

ISSUER INFORMATION

Company Name (Name in Nevada Company is Licensed under):	
NAIC Company Number:	
Company Address:	
Contact Person for Filing:	
Contact Person for filing address:	
Contact Person for filing telephone number:	
Contact Person for filing email:	
<input type="checkbox"/> Qualified Dental Plan	

SILVER STATE HEALTH INSURANCE EXCHANGE CERTIFICATION

ISSUER REQUIREMENTS – CERTIFIED BY THE SILVER STATE HEALTH INSURANCE EXCHANGE						
		Issuer Requirements	Federal Source	SERFF-supported function	SERFF data collection	Notes
<input type="checkbox"/>	1	<i>I - ENROLLMENT PROCESS FOR QUALIFIED INDIVIDUALS</i>				
	1.1	<input type="checkbox"/> Enrolls a qualified individual when Exchange notifies the issuer that the individual is a qualified individual and transmits information to the issuer.	45 CFR §156.265 (b)(1)		X	Confirm by Issuer Testing
	1.2	<input type="checkbox"/> Accepts enrollment information consistent with the privacy and security requirements established by the Exchange.	45 CFR §156.265(c)		X	Confirm by Issuer Testing
	1.3	<input type="checkbox"/> Uses the premium payment process established by the Exchange.	45 CFR §156.265(d)		X	Confirm by Issuer Testing

Qualified Dental Plan Certification Checklist
 March 2023

Issuer Name: _____
 NAIC Number: _____

1.4	<input type="checkbox"/> Provide new enrollees an enrollment information package that is compliant with accessibility and readability standards.	45 CFR §156.265(e)		X	Confirm by Issuer Testing
1.5	<input type="checkbox"/> Reconciles enrollment files with HHS and the Exchange no less than once a month.	45 CFR §156.265(f); 45 CFR §155.400(d)		X	Confirm by Issuer Testing
1.6	<input type="checkbox"/> Acknowledges receipt of enrollment information transmitted from the Exchange in accordance with Exchange standards.	45 CFR §156.265(g)		X	Confirm by Issuer Testing

NEVADA DIVISION OF INSURANCE CERTIFICATION

ISSUER REQUIREMENTS – CERTIFIED BY THE SILVER STATE HEALTH INSURANCE EXCHANGE						
		Issuer Requirements	Federal Source	SERFF-supported function	SERFF data collection	Notes
<input type="checkbox"/>	2	<i>II - LICENSED AND IN GOOD STANDING</i>	45 CFR § 156.200(b)(4); NRS 680A		X	DOI verifies
	2.1	<input type="checkbox"/> Is licensed or authorized in NV as: <input type="checkbox"/> Domestic <input type="checkbox"/> Foreign <input type="checkbox"/> Stock <input type="checkbox"/> Reciprocal <input type="checkbox"/> Mutual <input type="checkbox"/> Fraternal Benefit Society <input type="checkbox"/> HMO <input type="checkbox"/> Non Profit Health Care Plan <input type="checkbox"/> {additional licenses available in Nevada}			X	
	2.2	<input type="checkbox"/> Authorized by DOI to offer dental insurance			X	Confirmed by SSHIX with DOI
	2.3	<input type="checkbox"/> Good Standing Verification <input type="checkbox"/> Is the applicant out of compliance with any applicable Nevada solvency requirements for the calendar year in which it is applying to offer QDP? <input type="checkbox"/> Is the applicant currently under any corrective action related to financial review?			X	Confirmed by SSHIX with DOI
<input type="checkbox"/>	3	<i>III - BENEFIT STANDARDS AND PRODUCT OFFERINGS</i>				

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		Issuer Requirements	Federal Source	SERFF-supported function	SERFF data collection	Notes
	3.1	<input type="checkbox"/> Includes all pediatric dental benefits included in the Nevada Children’s Health Insurance Plan	42 USC §18022(b)(J)			
	3.2	<input type="checkbox"/> Annual limitation on cost-sharing: <input type="checkbox"/> Meets Nevada’s safe harbor rule: at or below <ul style="list-style-type: none"> • \$400 one child • \$800 two or more children 	45 CFR §156.150(a); 42 USC §18022(b)(J)			
	3.3	<input type="checkbox"/> Essential pediatric dental benefits included in all contracts sold on the Exchange, including contracts only to adults	42 USC §18031(d)(2)(ii)			
<input type="checkbox"/>	4	<i>IV – MARKETING</i>				
	4.1	<input type="checkbox"/> Complies with all NV marketing laws & regulations.	45 CFR §156.225(a); NRS 689A.710	X		Confirms by Attestation; follow up on previous complaints
	4.2	<input type="checkbox"/> Marketing practices do not discourage the enrollment of individuals with significant health needs.	45 CFR §156.225(b)	X		Confirms by Attestation; DOI reviews benefit designs; follow up on previous complaints
<input type="checkbox"/>	5	<i>V - TRANSPARENCY REQUIREMENTS</i>	45 CFR §155.1040(a); 45 CFR §156.220			

