State of Nevada

Silver State Health Insurance Exchange
2310 S. Carson St. #2
Carson City, NV 89701

Application for Consideration of a Vision Carrier Partnership

June 2025

DRAFT Version 25.01

Table of Contents

1. Purpose 3
2. Term of Partnership 3
3. Instructions 3
4. Identification 3
   Organization 3
   Primary Contact 3
   Technical Contact 4
5. Accreditation 4
6. Customer Service 4
7. Legal or Regulatory Action 4
8. Reporting Requirements 4
9. Document Revision History 6

DRAFT

1. Purpose

This application, which corresponds to the Nevada Health Link Vision Carrier Policy hosted at www.nevadahealthLink.com/vision-carrier-policy/, allows interested providers of vision coverage (vision carriers) to request consideration for a strategic partnership with the Silver State Health Insurance Exchange (Exchange). The primary intent of a vision carrier partnership is to refer Nevada Health Link customers to vision carriers whose credentials and performance have been vetted by the Exchange. For approved carriers, a referral link will be hosted at www.nevadahealthlink.com/vision-coverage/. The link will redirect visitors to the vision carrier's website using a unique URL which identifies the Exchange as the source of the referral.

2. Term of Partnership

This application applies to partnerships beginning in October, 2025 and ending in October, 2026. Interested vision carriers may submit an application for consideration between July 1, 2025—August 31, 2025. Completed applications must be submitted via email to customerserviceNVHL@exchange.nv.gov no later than August 31, 2025.

3. Instructions

Please complete all tables and text fields in the following sections. Additional supporting materials may be included as email attachments when the completed application is submitted, but please refrain from including any graphical or promotional materials in this document.

4. Identification

Organization

Name of Organization or DBA:	
Public Facing Website Address:	
Consumer Call Center Phone Number:	
Number of years in continuous operation as a provider of vision coverage within the US:	
Number of years in continuous operation as a provider of vision coverage within Nevada:	

Primary Contact

Please identify a primary administrative contact for general correspondence:

Name:	
Title:	
Email:	
Phone:	

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Technical Contact

Please identify a contact for correspondence related to technical matters (e.g., reporting or website redirect configuration):

Name:	
Title:	
Email:	
Phone:	

5. Accreditation

Applicants will be expected to have sought accreditation with a national accrediting body such as NCQA, URAC, or a comparable equivalent. Please describe your organization's current accreditation status, or if no accreditation has been sought, please provide an explanation of the circumstances.

Click or tap here to enter text.

6. Customer Service

Please provide any available information regarding your organization's historical customer service performance. Additional information, including a description of consumer complaint categories or levels of severity, can be providing in the text box located after the following table.

Metric	**Time Period**	**Value**
Number of consumer complaints logged		
Average speed of complaint resolution		
Call Center average speed to answer		
Call Center average handle time		

Click or tap here to enter text.

7. Legal or Regulatory Action

Please describe any legal or regulatory challenges faced by your organization within the last ten years, including individual or class action lawsuits, as well as sanctions or censures imposed by a regulatory agency (e.g., a state Division of Insurance). Misrepresentation or omission of any relevant information is grounds for immediate denial of a pending application, and the future discovery of such misrepresentation or omission may result in the termination of an existing partnership.

Click or tap here to enter text.

8. Reporting Requirements

Approved vision carrier partners will be required to provide periodic reports to the Exchange with the following information:

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- Gross number of referrals
- Unique number of visitors associated with referrals
- Number of referred visitors who purchased vision coverage
- Total number of individuals enrolled in vision coverage by referred visitors
- Number of complaints logged from referred visitors, and the average speed/duration of their resolution

The reports should include subtotals from the respective reporting period, as well as cumulative, year-to-date totals. Completed reports should be submitted via email to customerserviceNVHL@exchange.nv.gov. Vision carrier partners may exercise discretion with the formatting and presentation of the report. However, the Exchange may request remediation for any reports it deems to be insufficient. The following report submission deadlines shall apply to partnerships approved under this application:

Reporting Period	**Submission Deadline**
11/01/2025—01/31/2026	02/13/2026
02/01/2026—06/30/2026	07/17/2026
07/01/2026—09/30/2026	10/09/2026

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9. Document Revision History

Version	Issue Date	Changes	Drafted	Approved
25.01	June XX, 2025	Initial Release	R. Cook	

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