

Data Change Request Instructions

[8/2024]

Contents

Introduction	1
Overview	1
Requesting a Change by State Exchange Type.....	2
Completing a Data Change Request	3
Disposition of a DCR.....	9
Appendix: Resources—Supporting Documents.....	10

Figures

Figure 1. DCR Form.....	4
Figure 2. Add Issuers and Plans.....	6
Figure 3. Issuer Details—Updated.....	7
Figure 4. Upload Files Dialog Box.....	8
Figure 5. DCR Form Completed and Ready to Submit to CMS	8
Figure 6. State Authorization Form	10
Figure 7. DCR Supplement.....	11

Introduction

These instructions provide guidance for the 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.

Overview

Before the initial Qualified Health Plan (QHP) Application submission deadline, issuers may make changes to their QHP Application data without state or CMS authorization. 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 also may not change plan type (e.g., HMO, PPO) or market type (e.g., individual, SHOP) values. QHPs, excluding stand-alone dental plans (SADPs), may not change from a child-only plan to a non-child-only plan. For all other changes, issuers may upload revised QHP Application templates and make changes to their QHP Applications in response to state or CMS feedback until the final submission deadline for data changes.

After the final deadline for issuer changes to QHP Applications, issuers will only make corrections as directed by CMS or by their state. Issuers whose applications are not accurate after the final deadline for issuer submission of changes to the QHP Application may enter a **limited data correction window** at CMS’s direction and may be subject to compliance action by CMS. Issuer changes made in the limited data correction window that are not approved by CMS and/or the state may result in compliance action by CMS, which could include decertification and suppression of the issuer’s plans on [HealthCare.gov](https://www.healthcare.gov).

After the QHP certification process concludes, CMS may offer additional data change submission windows as needed. CMS will only consider approving changes that do not alter the QHP’s certification status or require re-review of data previously approved by the state or CMS. CMS will offer windows for Small Business Health Options Program (SHOP) quarterly rate updates. A request for a data change after the final submission deadline, excluding administrative changes or SHOP quarterly rate updates, may be made to correct inaccuracies in or the incompleteness of a QHP Application, and may result in compliance action. Discrepancies between the issuer’s QHP Application and approved state filings may result in a plan not being certified or compliance action if CMS has already certified a plan as a QHP. Issuers that request to make changes that affect consumers may have their plans suppressed from display on [HealthCare.gov](https://www.healthcare.gov) until the data is corrected and refreshed for consumer display.

Before making QHP Application data changes after the final QHP Application submission deadline, issuers must submit a request to make the change and receive approval from CMS and their state. For QHPs in states that do not enforce market-wide requirements, the CMS Form Filing team, rather than the state, must authorize data changes. Issuers in State-based Exchanges on the Federal Platform (SBE-FPs) should direct DCRs to their state Exchange for approval. CMS will not review requests for changes from issuers in SBE-FPs. SBE-FP issuers should contact their state for their state-specific revision submission deadlines, and SBE-FP states should contact CMS via the Plan Management State Coordination inbox <planmanagementstatecoordination@cms.hhs.gov> before transferring data from the System for Electronic Rates & Forms Filing (SERFF) to the Health Insurance Oversight System (HIOS).

To request a data change after the final submission deadline, 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 comply 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. CMS does not require a DCR for administrative data changes made in HIOS Plan Finder or for URL changes (excluding Interoperability and Transparency in Coverage) in the HIOS Marketplace Plan Management System (MPMS) Module. Issuers must make all changes to administrative data, such as customer service numbers, in HIOS Plan Finder, and all changes to URLs in the MPMS Module. Changes to Interoperability and Transparency in Coverage URLs (excluding content within the URLs) do require a DCR.

