Silver State Health Insurance Exchange

Plan Year 2025
Plan Certification

April 15, 2024

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

Plan Year 2025
Issuer Fees

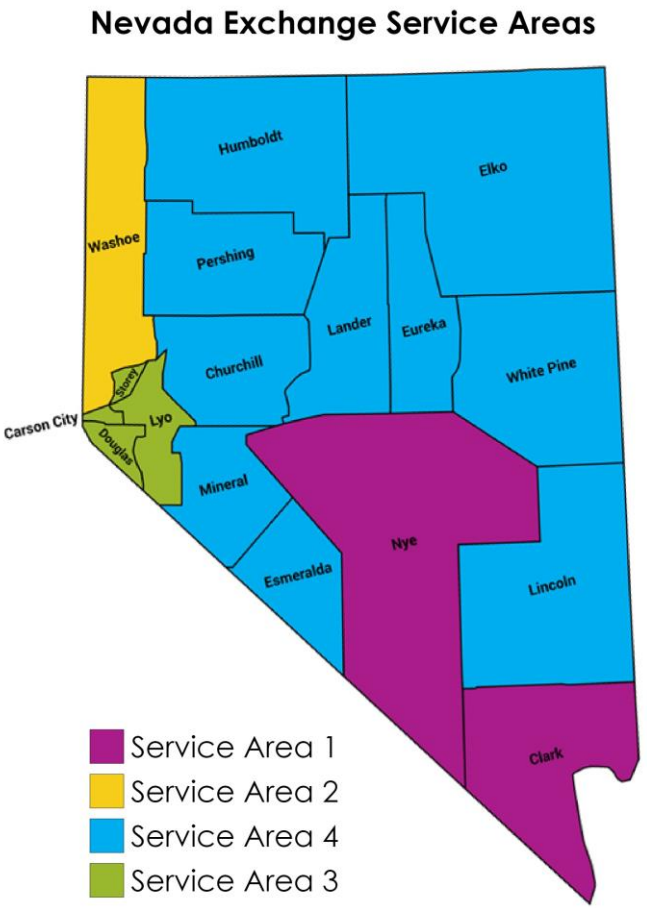
For Plan Year 2025, there is a decrease in the Issuer Fee percentage from PY2024.

Plan Type	Percent of Premium
Qualified Health Plan	2.95%
Qualified Dental Plan	2.95%

Carriers - Nevada Health Link - Official Website
Nevada Health Link

Exchange Service Areas

- Nevada's rating territories are aligned with Nevada's on Exchange Service Areas
- Nevada's Service Areas for PY2025 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



Plan Year 2025 QHP Timeline

Activity	Deadline
Issuers submit Intent to EDI Test Form with SSHIX – Required (Only new carriers)	4/1/2024
Issuers submit Intent to Sell Form with SSHIX – Required	4/1/2024
CMS QHP Enrollee Survey data submission deadline[1]	5/17/2024
HHS-approved QHP Enrollee Survey vendor securely submits the QHP Enrollee Survey response data to CMS on behalf of the QHP issuer[2]	5/21/2024
Binders, forms, and rate submission due in SERFF	6/3/2024
SSHIX initial review of binder data submitted in SERFF	6/3/2024-7/12/2024
QHP issuer submits the validated QRS clinical measure data, with attestation, to CMS via NCQA's Interactive Data Submission System (IDSS)[3]	6/14/2024
Initial objection letter sent	6/17/2024
First data transfer from SERFF to Nevada Health Link SBE Platform	7/12/2024

Plan Year 2025 QHP Timeline (cont.)

Issuer plan preview on Nevada Health Link SBE Platform	7/12/2024-8/19/2024
QHP issuers, Exchange administrators, and CMS preview the 2023 QHP quality rating information	8/1/2024-9/30/2024
Proposed rate change posted on the DOI website	8/1/2024
Supplemental URL Templates due in SERFF	8/2/2024
Draft Plan Year 2025 Issuer Agreements sent to issuers for review (Including attachments and Policy Memo)	8/16/2024
Plan Preview ends, deadline for all plans to be verified	8/19/2024
Letters of Good Standing submitted to the Exchange	8/19/2024

Plan Year 2025 QHP Timeline (cont.)

