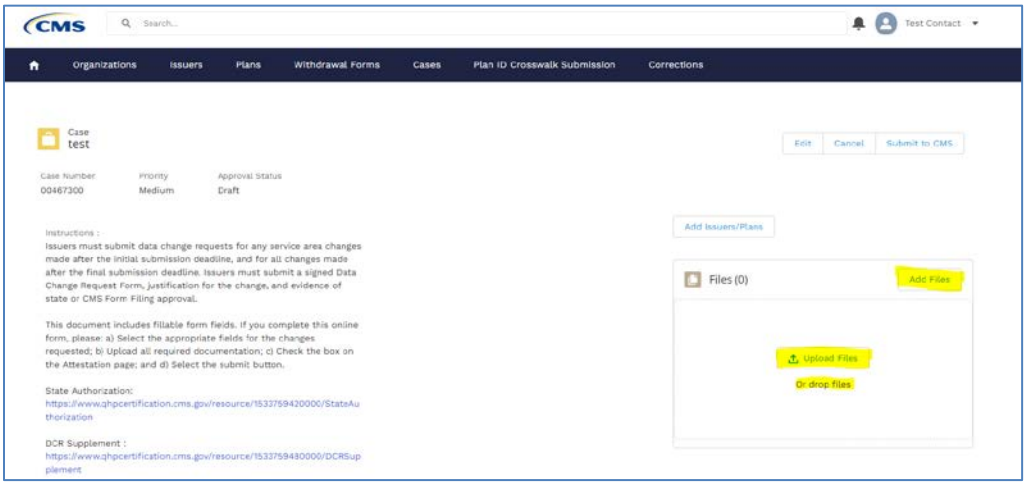


Figure 15. File Uploads

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.

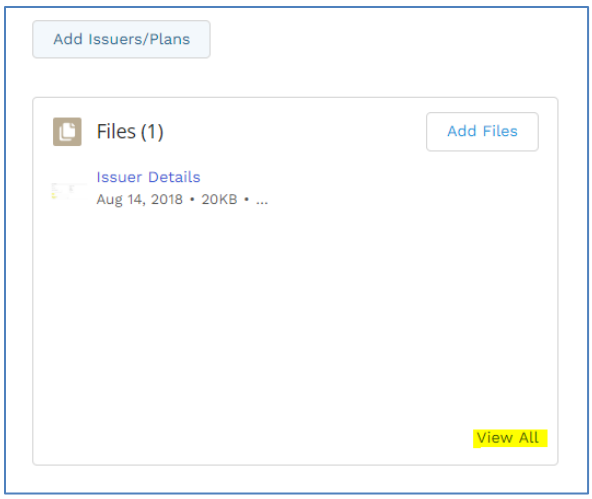


Figure 16. Editing Files

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

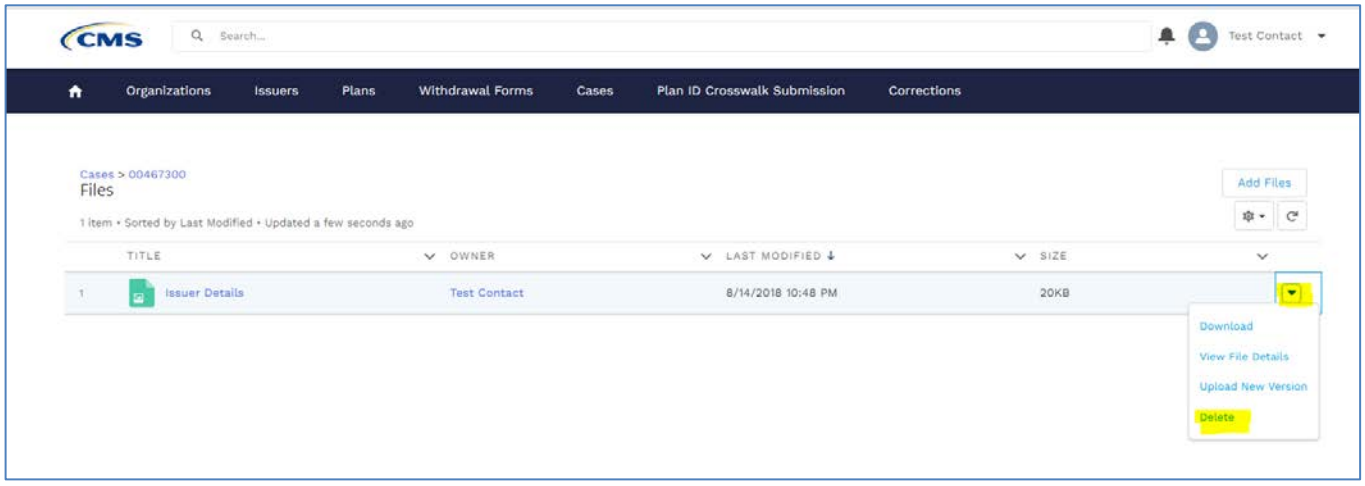


Figure 17. Deleting Files

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.