Requesting a Change by State Exchange Type

Change Request by Exchange Type	Steps
Issuers in FFE states	<p>Issuers must submit requests in the Cases tab of the PM Community as soon as they are aware of a need to make state-approved changes to template data. Issuers requesting changes to SHOP quarterly rates must submit DCRs by no later than the “Final Date to Submit Data Change Requests” listed on the QHP Certification website.</p> <ul style="list-style-type: none"> • Requests must include documented approval by the state regulator or, for issuers in states that do not enforce market-wide requirements, CMS Form Filing. • CMS will respond to DCRs via email from CMS Marketplace <CMS_FEPS@feat.org>. • Once CMS approves a change, the issuer must resubmit their templates during the window provided by CMS in the email response. Issuers will be able to submit changes between 8:00 a.m. Eastern Time (ET) on the window start date and 6:00 p.m. ET on the window end date.
Issuers in states performing plan management functions	<p>Issuers must submit requests in the Cases tab of the PM Community as soon as they are aware of a need to make state-approved changes to template data. Issuers requesting changes to SHOP quarterly rates must submit DCRs by no later than the “Final Date to Submit Data Change Requests” listed on the QHP Certification website.</p> <ul style="list-style-type: none"> • Issuers should concurrently submit requests to their state to begin the state approval process for the requested changes sent to CMS. • CMS will respond to DCRs via email from CMS Marketplace <CMS_FEPS@feat.org>. • QHP issuers in states performing plan management should work with their state to secure state approval and to request reopening SERFF binders once changes are approved. Issuers in states performing plan management should contact their state for the revision submission deadline before 3:00 p.m. ET on the transfer deadline provided in the email response from CMS.
Issuers in SBE-FPs	<p>Issuers in SBE-FPs should direct DCRs to their state Exchange for approval. CMS will not review requests for changes from issuers in SBE-FPs. SBE-FP issuers should contact their state for the revision submission deadline, and SBE-FP states should contact CMS via the Plan Management State Coordination inbox <planmanagementstatecoordination@cms.hhs.gov> before transferring data from SERFF to HIOS.</p>

Completing a Data Change Request

1. Introduction

All issuers in FFE states and states performing plan management functions, including issuers applying for off-Exchange SADP certification, must submit DCRs for all changes made after the final submission deadline.

2. Data Requirements

To complete the DCR Form, issuers will need the following:

1. HIOS Issuer ID
2. Issuer Legal Name
3. State
4. Plan ID(s) impacted by the change requested
5. Description of the change requested
6. Justification for why the change is required
7. Signature by authorized representative
8. State approval or approval from CMS Form Filing.

3. Quick Reference

Key Changes for 2025

- No key changes for plan year (PY) 2025.

Tips for completing the DCR Form

- A detailed description of the QHP data change requested should include specific information about data fields that require revisions, including original and revised values.
- Issuers requesting changes to their Plans & Benefits, Business Rules, or Service Area Templates must complete the DCR Supplement.
- Fill out the DCR Supplement tab that corresponds to the respective template. All other tabs must be blank.
- Evidence of state approval, including specific content about the requested data changes if operating in an FFE state OR approval from CMS Form Filing if a QHP or dual issuer in a state that does not enforce market-wide requirements, must be included.
- CMS Form Filing requires the *State Authorization of QHP Data Change Request Form* to be submitted, along with the other documentation of the requested change, for authorization consideration before the DCR is submitted.
- If the issuer received notification from CMS about needed data changes, include documentation of the CMS request (i.e., an email or communication).

4. Detailed Section Instructions

Issuers that need to submit a DCR can do so by logging into the [PM Community](#). In the top navigation bar, click on the Cases tab down arrow to open the drop-down menu and select “New Case” to generate a new DCR. This will allow issuers 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.

Figure 1 shows the entirety of the form.

Figure 1. DCR Form

The figure displays two views of the 'New Case: Data Change Request' form. The left view shows the 'Issuer Details' section, which includes instructions, state authorization links, and fields for Subject, Product Type, and Additional Information. The right view shows the 'Description Of Change' and 'Reason for Changes' sections, which include fields for Description, Current Value, New Value, and a list of reasons for changes with a justification field.

There are four parts to submit a DCR:

- Fill out the “New Case: Data Change Request” Form
- Add Issuers and Plan IDs
- Upload Supporting Documents
- Attest and Submit.

The following steps walk an issuer through the four parts to submit a DCR.

“New Case: Data Change Request” Form	Steps
Issuer Details	<p>The two required (★) fields in this section of the DCR Form are “Subject” and “Product Type.” The “Subject” is a summary 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 must select one of the following options:</p> <ul style="list-style-type: none"> • QHP (Medical-Only) • SADP • Dual <ul style="list-style-type: none"> ○ Dual indicates an issuer offers both medical and dental plans.