Final deadline for issuers to change QHP application without State Authorization (not applicable to rates)	8/21/2024
Rate filings approved by DOI	8/26/2024
Final data transfer from SERFF to Nevada Health Link SBE Platform if applicable	8/28/2024
Plans re verified for rates – rates must be approved by DOI	8/30/2024
Final Plan Year 2025 Issuer Agreements sent to issuers with final plan confirmation list	9/4/2024
Issuers send signed agreements and confirm final plan listings	9/4/2024-9/13/2024
SSHIX to send final plan confirmation list and countersigned Issuer Agreements to issuers	9/13/2024
Plans Certified in SERFF	9/13/2024
Approved rate changes posted on the DOI website	10/1/2024
Consumer window shopping begins	10/1/2024
URL links need to be live for window shopping	10/1/2024
Limited data correction window (not applicable to utilize for service area changes, plan offerings, or rate data). Must obtain State Authorization prior to use of window.	10/7/2024-10/11/2024
Anticipated public display of QHP quality rating information[4]	11/1/2024
Open enrollment begins	11/1/2024

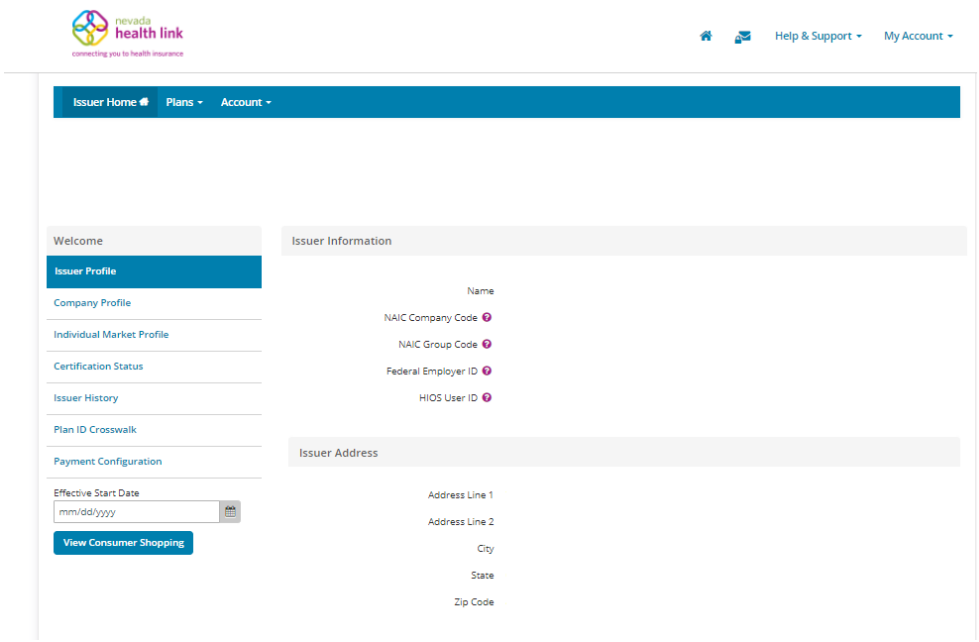
Electronic Data Interchange (EDI) Requirements for QHP's and QDP's

Any issuer intending to sell plans in Nevada for PY2025 must complete requirements with EDI testing prior to certification. Issuers will be required to notify SSHIX no later than April 1, 2024, if they intend to EDI Test with Nevada for PY2025. 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. For questions regarding EDI matters, please email the Recon Support team at: reconsupport@exchange.nv.gov.

