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State Authorization of QHP/SADP 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/SADP 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 change (check all that apply):

- Issuer submitted incorrect data on QHP/SADP template(s) and must make a change to align template(s) 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.
 Other: _____

SSHIX Signature: _____ Date: _____

State Representative

Name/Title: _____

Phone: _____

Email: _____