“New Case: Data Change Request” Form	Steps
Additional Information	<p>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. Therefore, changes to additional modules/templates should be submitted in additional DCRs. Issuers should also submit separate DCRs for the individual and SHOP markets.</p> <p>The available modules (and sections/templates) include:</p> <ul style="list-style-type: none"> • Benefits and Service Area Module <ul style="list-style-type: none"> ◦ Plans & Benefits Template, Network ID Template, Service Area Template, Prescription Drug Template, Supporting Documentation, and Transparency in Coverage Template • Issuer Module <ul style="list-style-type: none"> ◦ Program Attestations, Licensure, Good Standing, Accreditation, and Essential Community Provider (ECP)/Network Adequacy • Rating Module <ul style="list-style-type: none"> ◦ Business Rules Template and Rates Template • Other <ul style="list-style-type: none"> ◦ Plan ID Crosswalk Template. <p>Choosing specific sections/templates may require issuers to answer additional questions and provide supporting documentation. Fields that only apply to specific sections or templates are greyed out until a selection is made that allows these fields to unlock.</p> <p><i>Benefits and Service Area Module</i></p> <p>Issuers requesting changes to the Plans & Benefits, Business Rules, or Service Area templates must complete and upload the DCR Supplement. For changes to the Plans & Benefits Template that affect the plan’s actuarial value (AV) calculation under 45 <i>Code of Federal Regulations</i> (CFR) 156.135 and 156.140, issuers must respond to the following question:</p> <ul style="list-style-type: none"> • Does This Affect Your AV Calculation? <ul style="list-style-type: none"> ◦ 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 Plans & Benefits Template, during Step 3: Upload Supporting Documents. <p><i>Rating Module</i></p> <p>For changes to the Rates Table Template of the Rating Module, issuers submitting a DCR with the “QHP (Medical-Only)” product type must answer the following question:</p> <ul style="list-style-type: none"> • Does This Affect the Unified Rate Review (URR) Template?
Description of Change	<p>This section of the form allows the issuer to identify the changes requested, including any current and revised values. The issuer is required to provide responses for each of the fields described below:</p> <ul style="list-style-type: none"> • Description of Change: Enter a detailed description of the requested data changes. • Current Value: Indicate the current values for the field that is proposed to change. • New Value: Indicate the proposed updated values.
Reason for Changes	<p>Select all reasons that apply regarding the request for the DCR (Note: Issuers can select more than one option). The issuer must select the appropriate option under the “Available” column on the left, then select the arrow icon pointing to the right. For example, if the issuer selects “Other,” clicking the arrow will move “Other” from the “Available” column to the “Chosen” column on the right. The available options include:</p> <ul style="list-style-type: none"> • <i>Issuer submitted incorrect data and must make a change to align templates with data previously approved by the applicable state (or CMS if in a state that does not enforce market-wide requirements). Evidence from the form filing section must be attached.</i>

“New Case: Data Change Request” Form	Steps
	<p>If this option is selected, the issuer must attach the relevant section(s) of form filings during Step 3: Upload Supporting Documents.</p> <ul style="list-style-type: none"> • <i>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. Evidence must be attached.</i> <ul style="list-style-type: none"> ○ If this option is selected, the issuer must provide evidence of the typographical error on its templates during Step 3: Upload Supporting Documents. • <i>Issuer is making routine updates to the administrative information, such as plan marketing name changes.</i> • <i>Other.</i> <ul style="list-style-type: none"> ○ If choosing “Other,” please describe the reason in the “Other Justification for Change” field.

Once the “Reason for Changes” section is completed, note any required documentation that will need to be uploaded during Step 3: Upload Supporting Documents. Do not change the fields in the “System Information” or “Internal Use Only” sections.

To finish this part of the form, click the **Save** button.

The next segment to complete the DCR is to Add Issuers and Plans as illustrated in **Figure 2**.

Figure 2. Add Issuers and Plans

CMS LMI Test Issuer

Home Organizations **Issuers** Plans Withdrawal Forms Cases Plan ID Crosswalk Submission EHB Corrections BDI

Case TEST: Change to OON Chiropractic Copay [Edit] **Add Issuer/Plans** [Submit to CMS]

Case Number 00003502 **Approval Status** Draft Issuer ID

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/1550703017000/StateAuthorization>

DCR Supplement : <https://www.qhpcertification.cms.gov/resource/1550702973000/DCRSupplement>

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

(+) indicates additional documentation is required.

▼ Issuer Details

Issuer ID Approval Status
Draft

Market Type Case Origin
Web

XState Exchange Type

Plans with Proposed Data Changes

Subject
TEST: Change to OON Chiropractic Copay

Product Type **QHP (Medical-Only)**

Upload Supporting Documents	Steps
	To upload supporting documents, the issuer can either select Upload Files or drop a file into the Files dialog box (Figure 4).
	If the issuer selects Upload Files , the system automatically opens a file explorer window and allows the issuer to search for files. The issuer selects the required supporting documentation files and then selects Open from the computer's file explorer window.
	Once the files are selected, the "Upload Files" dialog box opens. Issuers should wait until the system has completed uploading the files, indicated by the green check marks appearing on the right, before selecting "Done."
	<p>If the issuer uploads an incorrect file, the following steps can be used to delete and replace files as needed:</p> <ul style="list-style-type: none"> • Select View All in the lower right corner of the Files dialog box. • In the Files window, select the down arrow drop-down button in the lower, far right corner. • Select Delete. • Select Upload Files and upload the correct/revised documentation. • Select the Case Number to navigate back to the Case DCR Form page.