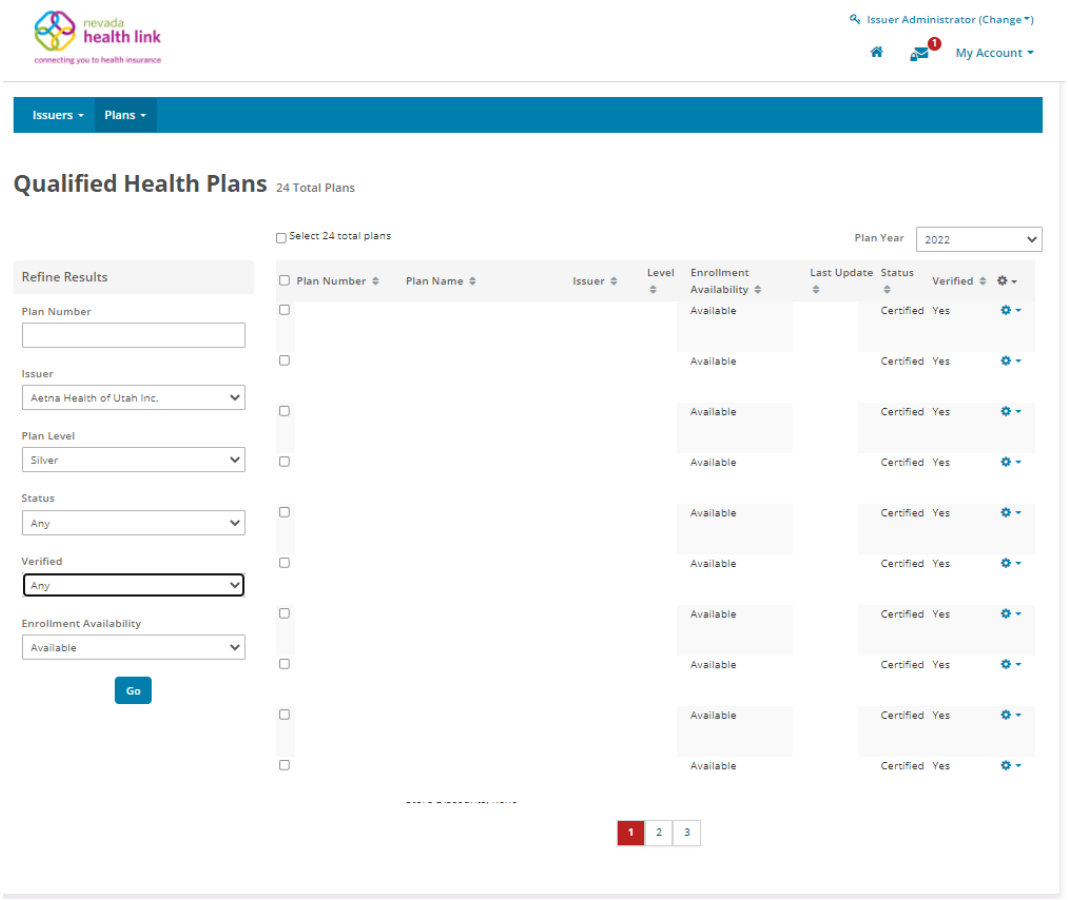
Issuer Representative

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.



Issuer Representative



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**
- ✓ **Plan Crosswalk Tool**
- ✓ **Data Consolidation tool (Master Review Tool)**
- ✓ **Essential Community Provider Tool**
- ✓ **Essential Community Providers Tool**
- ✓ **Cost Sharing Tool**
- ✓ **Drug Count Tool**
- ✓ **Formulary Review Tool**
- ✓ **Non-Discrimination Cost Sharing Review Tool**

Required Templates – QHP Issuers

- ECP/Network Adequacy Template (XML uploaded in .zip file)
- Plans and Benefits Template (and Add-in file) (both XLS and XLM)
- Prescription Drug Formulary Template
- Network Template
- Service Area Template (both XLS and XLM)
- Rates Table Template
- Business Rules Template
- Unified Rate Review Template (URRT)
- Crosswalk Template in .xlsm format is required on the supporting documents tab
- Supplemental URL Templates (Provided by SSHIX). Templates can be found on the Carriers - Nevada Health Link - Official Website Nevada Health Link

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.

URL Supplemental Templates

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

- Plans and Benefits URL Supplemental Template

*Please provide the URL links for ZCS and Limited Cost Share AI/AN SBC's on the Plans and Benefits URL Supplemental Template

- Network URL Supplemental Template (please ensure these are correct and up to date)
- Prescription Drug URL Supplemental Template

Supplemental Templates can be found on the SSHIX issuer webpage, linked here: Carriers - Nevada Health Link - Official Website Nevada Health Link

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

QHP Naming Conventions

- CarrierName_YYYYQ#mkt_v#_Template.xml
- Carrier Name: Up to 6 Characters which identify the carrier
- YYYY: four digit plan year
- Q#: “Q” followed by the quarter number, “1” for annual and “3” for small group quarterly filings
- mkt: “i” for individual “s” for small group filings
- v#: v followed by the version number (increment for each update to the filing)
- Template: indicate one of the following: NVT, RT, URRT, PBT, SAT
- NVT – Nevada Rate Filing Template
- RT – Federal Rates Template
- URRT - URR Template
- PBT - Plan and Benefit Template
- SAT - Service Area Template

Application Tips and Tricks

New for Plan Year 2025

- Plan Crosswalk:
  - Issuers must submit their Plan ID Crosswalk Templates, necessary justifications, and state authorization in the Marketplace Plan Management System (MPMS) instead of the Plan Management (PM) Community.
  - In MPMS, returning issuers can generate prepopulated Plan ID Crosswalk Templates to submit as part of their QHP Application. The prepopulated templates import an issuer's plan IDs and associated service areas and network IDs from the prior plan year
- Prescription Drugs:
  - After selecting a formulary ID on the Formulary Tiers tab, the associated Drug List ID field will automatically populate as drug list ID 1.
  - The 1 Month Out of Network Retail Pharmacy Benefit Offered?, 3 Month In Network Mail Order Pharmacy Benefit Offered?, and 3 Month Out of Network Mail Order Pharmacy Benefit Offered? fields will no longer automatically populate as No.

