

State Authorization of QHP Data Change Request

Issuers should complete Section 1 of this form and submit to their state for authorization along with a copy of their QHP Application Data Change Request Form. States should complete Section 2 of this form. A state should complete and return this form directly to the issuer for submission with the issuer's Data Change Request.

Section 1:

Date: _____
Issuer ID: _____
Issuer Legal Name: _____
State: _____

Description of Data Change:

Section 2:

1. The above issuer is authorized to submit the above referenced data change to CMS.

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 the state.

Issuer submitted a typographical (i.e., data entry error) for which the first justification does not apply, resulting in incorrect data display on the Marketplace consumer portal.

Issuer is making routine updates to administrative information, which includes URL changes.

Other: _____

Signature: _____ Date: _____

State Representative

Name/Title: _____

Phone: _____

Email: _____