	Issuer Requirements	Federal Sources	SERFF-supported function	SERFF data collection	Notes
	<p>An issuer must provide the following information:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Claims payment policies and practices; <input type="checkbox"/> Periodic financial disclosures; <input type="checkbox"/> Data on enrollment <input type="checkbox"/> Data on disenrollment <input type="checkbox"/> Data on the number of claims that are denied <input type="checkbox"/> Data on rating practices <input type="checkbox"/> Information on cost-sharing and payments with respect to any out-of network coverage; <input type="checkbox"/> Information on enrollee rights under Title I of the Affordable Care Act <p>Must submit, in an accurate and timely manner, to be determined by HHS, and in plain language the information described above to the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Commissioner of Insurance <input type="checkbox"/> Exchange <input type="checkbox"/> HHS <input type="checkbox"/> Public <p>By Signed Attestation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Data on enrollment; <input type="checkbox"/> Data on disenrollment; <input type="checkbox"/> Data on the number of claims that are denied. 	45 CFR §156.220		X	

ISSUER REQUIREMENTS – CERTIFIED BY THE SILVER STATE HEALTH INSURANCE EXCHANGE						
		Issuer Requirements	Federal Source	SERFF-supported function	SERFF data collection	Notes
	5.2	<input type="checkbox"/> An issuer must make available the amount of enrollee cost sharing under the individual’s plan or coverage with respect to the furnishing of a specific item or service by a participating provider in a timely manner upon the request of the individual. <input type="checkbox"/> At a minimum, the above information must be made available to such individual through the following: <input type="checkbox"/> Internet Web site; and <input type="checkbox"/> Other means for individuals without access to the Internet.	45 CFR §156.220(d)		X	Verify in Summary Plan Description, Evidence of Coverage, and SERFF.
	5.3	<input type="checkbox"/> Provides required notices on internal and external claims appeals in a culturally and linguistically appropriate manner.	45 CFR §147.136(e)		X	Issuer provides Sample Notice
<input type="checkbox"/>	6	<i>VI - TERMINATION OF COVERAGE OF QUALIFIED INDIVIDUALS</i>	45 CFR §155.430; 45 CFR §156.270			

ISSUER REQUIREMENTS – CERTIFIED BY THE SILVER STATE HEALTH INSURANCE EXCHANGE					
	Issuer Requirements	Federal Source	SERFF-supported function	SERFF data collection	Notes
6.1	<input type="checkbox"/> Terminates coverage only if: <ul style="list-style-type: none"> <input type="checkbox"/> Enrollee is no longer eligible for coverage through the Exchange; <input type="checkbox"/> Enrollee’s coverage is rescinded; <input type="checkbox"/> QDPs terminated or is decertified; <input type="checkbox"/> Enrollee changes coverage: <ul style="list-style-type: none"> <input type="checkbox"/> during an annual open enrollment period; <input type="checkbox"/> special enrollment period; or <input type="checkbox"/> obtains other minimum essential coverage. <input type="checkbox"/> For non-payment of premium only if: <ul style="list-style-type: none"> <input type="checkbox"/> Applies termination policy for non-payment of premium uniformly to enrollees in similar circumstances; <input type="checkbox"/> Enrollee is delinquent on premium payment; <input type="checkbox"/> Provides the enrollee with notice of such payment delinquency; and <input type="checkbox"/> Provides a grace period of 3 consecutive months if an enrollee is receiving advance payments of the premium tax credit and has previously paid at least one month’s premium. 	45 CFR §155.430(b); 45 CFR §156.270		X	Verify in Summary Plan Description and Evidence of Coverage
6.2	<input type="checkbox"/> Provides reasonable notice of termination of coverage to the Exchange and enrollee (this includes effective date of termination).	45 CFR §155.430(d); 45 CFR §156.270(b)		X	Issuer provides Sample Notice