Application Tips and Tricks

<u>New for Plan Year 2025</u>

- Service Area:
  - Service Area Names must be identical within the same Service Area ID.
  - Service Area Names must be unique across Service Area IDs.

- No Changes for the 2025 QHP Application
  - Accreditation
  - Business Rules
  - Program Attestations
  - Rates Table Template
  - Transparency in Coverage

Application Tips and Hints

Plans and Benefits Template

- There is new guidance relating to non-standardized plan option limits to ensure compliance with requirements at 45 CFR 156.202.
- There is new guidance related to how to enter certain telehealth benefit and cost sharing information:
    - For Section 2.24 on Covered Benefits, if the cost sharing of a benefit varies based on benefit setting, issuers must fill out the copay and coinsurance for the most common in-person setting for provision of that benefit and explain cost sharing for any less common settings in the Benefit Explanation field.
    - Also, issuers must explain any telehealth-specific benefit designs in the Benefit Explanation field of the Plans & Benefits Template, including any differences in cost sharing from in-person services as well as applicable limitations, virtual provider referral requirements, or other telehealth-specific benefit characteristics.
    - If a plan variant marketing name (PVMN) refers to telehealth or virtual care, issuers must explain this reference in the Benefit Explanation field.

There is additional detail in the Plan Variant Marketing Name section to help issuers ensure that marketing names are correct and not misleading, in keeping with requirements at 45 CFR 225(c).

Application Tips and Hints (cont.)

Plans and Benefits Template (Continued)

- 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.

*For more detail information, please refer to https://www.qhpcertification.cms.gov/s/Plans%20and%20Benefits%20FAQs

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, Life Partner-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 PY2025.
- The 2023 NBPP notes that standardized plans to be offered at every product network type, metal level, and throughout every service area that they offer non-standardized options in plan year (PY) 2023.
- proposing to require issuers to offer standardized plan options at product network types, metal levels, and throughout services areas in which they do not offer non-standardized options. CMS has designed two sets of standardized plan options at each of the bronze, expanded bronze, silver, silver cost-sharing reduction (CSR) variations, gold, and platinum metal levels of coverage, with each set being tailored to the unique cost-sharing laws in different sets of states.
- 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.

2024 Nevada EHB Benchmark Plan

- HPN Solutions HMO Platinum 15/0/90% (no change from PY 2024)

- Benchmark plan includes embedded pediatric dental and vision consistent with NV CHIP and FEDVIP, respectively

- 45 CFR 156.115 prevents combined limits for rehabilitation and habilitation services
  - Rehabilitation Services
    - 120 visits per year, no combined limit with Habilitation Services
  - Habilitation Services
    - 120 visits per year, no combined limit with Rehabilitation Services

Presumptively Discriminatory Benefit Design

- 2022 Payment Notice
  - No discriminatory benefit design regardless of inclusion in statute or benchmark plan
    - Benefit exclusions that are not clinically based, examples include:
      - Age restrictions for autism spectrum disorder
      - Age restrictions for infertility treatment

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.
- Please see Accreditation (cms.gov) for more information.

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,” which can be found here: Carriers - Nevada Health Link - Official Website Nevada Health Link
- 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

A qualifying issuer is an issuer that:

- Offered through the Exchange in the prior year (i.e., 2021 calendar year);
- Offered through the Exchange in the ratings year (i.e., 2022 calendar year) as the exact same product type; and
- Meets the QRS minimum enrollment requirements:
  - Included more than 500 enrollees as of July 1 in the prior year (i.e., July 1, 2024, and
  - Included more than 500 enrollees as of January 1 of the ratings year (i.e., January 1, 2024)

Quality ratings will be posted to the Transparency page of the Nevada Health Link website: Transparency - Nevada Health Link - Official Website Nevada Health Link

Please refer to the QRS and QHP Enrollee Survey Technical Guidance for 2025:

2025 Quality Rating System Measure Technical Specifications and the MarketPlace Quality Initiatives website: Home | CMS for more information.

Note: Child-only plans and QDP carriers 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.

A qualifying issuer is an issuer that:

- Offered coverage through the Exchange in 2023 and 2024 (two consecutive years) and will continue operating in the Exchange in 2025.*
- Provides family and/or adult-only medical coverage per all federal and state guidelines on Exchange.
- Meets the QIS minimum threshold, which is more than 500 enrollees within a product type per state as of July 1 of the prior year.

Please refer to PY 22 QIS Technical Guidance and User Guide: Quality Rating System and QHP Enrollee Experience Survey Technical Guidance 2023 and the Marketplace Quality Initiatives website: Home | CMS for more information.

Note: Child-only plans and QDP carriers are not subject to QRS reporting.

Quality Improvement Strategy (cont.)

Calendar Year of Implementation Plan Submission	Implementation Plan (Plan Year) if Minimum Enrollment Threshold Met	Initial Progress Report (Plan Years)	Calendar Year of Minimum Enrollment Reassessment	Subsequent Progress Report (Plan Year) if Minimum Enrollment Threshold is Met
2017	2018	2019 and 2020	2020	2023 and 2023
2018	2019	2020 and 2023	2023	2023 and 2023
2019	2020	2023 and 2023	2023	2023 and 2024
2020	2022	2023 and 2023	2023	2024 and 2025
2022	2023	2023 and 2024	2024	2025 and 2026
2023	2023	2024 and 2025	2025	2026 and 2027
2024	2024	2025 and 2026	2026	2027 and 2028
2025	2025	2026 and 2027	2027	2027 and 2029

Note - There were no QIS submissions in calendar year 2020 for the 2021 Plan Year due to the suspension of data collection for the 2021 Plan Year.

2025 QDP Certification Standards

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QDPs On Exchange

On Exchange Standards:

- QDPs must have the plan's actuarial value of coverage for pediatric dental EHBs.
- For a network dental plan, only in-network charges are counted toward the development of the actuarial value.
- HIOS Plan IDs can remain the same as plan year 2025, even with changes in cost-share.
- Plan Year 2025 QDP plans will be eligible for purchase without the purchase of a QHP plan.

Plan Year 2025 QDP Timeline (cont.)

Activity	Deadline
Issuers submit Intent to EDI test with SSHIX - Required	4/1/2024
Issuers submit Intent to Sell Form with SSHIX – Required	4/1/2024
Binders, forms and rate submission due in SERFF	6/3/2024
SSHIX initial review of binder data submitted in SERFF	6/3/2024-7/12/2024
Initial objection letter sent	6/17/2024
First data transfer from SERFF to Nevada Health Link SBE Platform	7/12/2024
Issuer plan preview on Nevada Health Link SBE Platform	7/12/2024-8/19/2024
Supplemental URL Templates due in SERFF	8/2/2024
Draft Plan Year 2025 Issuer Agreements sent to issuers for review (Including attachments and Policy Memo)	8/16/2024
Plan Preview ends	8/19/2024
Letters of Good Standing submitted to Exchange from DOI	8/19/2024
Final Deadline for Issuers to change QDP application without State Authorization (not applicable to rates)	8/21/2024
Final data transfer from SERFF to Nevada Health Link SBE Platform	8/28/2024

Plan Year 2025 QHP Timeline (cont.)

Plans verified for plan accuracy and rates – rates must be approved by DOI	8/30/2024
Final Plan Year 2025 Issuer Agreements sent to issuers with final plan confirmation list	9/4/2024
Issuers send signed agreements, and confirm final plan listings	9/4/2024-9/13/2024
SSHIX to send final plan confirmation list and countersigned attestations and billing agreements to issuers	9/13/2024
Plans Certified in SERFF	9/13/2024
Consumer window shopping begins	10/1/2024
URL links need to be live for window shopping	10/1/2024
Limited data correction window (not applicable to utilize for service area changes or rate data). Must obtain State Authorization prior to use of window.	10/7/2024- 10/11/2024
Open enrollment begins	11/1/2024

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 Systems
- Prescription Drug Template

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 35% 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), linked here: Network Adequacy Model Brief (naic.org)

On Exchange QDP Network Adequacy Distance and Time Standards

Geographic Areas by County	Maximum Travel Distance or Time
Urban Counties	
Carson City Clark Washoe	45 miles or 45 minutes
Rural Counties	
Douglas Lyon Storey	60 miles or 1 hour
Frontier Counties	
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 $425 for one child or $850 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 (preventative and diagnostic services) should 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 (please ensure these are accurate and complete) PY24 there were a lot of issues with these not being accurate.

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

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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/

*PLEASE NOTE: While Nevada Health Link has offered SHOP coverage to employers in the past, Nevada's insurance carriers are not offering SHOP Health or Dental plans for 2022 coverage. Small businesses are encouraged to enter into direct relationships with Nevada's insurance carriers when seeking group coverage for their employees. Employers can also work with a licensed Insurance Agent/Broker to identify alternative group coverage options.

Contacting the Exchange

Plan Certification General Mailbox

pmanagement@exchange.nv.gov

Plan Certification Manager – