

Plan Name: _____
HIOS Plan #: _____
Issuer Name: _____

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"/> Individual <input type="checkbox"/> SHOP	

QUALIFIED HEALTH PLAN CERTIFICATION

ISSUER REQUIREMENTS						
		Issuer Requirements	Federal Source	SERFF-support ed 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
	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 the Exchange no less than once a month.	45 CFR §156.265(f); 45 CFR §156.400(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 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 state}			X	
	2.2	<input type="checkbox"/> Authorized by DOI to offer health 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 QHP? <input type="checkbox"/> Is the applicant currently under any corrective action related to financial review?			X	Confirmed by SSHIX with DOI

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<input type="checkbox"/>	3	<i>III - BENEFIT STANDARDS AND PRODUCT OFFERINGS</i>				
	3.1	<input type="checkbox"/> Offers through the Exchange: <input type="checkbox"/> one silver level plan, AND <input type="checkbox"/> one gold level plan	45 CFR § 156.200(c)(1)		X	
	3.2	<input type="checkbox"/> Offers plans through the Exchange: <input type="checkbox"/> Without embedded pediatric dental, <input type="checkbox"/> With embedded pediatric dental, OR <input type="checkbox"/> With bundled pediatric dental	42 USC §18022(b)(4)(F)		X	
<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; 45 CFR §156.220			

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	5.2	<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, and in plain language, to be determined by HHS, 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	<p>Provided to the Exchange via SERFF</p> <p>Issuer describes how information is shared with the public (Example: web link), and provides link to SSHIX.</p> <p>Provides attestation that HHS was provided the information from this section</p>

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	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	DOI verifies
	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 Attestation
	5.4	<input type="checkbox"/> Provides required notice and takes required action if improper cost-sharing reduction plan is assigned to an individual.	45 CFR §156.410(c)			Issuer provides Attestation
	5.5	<input type="checkbox"/> Provides required notice and takes required action if the portion of the premium tax credit was not reduced for the applicable months.	45 CFR §156.460(c)			

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		Issuer Requirements	Federal Source	SERFF Supported Function	SERFF data collection	Notes
<input type="checkbox"/>	6	<i>VI -Termination of Coverage of Qualified Individuals</i>	45 CFR §155.430; 45 CFR §156.270			
	6.1	<input type="checkbox"/> Terminates coverage only if: <input type="checkbox"/> Enrollee is no longer eligible for coverage through the Exchange; <input type="checkbox"/> Enrollee’s coverage is rescinded; <input type="checkbox"/> QHP terminates or is decertified; <input type="checkbox"/> Enrollee changes coverage: <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: <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	45 CFR§155.430(b); 45 CFR §156.270 45 CFR §156.260		X	DOI Verifies
		<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 <input type="checkbox"/> Pay all appropriate claims for services rendered to the enrollee in the second and third months of the grace period.				

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		<input type="checkbox"/> Continue to collect advance payments of the premium tax credit on behalf of the enrollee from the Department of the Treasury.				
	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 Attestation
	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

ISSUER REQUIREMENTS – CERTIFIED BY SILVER STATE HEALTH INSURANCE EXCHANGE						
		Issuer Requirements	Federal Source	SERFF-supported	SERFF data collection	Notes
<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. <u>Improvement strategy</u> is any strategy that includes increased reimbursement or other financial incentive for: <ul style="list-style-type: none"> • Improving health outcomes through the implementation of activities that include quality reporting, effective case management, care coordination, chronic disease management, medication and care compliance initiatives, including use of the medical home model, for treatment or services under the plan or coverage; • Implementation of activities to prevent hospital readmissions through a comprehensive program that includes patient-centered education and counseling, comprehensive discharge planning, and post discharge reinforcement by an appropriate health care professional; • Implementation of activities to improve patient safety and reduce medical errors through the appropriate use of best clinical 	45 CFR § 156.200(b)(5); 45 CFR §156.1130; 42 USC §300gg-17		X	Issuer provides a report regarding how the issuer intends to implement the quality improvement strategy.

