Center for Medicare & Medicaid Services (CMS) Qualified Health Plan Formulary Changes Reporting

Plan Year 20XX

Please complete the fields below, following the instructions in the Formulary Changes Issuer Instruction Guide.

OMB Control Number: 0938-1310 Expiration Date: XX/XX/20XX

	Gen	eral Information	ı	Drug Ingredient and Strength									Notes
Issuer HIOS ID	Drug List ID	State	Marketplace	Drug Ingredient and Strength		being removed from		Generic drug name being removed from the formualry	added to the	drug moved to a higher	Was the brand name drug removed from the formulary?	Date the Change Occurred	Notes: (Please enter any comments/notes here.)
								+	+				

PRA Disclosure Statement: PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1310. The time required to complete this information collection is estimated to average 2520 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).