

Silver State Health Insurance Exchange

Plan Year 2021
Plan Certification

April 30, 2020



nevada
health link

Nevada State Based Exchange Notes

- QHP/QDP binder submission are done through SERFF
- QHP/QDP Approval/Certification for on exchange plans will be completed by the Exchange
- QHP/QPD display on NevadaHealthLink.com
- QHP/APTC/CSR eligibility is determined by the Federal guidelines
- Medicaid/CHIP eligibility determined by State of Nevada DWSS
- Issuer invoicing will be performed by SSHIX

Calendar Year 2021 Issuer Fees

Fees have been reduced from 3.15% for plan year 2020 to 3.05% for plan year 2021.

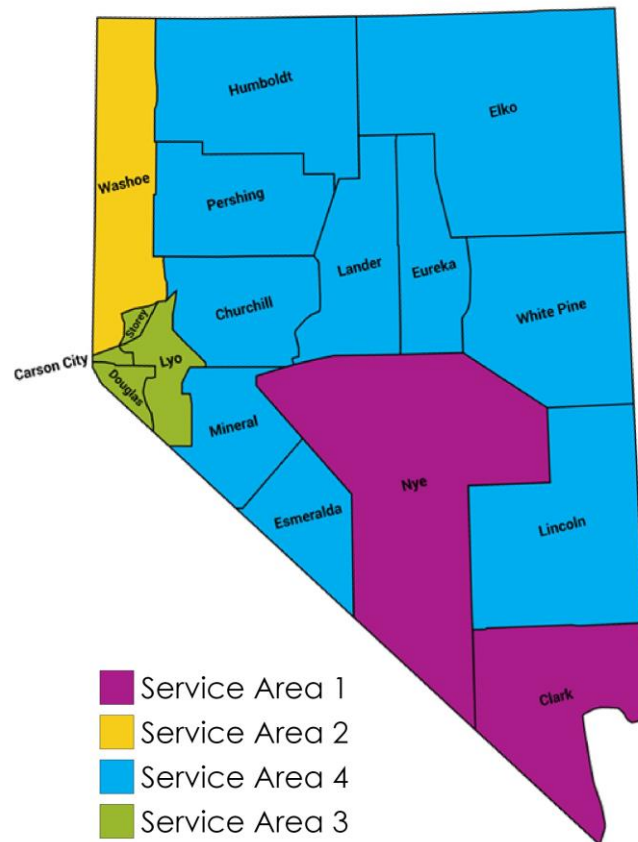
Plan Type	Percent of Premium
Qualified Health Plan	3.05%
Qualified Dental Plan	3.05%

<https://www.nevadahealthlink.com/partner-resources/carriers/>

Exchange Service Areas

- Nevada's rating territories are aligned with Nevada's on Exchange Service Areas
- Nevada's Service Areas for 2021 are unchanged
- QHP and QDP service areas must equal one or more rating territories
- On Exchange plans are not permitted to offer partial county coverage

Nevada Exchange Service Areas



Plan Year 2021 QHP Timeline

Activity	Deadline
Issuer submit Intent to EDI Test Form with SSHIX - Required	2/7/2020
EDI technical discussions	4/1-6/30/2020
Issuers submit Intent to Sell Form with SSHIX – Required	4/30/2020
Notification to SSHIX re: Optional EDI testing	5/31/2020
EDI testing must be successfully completed	6/1-8/31/2020
Binder submission due in SERFF	6/3/2020
SSHIX initial review of binder data submitted in SERFF	6/3-7/13/2020
First data transfer from SERFF to Nevada Health Link SBE Platform	7/13/2020
Issuer plan preview on Nevada Health Link SBE Platform	7/13-8/19/2020
Supplemental URL Templates due in SERFF	7/29/2020
Proposed rate change posted on the DOI website	8/3/2020
Payment redirect testing	8/3-9/25/2020
Draft Plan Year 2021 Issuer Agreements sent to issuers for review	8/14/2020
Letters of Good Standing and Network Adequacy submitted to the Exchange from DOI	8/20/2020

Plan Year 2021 QHP Timeline (cont.)