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		practices, evidence based medicine, and health information technology; and • Implementation of wellness and health promotion activities.				
<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 laws & regulations in addition to the specific requirements listed below.	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. <input type="checkbox"/> Network must include providers that specialize in mental health and substance abuse services.	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. <input type="checkbox"/> Offers contracts to all available Indian health care providers in the service area, applying the special terms and conditions required by Federal law and regulations as referenced in the recommended model QHP addendum for	45 CFR §156.230(a)(1); 45 CFR §156.235; 25 USC 1603; NAC 687B.768		X	Applicant must also agree to offer contracts to all available Native American providers and one ECP per type, per county (where available)

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		<p>Indian health care providers developed by HHS: and</p> <ul style="list-style-type: none"> <input type="checkbox"/> At least one ECP in each of the ECP categories; <ul style="list-style-type: none"> <input type="checkbox"/> Federally Qualified Health Centers (FQHC) <input type="checkbox"/> Ryan White Providers <input type="checkbox"/> Family Planning Providers <input type="checkbox"/> At least 35 percent of available ECPs in the plan's service area participate in the applicant's provider network: and <input type="checkbox"/> At least one ECP in each ECP category in each county of the service area. 				
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<input type="checkbox"/>	9	<i>IX - ACCREDITATION STANDARDS</i>	45 CFR §155.1045; 45 CFR §156.275			
	9.1	<input type="checkbox"/> The appropriate product line (HMO, PPO, etc.) is accredited on the basis of local performance in the following categories by an accrediting entity recognized by HHS: <ul style="list-style-type: none"> <input type="checkbox"/> Clinical quality measures, such as the HEDIS; <input type="checkbox"/> Patient experience ratings on a standardized CAHPS survey; <input type="checkbox"/> Consumer access; <input type="checkbox"/> Utilization management; <input type="checkbox"/> Quality assurance; <input type="checkbox"/> Provider credentialing; <input type="checkbox"/> Complaints and appeals; <input type="checkbox"/> Network adequacy and access; and <input type="checkbox"/> Patient information programs. 	45 CFR §156.275(a)(1)	X (Standardized CAHPS data will not be captured in SERFF for plan year 1)	X (States could require CAHPS data be submitted via SERFF for plan year 1)	
	9.2	<input type="checkbox"/> Authorizes the accrediting entity to release to the DOI, Exchange and HHS a copy of its most recent accreditation survey and survey-related information.	45 CFR §156.275(a)(2)	X		
	9.3	<input type="checkbox"/> Accredited within the timeframe established by the Exchange. <input type="checkbox"/> Maintains accreditation.	45 CFR §156.275(b)	X		

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<input type="checkbox"/>	10	<i>X - BENEFIT STANDARDS AND PRODUCT OFFERINGS</i>				DOI verifies
	10.1	<input type="checkbox"/> Covers the Essential Health Benefit Package	42 USC §18022	X		
	10.2	Plan meets one of the following standard AV tier levels: <input type="checkbox"/> Bronze: 56%-62% AV <input type="checkbox"/> Expanded Bronze: 56%-65% AV <input type="checkbox"/> Silver: 66%-72% AV <input type="checkbox"/> Gold: 76%-82% AV <input type="checkbox"/> Platinum: 86%-92% AV	42 USC §18022; 45 CFR §156.135; 45 CFR §156.140		X	For Expanded Bronze: It must either cover and pay for at least one major service, other than preventive services before deductible, OR meet the requirements to be a high deductible health plan.
	10.3	<input type="checkbox"/> Non-Discriminatory Benefit Design	45 CFR §156.225(b); 45 CFR §156.125(a)		X	Plan benefit designs shall not discourage enrollment of individuals with significant health needs or discriminate based on an individual's: age, expected length of life, present or predicted disability, and degree of medical dependency, quality of life or other health conditions.
	10.4	<input type="checkbox"/> Complies with Annual Limitation on Cost Sharing.	42 USC §18022(c)(1)(A)		X	

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		<input type="checkbox"/> <u>Cost-sharing</u> shall not exceed the dollar amounts in effect under section 223(c)(2)(A)(ii) of the Internal Revenue Code of 1986 for self-only and family coverage.				
	10.5	<input type="checkbox"/> If offers a Catastrophic Plan, it is only offered to eligible individuals eligible to enroll in a catastrophic plan. Eligible individuals: <input type="checkbox"/> Individuals that have not attained the age of 30 before the beginning of the plan year; or <input type="checkbox"/> Individual has a certification in effect for any plan year exempt from the Shared Responsibility Payment by reason of lack of affordable coverage or hardship. <input type="checkbox"/> If offered, Catastrophic Plans are offered only in the individual exchange and not in the SHOP. <input type="checkbox"/> If offered, Catastrophic Plan complies with specific requirements for benefits.	42 USC §18022(e); 26 USC §5000A(b)		X	Confirm in Plan Documentation
	10.6	<input type="checkbox"/> For Silver Plans, offers the following cost sharing variations: <input type="checkbox"/> 73% AV Plan	45 CFR §156.420(a)		X	