PRODUCT LINE REQUIREMENTS – CERTIFIED BY NEVADA DIVISION OF INSURANCE						
		Product Line Requirements	Federal Source	SERFF-supported function	SERFF data collection	Notes
	6.3	<input type="checkbox"/> Maintains records of terminations of coverage for auditing.	45 CFR §155.430(c); 45 CFR §156.270(h)		X	Issuer provides Attestation
<input type="checkbox"/>	7	<i>VII - QUALITY ASSURANCE PROGRAM</i>				
	7.1	<input type="checkbox"/> Implements and reports on a <u>quality improvement strategy</u> or strategies used to reward quality through the use of market based incentives.	45 CFR §156.200 (b)(5); 42 CFR §156.1130		X	N/A for QDPs for PY22
<input type="checkbox"/>	8	<i>VIII - NETWORK ADEQUACY REQUIREMENTS</i>	45 CFR §155.1050; 45 CFR §156.230			DOI verifies
	8.1	<input type="checkbox"/> Complies with NV network adequacy standards.	NRS 687B.490; NAC 687B		X	Issuer provides Attestation
	8.2	<input type="checkbox"/> Has a network for each plan with sufficient number and types of providers to ensure that all services are accessible without unreasonable delay.	45 CFR §156.230(a)(2)		X	
	8.3	<input type="checkbox"/> Has a network with sufficient geographic distribution of providers for each plan.	45 CFR §156.230(a)(2); 45 CFR §156.235		X	
	8.4	<input type="checkbox"/> Has sufficient number and geographic distribution of essential community providers, where available, to ensure reasonable and timely access to a broad range of such providers for low-income, medically underserved individuals in the service area.	45 CFR §156.230(a)(1); 45 CFR §156.235		X	Applicant must also agree to offer contracts to all available Native American providers and one ECP per type, per county (where available)

PLAN REQUIREMENTS – CERTIFIED BY NEVADA DIVISION OF INSURANCE						
		Plan Requirements	Federal Source	SERFF-supported function	SERFF data collection	Notes
<input type="checkbox"/>	9	<i>IX - BENEFIT STANDARDS AND PRODUCT OFFERINGS</i>				
	9.1	<input type="checkbox"/> Covers the Essential Health Benefits Package	42 USC §18022			
	9.2	<input type="checkbox"/> Non-Discriminatory Benefit Design	45 CFR §156.225(b); 45 CFR §156.125(a)			Plan benefit designs shall not discourage enrollment of individuals with significant health needs is prohibited or discriminate based on an individual's: age, expected length of life, present or expected disability, degree of medical dependency, quality of life or other health conditions.
	9.3	<input type="checkbox"/> Makes its provider directory available: <input type="checkbox"/> To the Exchange for publication online in accordance with guidance from the Exchange; and <input type="checkbox"/> To potential enrollees in hard copy upon request. <input type="checkbox"/> Provider directory identifies providers that are not accepting new patients.	45 CFR §156.230(b)(1)(2)		X	
<input type="checkbox"/>	10	<i>X - RATE FILINGS AND OTHER RATE DISCLOSURE REQUIREMENTS</i>				
	10.1	<input type="checkbox"/> Files rates for prior approval.	NRS 686B.070; 45 CFR §154.220			
	10.2	<input type="checkbox"/> Plan minimum expected loss ratio of 75% for individual plans	NRS 686B.125			

PLAN REQUIREMENTS – CERTIFIED BY NEVADA DIVISION OF INSURANCE						
		Plan Requirements	Federal Source	SERFF-supported function	SERFF data collection	Notes
<input type="checkbox"/>	11	<i>XI - APPLICATIONS AND NOTICES</i>				
	11.1	<input type="checkbox"/> Provides to applicants and enrollees all applications and other material: <input type="checkbox"/> in plain language; and <input type="checkbox"/> in a manner that is accessible and timely to: <input type="checkbox"/> individuals living with disabilities, and <input type="checkbox"/> to individuals with limited English proficiency through the provision of language services at no cost to the individual.	45 CFR §155.230(b); 45 CFR §156.265(e); 45 CFR §155.205(c)		X	Verify in Summary of Plan Description, Evidence of Coverage, and Sample Termination Notice. All documentation must be available in English and Spanish.