Activity	Deadline
Final deadline for issuers to change QHP application without State Authorization	8/22/2020
Final data transfer from SERFF to Nevada Health Link SBE Platform	8/24/2020
Plan Year 2021 Issuer Agreements sent to issuers with final plan confirmation list	9/2/2020
Issuers send signed agreements and confirm final plan listings	9/2-9/16/2020
SSHIX to send final plan confirmation list and countersigned Issuer Agreements to issuers	9/25/2020
Plans certified in SERFF	9/25/2020
Approved rate changes posted on the DOI website	10/1/2020
Consumer window shopping begins	10/1/2020
Limited data correction window (not applicable to utilize for service area changes or rate data). Must obtain State Authorization prior to use of window.	10/5-10/8/2020
Open enrollment begins	11/1/2020

Electronic Data Interchange (EDI) Requirements for QHP's and QDP's

Any issuer intending to sell plans in Nevada for PY2021 must complete requirements with EDI testing prior to certification. Issuers will be required to notify SSHIX no later than February 7, 2020 if they intend to EDI Test with Nevada for PY2021. Changes made to EDI Testing for PY2021 relate specifically to the residential and mailing addresses at subscriber and member level on all 834 transactions. SSHIX will provide further guidance on EDI testing through the technical EDI discussions with issuers. New issuers will be required to work collaboratively with SSHIX and SSHIX's vendor GetInsured (GI) for EDI related matters.

Existing Exchange plan issuers will have the option to test changes re: residential and mailing addresses. Any issuer who intends to participate in optional testing should inform the Exchange Plan Management team by May 31st 2020 via email at pmanagement@exchange.nv.gov.

Plan Year 2021 EDI Timeline for QHP's and QDP's

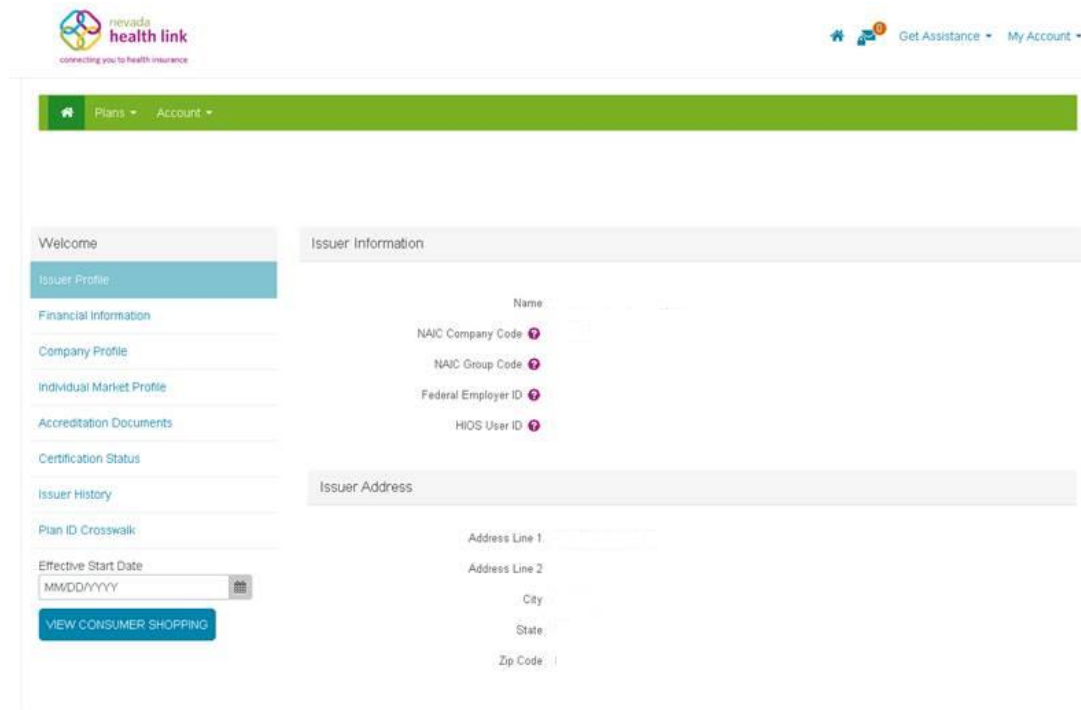
If an issuer completes EDI testing outside of the dates listed in the timeline below, then the issuer will be responsible for any additional fees incurred as a result of such request. These fees are calculated in terms of the number of development hours needed by GI to conduct EDI testing and shall be paid at a rate card then in effect between SSHIX and GI.