Step 4: 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.

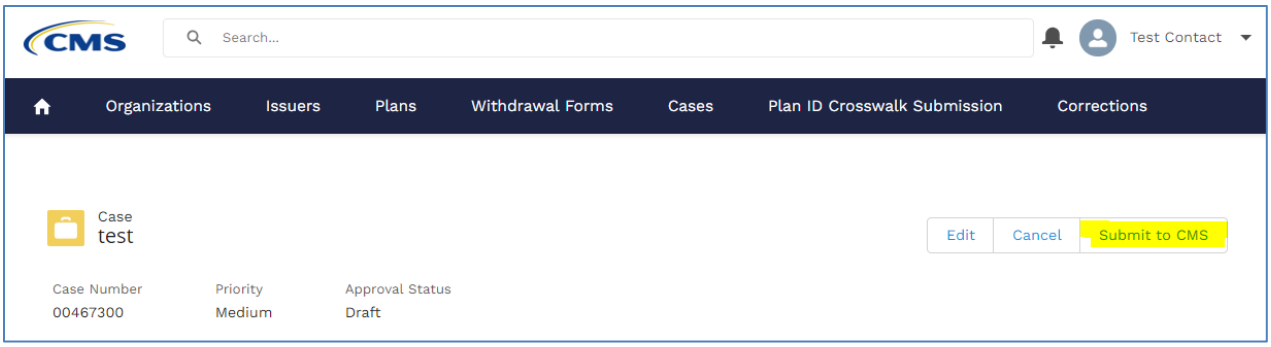


Figure 18. DCR Submission

Selecting the <Submit to CMS> button will navigate the issuer to the "Attestation" page. The checkboxes on this page will differ depending on the template selected for the DCR. If you fail to upload any materials, then an error box will appear, forcing you to click <Cancel> and return to the Cases page. (Figure 19).

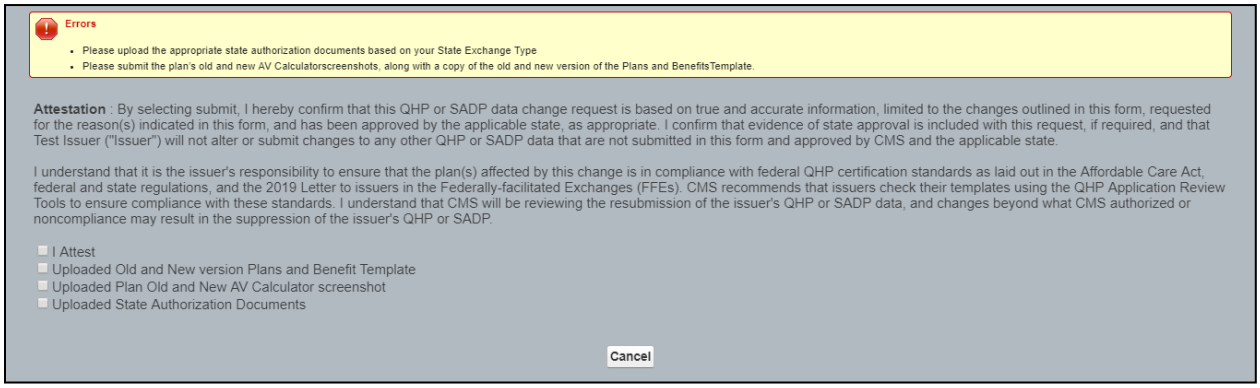


Figure 19. DCR Attestation and Error Box

The issuer should read the attestation, and must check all boxes before selecting <Continue>. See Figure 20. If you would like to return to the previous screen before clicking <Continue>, the <Cancel> button will close the Attestation page.

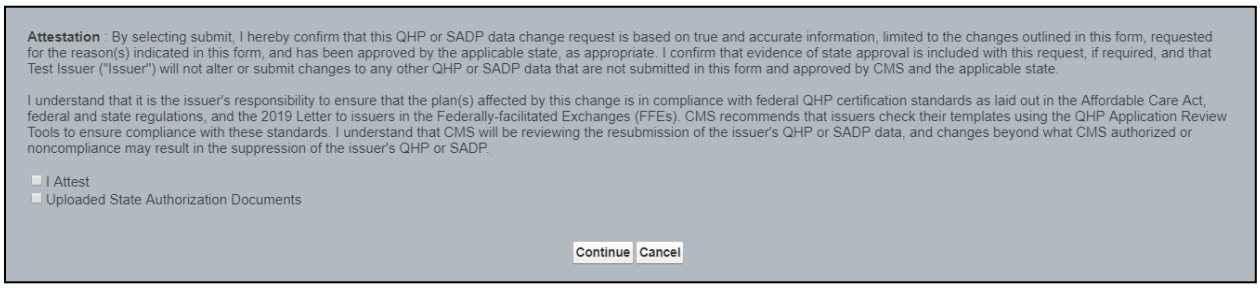


Figure 20. DCR Attestation

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

While the <Submit to CMS> box will remain on the Cases page, the Approval Status will change to "Pending Review".

