



# Silver State Health Insurance Exchange

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[www.nevadahealthlink.com/sshix](http://www.nevadahealthlink.com/sshix)

## State Authorization of QHP/QDP Data Change Request

Issuers must 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** 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 change (check all that apply)

- Issuer 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).
- 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.
- Other:

SSHIX Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### State Representative

Name/Title	
Phone Number	
Email Address	