New Mexico State Authorization of QHP Data Change Request

Issuers must complete Section 1 of this form in its entirety and email it to OSI with copy to NMHIX, along with a complete copy of the NM Data Change Request Supplement form for authorization and signatures. Once approved and signed, OSI will send the request to beWellnm for their authorization and signatures. NMHIX will send their decision and signed form to the issuer with copy to OSI. Changes will not be authorized without the approval and signature of both NMHIX and OSI.

Section I – Issuer Data Change Request Information

1. **Description of Data Change** *(Detailed information is required. If more space is needed, please attach a second page)*

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:

Issuer Legal Name: HIOS ID:.

Name and Title: Phone:

Signature: . Date:

Section II – OSI Authorization

1. **The above issuer is authorized to make the data change requested above.** **Yes** ☐ **No** ☐

Name and Title: Phone:

Signature: Date:

Section III – NMHIX Authorization

1. **The above issuer is authorized to make the data change requested above.** **Yes** ☐ **No** ☐

Name and Title: Phone:

Signature: Date: