



Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY

Division of Consumer Health Services

Silver State Health Insurance Exchange

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Stacie Weeks, Director



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Division of Consumer Health

State Authorization of QHP/QDP Data Change Request

Issuers should complete Section 1 of this form and submit to Silver State Health Insurance Exchange for authorization along with a formal letter explaining the request for the data change that outlines any potential impact to the consumers, and the QHP/QDP Application Data Change Request Form. The Silver State Health insurance Exchange will complete Section 2 of this form, and return a copy of this form to the issuer for submission of the issuer's Data Change Request via the Nevada Health Link SBE Platform.

Section 1:

Date: _____

Issuer ID: _____

Issuer Legal Name: _____

Description of Data Change:

Section 2: To be completed by SSHIX

1. The above issuer is authorized to submit the above referenced data change.

Yes
 No

2. Reason for the change (check all that apply)

Issue submitted incorrect QHP/QDP template(s) and must make a change to align template(s) with QHP/QDP data previously approved by SSHIX or the Division of Insurance (DOI).
 Issue 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.

SSHIX Signature: _____ Date: _____

State Representative

Name/Title: _____

Phone: _____

Email: _____