Activity	Deadline
Issuers submit Intent to EDI Test with SSHIX – Required	2/7/2020
EDI technical discussions	4/1/-6/30/2020
Notification to SSHIX re: Optional EDI testing	5/31/2020
EDI testing must be successfully completed	6/1-8/31/2020
Payment redirect testing	8/3-9/25/2020

Issuer Representative


The Issuer Representative will be the issuers primary point of contact for non-technical QHP and QDP issuers related to the Exchange.

This assigned person will have access to verify plan data, add other designated staff with the Issuer Representative role access, and update issuer information such as: Issuer logo, URL's, and phone numbers.



The screenshot displays the Nevada Health Link Issuer Representative portal. At the top, the Nevada Health Link logo is on the left, and navigation links for 'Get Assistance' and 'My Account' are on the right. Below the header is a green navigation bar with 'Plans' and 'Account' tabs. The main content area is divided into two columns. The left column contains a sidebar with links: 'Welcome', 'Issuer Profile' (highlighted), 'Financial Information', 'Company Profile', 'Individual Market Profile', 'Accreditation Documents', 'Certification Status', 'Issuer History', 'Plan ID Crosswalk', and 'Effective Start Date' (with a date input field and a 'VIEW CONSUMER SHOPPING' button). The right column contains two sections: 'Issuer Information' with fields for 'Name', 'NAIC Company Code', 'NAIC Group Code', 'Federal Employer ID', and 'HIOS User ID'; and 'Issuer Address' with fields for 'Address Line 1', 'Address Line 2', 'City', 'State', and 'Zip Code'.

Issuer Representative



connecting you to health insurance

Get Assistance ▾ My Account ▾

Plans ▾ Account ▾

Plan Year: 2019 ▾

Refine Results

Plan Number

Plan Level
Plan Level ▾

Status
Any ▾

Enrollment Availability
Any ▾

GO

Plan Number ▾	Plan Name ▾	Level ▾	Last Update ▾	Status ▾	Enrollment Availability ▾	▾
<input type="checkbox"/>				Certified	Available	⚙ ▾
<input type="checkbox"/>				Certified	Available	⚙ ▾
<input type="checkbox"/>				Certified	Available	⚙ ▾
<input type="checkbox"/>				Certified	Available	
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Application Review Tools

- Issuers will still use all the applicable tools provided by CMS to identify and resolve data errors prior to each submission.
- Issuers with data errors post-data lockdown that could have been identified and fixed through use of CMS tools incur the risk of not being certified.