Figure 4. Upload Files Dialog Box

The final segment to complete the new DCR is to Attest and Submit.

Attest and Submit	Steps
	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 5).
	Selecting the Submit to CMS button will navigate the issuer to the "Attestation" page. If the issuer fails to upload any materials, an error box will appear, forcing the issuer to click Cancel and return to the Case page.
	The issuer should read the attestation and must check the box next to "I Attest" before selecting Continue . To return to the previous screen before clicking Continue , select the Cancel button to close the Attestation page.
	Once the issuer checks the "I Attest" checkbox and selects Continue , the DCR is officially submitted for review by CMS.

Figure 5. DCR Form Completed and Ready to Submit to CMS

Disposition of a DCR

The DCR is now with CMS for review. Once CMS has reviewed the DCR, a response is submitted to the issuer via email from CMS Marketplace <CMS_FEPS@ffeat.org>. In addition, the PM Community Cases homepage will update the status to reflect the appropriate disposition:

- Approved
- Approved w/SEP
- Denied
- Incomplete
- Invalid.

Appendix: Resources—Supporting Documents

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

State Authorization Form

Issuers in FFEs, including states that do not enforce market-wide requirements, should complete this form. QHP or dual issuers in states that do not enforce market-wide requirements should submit the form to CMS Form Filing.

Complete the following steps when completing the State Authorization of QHP Data Change Request Form (Figure 6).

Figure 6. State Authorization Form

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:

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 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 (HIOS or SERFF) used 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 email 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. This workbook accompanies all other forms and justifications with the DCR, as required by CMS (**Figure 7**).

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_01-01-2024.

Figure 7. DCR Supplement

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.

Plans & Benefit Benefits Package—Standard Component ID

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

- *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 numbers.
- *Plan-Level Field Name.* Enter the specific data field/data element that is changing if the change is at the plan level (if applicable).
- *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).
- *Benefit Name.* Enter the benefit name associated with the change.
- *Original Field Value.* Enter the current value of the field/data element in the template (before making any changes).
- *Revised Field Value.* Enter the new value for the specific field/data element.

If new data is being added, that is, if a current value does not exist for the field/data element, then *Original Field Value* should be left blank, and *Revised Field Value* should contain the new value.

If the 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.

Plans & Benefit Cost Share Variance—Standard Component ID + Variant

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

- *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 numbers. Also include the specific variant, a two-digit code that is associated with the specific Plan ID.
- *Section or Field Name*. Enter the specific field/data element that is changing.
- *Benefit Name*. Enter the benefit name associated with the change.
- *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 the deductible/copay/coinsurance/limit for Summary of Benefits & Coverage (SBC) Scenario changes.
- *Network Type (INN, OON) or SBC Scenario Type*. Enter the network type (In Network [INN] or Out of Network [OON]) and tier level (if applicable) associated with any benefit data change. Enter the SBC Scenario if making a change to the SBC Scenario.
- *Original Field Value*. Enter the current value of the field/data element in the template (before making any changes).
- *Revised Field Value*. Enter the new value for the specific field/data element.

If new data is being added, that is, if a current value does not exist for the field/data element, then *Original Field Value* should be left blank, and *Revised Field Value* should contain the new value.

If the 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:

- *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 numbers.
- *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 numbers.
- *Field Name*. Enter the specific field/data element that is changing.
- *Original Field Value*. Enter the current value of the field/data element in the template (before making any changes).
- *Revised Field Value*. Enter the new value for the specific field/data element.

If new data is being added, that is, if a current value does not exist for the field/data element, then *Original Field Value* should be left blank, and *Revised Field Value* should contain the new value.

If the 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:

- *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.
- *FIPS County Code*. Enter each FIPS County Code that would be affected by the change being requested. The FIPS County Code is a five-digit code.
- *Field Name*. Enter the specific field/data element that is changing.
- *Original Field Value*. Enter the current value of the field/data element in the template (before making any changes).
- *Revised Field Value*. Enter the new value for the specific field/data element.

If new data is being added, that is, if a current value does not exist for the field/data element, 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 of the quarterly rate change during the applicable data change submission window. Issuers may make changes to SHOP second-, third-, and fourth-quarter rates only before the start of the quarter that has its rates 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 apply for the next quarter or any subsequent quarter in the same 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 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, except for the applicable quarterly rate changes that the rate reviewer approved.

Issuers will submit a Quarterly Rate Change DCR in the same manner as a regular DCR. Issuers should complete the “Additional detail to justify need for changes” justification section in the DCR Form with the statement “SHOP Quarterly Rate Change” rather than choosing one of the prewritten options.