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		<input type="checkbox"/> 87% AV Plan <input type="checkbox"/> 94% AV Plan				
	10.7	<input type="checkbox"/> For all products at the lowest metallic level, offers a Tribal cost sharing plan variation at 100% AV.	45 CFR §156.420(b)		X	
	10.8	<input type="checkbox"/> Offers a child-only plan at the same level of coverage—bronze, silver, gold, or platinum—as any other plan offered through the Exchange to individuals who, as of the beginning of the plan year, have not attained age 21.	45 CFR §156.200(c)		X	
	10.9	<input type="checkbox"/> Does not have benefit designs that have the effect of discouraging the enrollment of individuals with significant health needs.	45 CFR §156.225(b)		X	
	10.10	<input type="checkbox"/> Submits a description of covered benefits and cost-sharing provisions to the Division of Insurance and the Exchange at least annually.	45 CFR §156.210(b)		X	
	10.11	<input type="checkbox"/> Complies with internal claims and appeals and external review processes.	45 CFR §147.136(a)(1)		X	
	10.12	<input type="checkbox"/> Makes its provider directory available: <input type="checkbox"/> to the Exchange or Division of Insurance; 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	

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		<input type="checkbox"/> Provider directory must include information on providers accepting new patients, the provider’s location, contact information, specialty, medical group and any institutional affiliations, in a manner that is easily accessible through the issuer’s website, through a clearly identifiable link or tab and without creating or accessing an account or entering a policy number. <input type="checkbox"/> If an issuer maintains multiple networks, the general public is able to easily discern which providers participate in which plans and which provider networks.				
	10.13	<input type="checkbox"/> Plan Premiums are submitted with the following separate categories: <input type="checkbox"/> Premiums allocable to the APTC <input type="checkbox"/> Premiums allocable to the Individual	42 USC §18022; 45 CFR §156.280			Allocable to APTC: Essential Health Benefits Allocable to Individual: Abortion services and non-EHBs (i.e. adult dental)
	10.14	<input type="checkbox"/> All Plan Management Templates comply with Exchange and DOI data specifications				
<input type="checkbox"/>	11	<i>XI - RATE FILINGS AND OTHER RATE DISCLOSURE REQUIREMENTS</i>				
	11.1	<input type="checkbox"/> Files rates for prior approval.	NRS 686B.070; 45 CFR §154.220		X	DOI verifies

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	11.2	<input type="checkbox"/> Submits rate information to the DOI at least annually.	45 CFR §155.1020(c); 45 CFR §156.210(b)		X	Automatically through SERFF
	11.3	<input type="checkbox"/> Submits to the DOI a justification for a rate increase prior to the implementation of the increase.	45 CFR §155.1020(b)(1)(i); 45 CFR §156.210(c)		X	DOI verifies
	11.4	<input type="checkbox"/> Prominently posts the rate justification on issuer Web site prior to the implementation of the change.	45 CFR §155.1020(a); 45 CFR §156.210(c)		X	Provide link to Exchange and DOI Issuer provides Attestation
	11.5	<input type="checkbox"/> Segregation of Funds <input type="checkbox"/> Premiums Separated: <input type="checkbox"/> Allocable to APTC <input type="checkbox"/> Allocable to Individual <input type="checkbox"/> Does not use federal funds for abortion	45 CFR §156.280(e)(3)			Issuer provides Attestation
<input type="checkbox"/>	12	<i>XII - RATING STANDARDS - GENERAL</i>				DOI verifies
	12.1	<input type="checkbox"/> Sets rates for an entire benefit year, or for the SHOP, plan year.	45 CFR §156.210(a)		X	
	12.2	<input type="checkbox"/> Rates must be the same for products inside and outside Exchange.	45 CFR §156.255(b)		X	
<input type="checkbox"/>	13	<i>XIII - ALLOWABLE RATING VARIATIONS</i>	42 USC 300gg 2701; 45 CFR §156.255			DOI verifies
	13.1	<input type="checkbox"/> Varies rates only based on: <input type="checkbox"/> geographic area <input type="checkbox"/> age (3 to 1) <input type="checkbox"/> tobacco use (1.5 to 1) <input type="checkbox"/> family composition	42 USC 300gg §2701(a); 45 CFR §156.255(a)		X	