Download the toolkit at:

<https://www.qhpcertification.cms.gov/s/Review%20Tools>

List of tools

- | | |
|---|--|
| ✓ Data Integrity Tool | ✓ Cost Sharing Tool |
| ✓ Plan ID Crosswalk Tool | ✓ Category & Class Drug Count Tool |
| ✓ Master Review Tool | ✓ Non-discrimination Formulary
Outlier |
| ✓ Essential Community Provider
Tool | ✓ Non-discrimination Clinical
Appropriateness |
| ✓ QDP Essential Community
Providers Tool | |
| ✓ Non-discrimination | |

Required Templates – QHP Issuers

- ECP/Network Adequacy Template (XML uploaded in .zip file)
- Plans and Benefits Template (and Add-in file)
- Prescription Drug Formulary Template
- Network Template
- Service Area Template
- Rates Table Template
- Business Rules Template
- Crosswalk Template in .xlsm format is required on the supporting documents tab
- Supplemental URL Templates (Provided by SSHIX)

Accreditation certification and supporting documentation*

*refer to Accreditation slide for more information

Templates available for download:

<https://www.qhpcertification.cms.gov/s/QHP>

Note: All templates must be validated and submitted within a SERFF binder. Issuers **MUST** run CMS tools prior to template submission.

Template Changes to Plan Year 2021

CMS has removed URL's from the following templates:

- Plans and Benefits Template
- Network Template
- Prescription Drug Template

SSHIX has created the following Supplemental URL Templates to collect URL data from all issuers:

- Plans and Benefits URL Supplemental Template
- Network URL Supplemental Template
- Prescription Drug URL Supplemental Template

Supplemental Templates can be found on the SSHIX issuer webpage, linked here: <https://www.nevadahealthlink.com/partner-resources/carriers/>

The Enrollment Payment URL is updated manually. If any issuers have changes to their Enrollment Payment URL, please email Plan Management at pmanagement@exchange.nv.gov

Application Tips and Hints

Plans and Benefits Template

- Each product should be its own benefit package in the template.
- QHP/Non-QHP – must select both because of guaranteed availability.
- For specialties, if there is a “yes” in “specialist requiring a referral,” the next field should also be populated, most of the time with “ALL.”
- Individual plan’s expiration date: Should always be 12/31/20XX. (Not applicable to SHOP)
- New for PY2021, URL’s are no longer on the Plans and Benefits Template. Please submit the required Supplemental Plans and Benefits URL Template for the SBC and Plan Brochure URL’s.
 - SSHIX will test this URL and notify issuers if the link is not active.

Application Tips and Hints (cont.)

Plans and Benefits Template (cont.)

- On the cost sharing tab of the template, verify the following do not apply for silver plans:
 - ✓ Deductible does not increase as actuarial values increase.
 - ✓ MOOP does not increase as the actuarial values increase.
 - ✓ Cost sharing for all benefits does not increase as the actuarial values increase.
- On the cost sharing tab of the template, verify the following do not apply for any cost sharing plan variations:
 - ✓ You have listed a non-zero cost sharing for an essential health benefit.
 - ✓ The zero cost sharing plan has values of zero for deductible and MOOP.

Application Tips and Hints (cont.)

Plan ID Crosswalk Template

All issuers who offered 2020 coverage must submit a Plan ID Crosswalk template.

- Include all plans that were offered on the Marketplace in 2020, including those that were suppressed following open enrollment if they received enrollees. Don't include plans that were withdrawn prior to certification.
- File name for automatically created XML file must **not** be changed.
- When entering the Reason for Crosswalk, only select the "Discontinuing Product" reason if you are not offering any plans in that product in any counties for the 2021 plan year.
- Submit as "Supporting Documentation" within binder

***Please add both the XLSM and XML versions of the crosswalk to the SERFF binder as well**

Application Tips and Hints (cont.)

Business Rules Template:

- Requires minimum relations between primary and dependent:

*Spouse-no, Foster Child-no, Ward-no, Stepson or Stepdaughter-no, Self-yes, Child-no, **Other Relationship-no****

**Other Relationship* is required when offering SHOP plans, and if also selling individual plans it must be added because the relationships have to be identical*

Note: On Child-only plans to allow sibling relationships to be listed on the same plan sibling relationships must be selected.

