



QHP Application Data Change Request Form PY2017

This document includes fillable form fields. If you complete electronically, please: a) Type directly in the fields below (all fields are required); b) Click on the signature field to sign electronically; c) Save the file to your desktop; d) Email the form as an attachment to CMS_FEPS@cms.hhs.gov.

If you write in your responses, please a) Complete the fields below (all fields are required); b) Print the form; c) Sign the form; and d) Scan the form and email to CMS_FEPS@cms.hhs.gov.

This attachment provides information to the Centers for Medicare & Medicaid Services regarding QHP or SADP data changes requested by:

Issuer ID: _____

State: _____

Issuer Legal Name: _____

Impacted Plan IDs:

Impacted QHP Templates and Field (if possible provide column or field reference) (Check 1):

- Accreditation (NCQA or URAC): _____
- Issuer Module - Program Attestation, Licensure, Good Standing, or Network Adequacy/Essential Community Providers
- Issuer Module Supporting Documents- Organization Chart, Compliance Plan, Licensure/Good Standing documents, ECP/NA justifications, QIS
- Network Adequacy/Essential Community Providers (template): _____
- Plan and Benefits Template*
 - Individual
 - SHOP
 - Dental Individual
 - Dental SHOP

Does this affect your Actuarial Value (AV) calculation?

- Yes (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 Plans and Benefits Template)
- No
- Network ID: _____
- Service Area*: _____

- Prescription Drug: _____
- Benefits and Service Area Module - Supporting Documentation
- Rates Table: _____
 - Does this affect your Unified Rate Review Template (medical QHPs only)?
 - Yes
 - No
- Business Rules*: _____

Description of requested QHP or SADP data changes:

*If additional space is needed, please include an attachment to your request
 Templates marked with a * require Supplement B in addition to this worksheet*

Current Value: _____
Requested New Value: _____

Reason for Requested QHP or SADP Data Changes:

- Issuer submitted incorrect data on QHP/SADP template(s) 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). Evidence from the form filing section must be attached.
- Issuer submitted a typographical (i.e., data entry) error for which the first justification does not apply, resulting in incorrect data display on the Marketplace consumer portal. Evidence must be attached.
- Issuer is making routine updates to the administrative information, which includes URL changes.

Additional detail to justify need for changes:

State Approval Documentation

- State evidence of approval is included (required for Federally-Facilitated Marketplace (FFM) states, AND/OR
- Request is for a medical or dual issuer in a Direct Enforcement state and CMS Form Filing approval is included; OR
- Request is for an issuer in a state performing plan management functions

Signature:

I, _____, confirm that this QHP or SADP data change request
(Name of Authorized Representative of Issuer)

is based on true and accurate information, limited to the changes outlined above in this form, requested for the reason(s) indicated above in this form, and has been approved by the applicable state, as appropriate. I confirm that state evidence of approval is included with this request and that _____ (“Issuer”) will not alter or submit changes to any other QHP
(Issuer Legal Name)
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 2017 Letter to Issuers in the Federally-facilitated Marketplaces (FFMs). 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.

(Signature)

(Date)

(Print Name)

(Title of Issuer Representative)