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<input type="checkbox"/>	14	<i>XIV - APPLICATIONS AND NOTICES</i>				
	14.1	<input type="checkbox"/> Provides to applicants and enrollees all applications and other material: <ul style="list-style-type: none"> <input type="checkbox"/> in plain language; and <input type="checkbox"/> in a manner that is accessible and timely to: <ul style="list-style-type: none"> <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 Schedule of Benefits, Evidence of Coverage, and/or Sample Termination Notice. All documentation must be available in English and Spanish.
<input type="checkbox"/>	15	<i>XV – NON-CERTIFICATION AND DECERTIFICATION OF QUALIFIED HEALTH PLANS</i>	45 CFR §156.290(a); 45 CFR §155.1080(a); 45 CFR §156.270(b)			Issuer provides Attestation
	15.1	<input type="checkbox"/> Notifies the Exchange if QHP issuer elects not to seek certification for a subsequent, consecutive certification cycle with the Exchange <ul style="list-style-type: none"> <input type="checkbox"/> Notifies prior to the beginning of the recertification process <input type="checkbox"/> Fulfill its obligation to cover benefits for each enrollee through the end of the plan year or benefit year through the Exchange <input type="checkbox"/> Fulfill data reporting obligations <input type="checkbox"/> Provide notice to enrollees <input type="checkbox"/> Terminate the coverage or enrollment through the Exchange of enrollees in the QHP 				

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		<input type="checkbox"/> If a QHP issuer is decertified by the Exchange, the issuer must terminate the enrollees through the Exchange only after the enrollees have been notified and given the opportunity to enroll in other coverage.				
<input type="checkbox"/>	16	<i>XVI – PAYMENT TO FEDERALLY-QUALIFIED HEALTHCENTERS</i>	45 CFR §156.235(e)			Issuer provides Attestation
	16.1	<input type="checkbox"/> QHP issuer must pay the Federally-qualified health center for the item or service provided to the enrollee an amount that is not less than the amount of payment that would have been paid to the FQHC				
<input type="checkbox"/>	17	<i>XVII - RECERTIFICATION</i>				
	17.1	<input type="checkbox"/> All issuers interested in recertification on exchange will be certified with the same set of guidance and standards set by the exchange and the DOI.	45 CFR §155.1075(a)			
<input type="checkbox"/>	18	<i>XVIII – COMPLIANCE</i>				
	18.1	<input type="checkbox"/> Maintain responsibility for compliance and the compliance of the downstream entities, as applicable with all applicable standards	45 CFR §156.340(a) 45 CFR §155.200(f)(2)(vi)			Issuer provides Attestation
<input type="checkbox"/>	19	<i>XIX- OTHER REPORTING REQUIREMENTS</i>	45 CFR §156.295(a)			Issuer provides Attestation
	19.1	<input type="checkbox"/> Reports to U.S. DHHS on prescription drug distribution and cost the following information (paid by PBM or issuer):				

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<input type="checkbox"/> Percentage of all prescriptions that were <input type="checkbox"/> provided through retail pharmacies compared to mail order pharmacies, and <input type="checkbox"/> Percentage of prescriptions for which a <input type="checkbox"/> generic drug was available and dispensed compared to all drugs dispensed, broken down by pharmacy type: <input type="checkbox"/> independent pharmacy, <input type="checkbox"/> supermarket pharmacy, and <input type="checkbox"/> mass merchandiser pharmacy. <input type="checkbox"/> Aggregate amount and type of rebates, discounts or price concessions that the issuer or its contracted PBM negotiates that are: <input type="checkbox"/> attributable to patient utilization, and <input type="checkbox"/> passed through to the issuer. <input type="checkbox"/> Total number of prescriptions that were dispensed. <input type="checkbox"/> Aggregate amount of the difference between the amount the issuer pays its contracted PBM and the amounts that				