Standardized Plans

- Standardized plan designs (now called *Simple Choice Plans*) are **optional**, and **not required** for PY2021.
- The 2018 Payment Notice Final Rule finalized standardized options for bronze, silver (and CSR levels), and gold metal levels.
- Issuers have the **option** to offer standardized plans at one metal level of coverage and not the others, unless it is silver then must have standardized silver cost-sharing levels.
- “Set 1” would be utilized for Nevada.
- Standardized plans will not be given differential display on the Nevada Health Link SBE Platform.

Accreditation

Accreditation

- Accreditation is a requirement for QHP issuers, it does not apply to QDP issuers.
- QHP issuers will submit their Accreditation certificate and supporting documentation through SERFF supporting documents tab.
- If an issuer is entering its initial year of QHP certification, it must schedule (or plan to schedule) a review with a recognized accrediting entity (i.e., AAAHC, NCQA, or URAC).
- An issuer is not required to be accredited in its initial year of QHP certification.
- QHP issuers in their second or later year of certification must be accredited.

Accreditation cont.

Accreditation

- SSHIX will consider issuers in their first, second or third year accredited with the following statuses:
 - AAAHC with “Accredited” status
 - NCQA with “Excellent,” “Commendable,” “Accredited,” “Provisional,” or “Interim” status
 - URAC with “Full,” “Provisional,” or “Conditional” status
- SSHIX will consider issuers in their fourth year accredited with the following statuses:
 - AAAHC with “Accredited” status
 - NCQA with Marketplace accreditation and “Excellent,” “Commendable,” “Accredited,” or “Provisional” status
 - URAC with Marketplace accreditation and “Full” or “Conditional” status

Indian Health Care Providers Addendum

- Issuers are required to offer contracts in good faith to Indian Health Care Providers.
- There are some provisions pertaining to Indian Health Care Providers that are not applicable to regular QHP/Network Provider agreements.
- These provisions are addressed in the document called “Model QHP Addendum for Indian Health Care Providers.”
- Issuers who do contract with Indian Health Care Providers must sign the Addendum. The Indian Health Care Provider must also sign.
- The terms in the Addendum will supersede terms in regular QHP/Network Provider contracts.
- SSHIX will require issuers to provide a statement that good faith contracts have been offered to all applicable Indian Health Care Providers.

Quality Reporting Strategy (QRS)

All qualifying issuers offering a QHP of any metal level through SSHIX must comply with QRS requirements and report on all quality measures defined by CMS

For Plan Year 2021, QRS will be **suspended**. More information can be found on the memo linked below:

<https://www.cms.gov/files/document/covid-qrs-and-marketplace-qualityinitiatives-memo-final.pdf>

More guidance can be found at the link below:

<https://www.qhpcertification.cms.gov/s/Quality%20Rating>

Note: QDPs and child-only plans are not subject to QRS reporting.

Quality Improvement Strategy (QIS)

All qualifying issuers offering a QHP plan with SSHIX must comply with QIS requirements and report on all quality measures defined by CMS.

For Plan Year 2021, QIS will be **suspended**. More information can be found on the memo linked below:

<https://www.cms.gov/files/document/covid-qrs-and-marketplace-qualityinitiatives-memo-final.pdf>

More guidance can be found at the link below:

<https://www.qhpcertification.cms.gov/s/Quality%20Improvement>

Note: QDPs and child-only plans are not subject to QIs reporting for the 2021 Plan Year.

Quality Improvement Strategy (cont.)

Implementation Plan Submitted in Plan Year	First Two Plan Years of Progress Reporting	Minimum Enrollment Reassessed Prior to Plan Year	Progress Reporting Plan Years if Minimum Enrollment Threshold Met
2018	2019 and 2020	2021	2021 and 2022
2019	2020 and 2021	2022	2022 and 2023
2020	2021 and 2022	2023	2023 and 2024
2021	2022 and 2023	2024	2024 and 2025

*QIS requirements for PY2021 are suspended.



2021 QDP Certification Standards

QDPs On Exchange

On Exchange Standards:

- QDPs are no longer subject to AV requirements per the 2019 Notice and Benefit of Payment Parameters.
- HIOS Plan IDs can remain the same as plan year 2020, even with changes in cost-share.
- Plan Year 2021 QDP plans will be eligible for purchase without the purchase of a QHP plan.

Plan Year 2021 QDP Timeline

Activity	Deadline
Issuer submit Intent to EDI Test Form with SSHIX - Required	2/7/2020
EDI technical discussions	4/1-6/30/2020
Issuers submit Intent to Sell Form with SSHIX – Required	4/30/2020
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Plan Year 2021 QDP Timeline (cont.)

Activity	Deadline
Final deadline for issuers to change QDP application without State Authorization	8/22/2020
Final data transfer from SERFF to Nevada Health Link SBE Platform	8/24/2020
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Open enrollment begins	11/1/2020

Certification Standards that DO NOT apply to on Exchange QDPs

The following are certification standards that **DO NOT** apply to QDP on Exchange:

- Accreditation
- Cost-sharing Reduction Plan Variations
- Unified Rate Review Template
- Patient Safety
- Quality Reporting
- Prescription Drugs

Required QDP Templates

- ECP/Network Adequacy Template (XML uploaded in .zip file)
- Plans and Benefits Template (and Add-in file)
- Network Template
- Service Area Template
- Rates Table Template
- Business Rules Template
- Crosswalk Template in .xlsm format is required on the supporting documents tab
- Supplemental URL Templates*

Templates available for download: <https://www.qhpcertification.cms.gov/s/QHP>

*Supplemental URL Templates can be found on the SSHIX Issuer webpage, linked here: <https://www.nevadahealthlink.com/partner-resources/carriers/>

Note: All templates must be validated and submitted within a SERFF binder. Issuers **MUST** run CMS tools prior to template submission.

On Exchange QDP Network Adequacy

- QDP counties must have at least:
 - One general dentist
 - One periodontist
 - One oral surgeon
 - One orthodontist
- All QDP issuers must be within the specific travel standards established for each geographic area.
- All QDP issuers must contract with at least 20% of available ECPs in each plan's service area.
- Offer contracts in good faith to all available Indian health care providers in the service area.
- An access plan is required that demonstrates that the QDP issuer has standards and procedures in place to maintain an adequate network consistent with NAIC's Health Benefit Plan Network Access and Adequacy Model Act (NAIC Model ACT)
- <http://www.naic.org/store/free/MDL-74.pdf>

On Exchange QDP Network Adequacy Distance and Time Standards

Geographic Areas by County	Maximum Travel Distance or Time
<u>Urban Counties</u>	
Carson City Clark Washoe	45 miles or 45 minutes
<u>Rural Counties</u>	
Douglas Lyon Storey	60 miles or 1 hour
<u>Frontier Counties</u>	
Churchill Elko Esmeralda Eureka Humboldt Lander Lincoln Mineral Nye Pershing White Pine	100 miles or 2 hours

QDP Standards Tips and Hints

Annual Limits on Cost Sharing:

- Qualified dental plans must have a maximum out-of-pocket limit applicable to pediatric essential health benefits that is no greater than \$350 for one child or \$700 for two or more children

Pediatric Dental EHBs

- Only pediatric dental essential health benefits are subject to EHB rules.
- All pediatric dental benefits within Nevada Check-Up as of March 31, 2012 must be covered
- Benefits cannot have limitations which are more restrictive
- Nevada Check-Up guidelines can be found at:
http://doi.nv.gov/uploadedFiles/doinvgov/public-documents/Healthcare-Reform/NV_CheckUp_Dental.pdf

Non-discrimination

- QDPs may not employ market practices or benefit designs that will have the effect of discouraging the enrollment of individuals with significant health needs.
- **Type I services can not be subject to a deductible.**

