



Steve Sisolak
Governor

Florence Jameson, MD
Chairwoman

Heather Korbolic
Executive Director

Silver State Health Insurance Exchange

2310 South Carson Street, Suite 2 Carson City, NV 89701 T: 775-687-9939 F: 775-687-9932

www.nevadahealthlink.com/sshix

QHP/SADP Application Data Change Request Form PY2020

Issuers are required to complete this form for data change requests to be processed during Data Change Correction Windows. This form must be accompanied with the State Authorization Form with Section 1 completed by the Issuer, and a formal letter explaining potential impact to consumers in regards to the change request.

Issuers can submit this form via email to pmanagement@exchange.nv.gov.

This attachment provides information to the Silver State Health Insurance Exchange (SSHIX) regarding QHP or SADP data changes requested by:

Date: _____

Issuer ID: _____

Issuer Legal Name: _____

Impacted Plan ID(s):

Impacted Templates and Field (if possible provide column or field reference) (Check 1):

Issuer Module - Program Attestation, Licensure, Good Standing, or Network Adequacy/Essential Community Providers

Issuer Module Supporting Documents- Organization Chart, Compliance Plan, Licensure/Good Standing documents, ECP/NA justifications, QIS

Network Adequacy/Essential Community Providers (template): _____

Plans and Benefits Template*

Individual

SHOP

Dental Individual

Dental SHOP

Does this affect your Actuarial Value (AV) calculation?

Yes (if yes, the Issuer needs to submit the plan's old and new AV Calculator screenshots, along with a copy of the old and new version of the Plans and Benefits Template)

No

Network ID: _____

Service Area*: _____

Prescription Drug: _____

Benefits and Service Area Module - Supporting Documentation

Rates Table: _____

Does this affect your Unified Rate Review Template (medical QHPs only)?

Yes

No

Business Rules*: _____

Description of requested QHP or SADP data changes:

*If additional space is needed, please include an attachment to your request. Templates marked with a * will require the Supplement B found on the [QHP Certification website](#).*

Current Value: _____

Requested New Value: _____

Reason for Requested QHP or SADP Data Changes:

Issuer submitted incorrect data on QHP/SADP template(s) or forms, and must make a change to align template(s) or forms with QHP/SADP 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. Evidence must be attached.

Additional detail to justify need for change(s):

State Approval Documentation

Issuer must complete Section 1 of the QHP/SADP State Authorization form.

Signature:

I, _____, confirm that this QHP or SADP data change request
(Name of Authorized Representative of Issuer)

is based on true and accurate information, limited to the changes outlined above in this form, requested for the reason(s) indicated above in this form, and has been approved by the state, as appropriate. I confirm that state evidence of approval will be included with this request and that

_____ ("Issuer") will not alter or submit changes to any other QHP
(Issuer Legal Name)

or SADP data that are not submitted in this form and approved by SSHIX.

I understand that it is the Issuer's responsibility to ensure that the plan(s) affected by this change is in compliance with federal and state QHP/SADP certification standards as laid out in the Affordable Care Act, federal and state regulations. SSHIX recommends that Issuers check their templates using the QHP Application Review Tools to ensure compliance with these standards. I understand that SSHIX will be reviewing the resubmission of the Issuer's QHP or SADP data, and changes beyond what SSHIX authorized or noncompliance may result in the suppression of the Issuer's QHP or SADP.

(Signature)

(Date)

(Print Name)

(Title of Issuer Representative)