



Silver State Health Insurance Exchange

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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 signed copy 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

- The above issuer is authorized to submit the above referenced data change.
 - Yes
 - No
- 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: _____

Email: _____