Application Tips and Hints

Plans and Benefits Template

- The P&B template has a Dental Macro that can be activated by selecting “yes” in the Dental Only Plan Field
- The template will grey out all benefits except:
 - Basic Dental Care – Adult
 - Basic Dental Care – Child
 - Dental Check-Up for Children
 - Major Dental Care – Adult
 - Major Dental Care – Child
 - Orthodontia – Adult
 - Orthodontia – Child
 - Accidental Dental
 - Routine Dental Services (Adult)
- QDP issuers may offer the pediatric dental EHB at any AV and are not required to enter the high or low level of coverage in the template
 - If the high or low level of coverage is entered, then it must fall within the AV range of high or low.
 - The AV for the pediatric dental EHB must be entered on the AV supporting document

Application Tips and Hints (cont.)

Plans and Benefits Template (cont.)

- Pursuant to the provision of EHB at 45 CFR 156.115(a)(6), QDPs must cover pediatric dental benefits for individuals until at least the end of the month in which the enrollee turns 19 years of age
- Accidental Dental is included on the template but does not have to be covered
- Quantitative Limit on Service, Limit Quantity, Limit Unit, and Minimum Stay should be filled out according to the most typical/highest utilized benefit in each “Covered” benefit category
- All other limits or details of the services provided should be described in the Benefit Explanation field

Note: Consumers should be able to easily access this detail when viewing Plan Brochures

Application Tips and Hints for QDPs (cont.)

CMS has removed URL's from the following templates:

- Plans and Benefits Template
- Network Template

SSHIX has created the following Supplemental URL Templates to collect URL data from all issuers:

- Plans and Benefits URL Supplemental Template
- Network URL Supplemental Template

Supplemental Templates can be found on the SSHIX Issuer webpage, linked here:

<https://www.nevadahealthlink.com/partner-resources/carriers/>

The Enrollment Payment URL is updated manually. If any issuers have changes to their Enrollment Payment URL, please email Plan Management at pmanagement@exchange.nv.gov

Application Tips and Hints (cont.)

Plans and Benefits Template (cont.)

Guaranteed vs. Estimated Rate

- Guaranteed – Issuer must charge consumers the exact rates entered in the Rates Table Template
- Estimated – Issuer must make adjustments to the rates charged to the consumer beyond what it entered in the Rates Table Template
 - This will be indicated on Plan Compare
 - Allows issuers to rate 19 and 20 year olds differently
- SHOP rates must be “Guaranteed”
- Portion of premium (dollar amount) that applies towards EHB
 - Statewide average should be represented in template
 - Cannot exceed premium for child-only plan
 - Description of EHB Allocation form required to be signed by an actuary

Business Rules Template:

- Requires minimum relations between primary and dependent:
*Spouse-no, Foster Child-no, Ward-no, Stepson or Stepdaughter-no, Self-yes, Child-no, Life Partner-no, Other Relationship-no**

Other Relationship is required for SHOP plans, and if also selling individual plans it must be added because the relationships have to be identical

Prohibition of Waiting Periods

- Waiting periods are not allowed for any EHB's, including pediatric orthodontia EHB.
- Imposing a waiting period on an EHB could mean the issuer is not offering coverage that provides EHB as required by 45 CFR 156.115

<https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/Waiting-period-FAQ-05262016-Final-.pdf>



SHOP – Small Business Health Options Program

SHOP Standards

- SHOP binder submissions mimic the process of submitting individual binders.
- Nevada Health Link's Small Business Health Options Program (SHOP) is open to small businesses in Nevada with up to 50 employees. Employees are defined as working on average 30 or more hours per week.
- A small business employer will navigate the SHOP page on NevadaHealthLink.com and enroll directly through the insurer offering SHOP coverage.

<https://www.nevadahealthlink.com/overview/>

Contacting the Exchange

Plan Certification Coordinator

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Plan Certification General Mailbox

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