Editing and Canceling a DCR

An issuer may only edit a DCR prior to submission to CMS. Once submitted to CMS the issuer must cancel the DCR if changes are required. If after submission to CMS, the issuer decides the data changes are no longer necessary, they may cancel the DCR from the Cases page in the PM Community by selecting the corresponding DCR hyperlink. Once the DCR opens, the issuer can select the <CANCEL> button (Figure 21).

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.

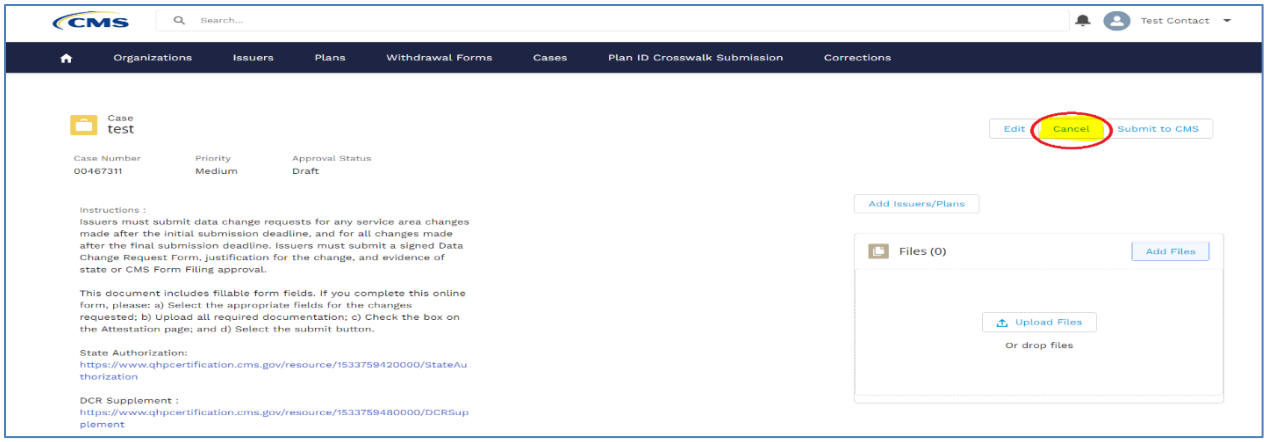


Figure 21. Canceling a DCR

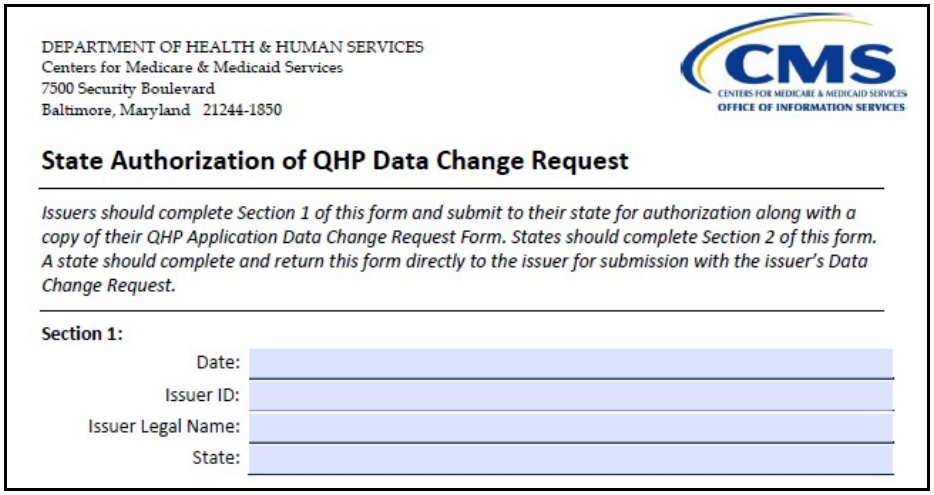
Appendix: Resources—Supporting Documents

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 completing the State Authorization of QHP Data Change Request form (Figure 22).



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 22. 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 information about what data elements are being changed in the template, as well as why they are being changed. This description must align with the data changes described in the DCR.

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 of the proposed data change:

- 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 P&B Template, Business Rules Template, or Service Area Template are required to complete the DCR Supplement (Figure 23). 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 23. 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 is 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 being deleted has 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 Summary of Benefits & Coverage (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 is 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 being deleted has 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 is 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 being deleted has 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 is 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 being deleted has 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 plan year. 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 (URR) Template. The rates that the issuer submits to CMS must be the final 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 in the Data Change Request Form with the statement "SHOP Quarterly Rate Change" rather than choosing one of the prewritten options.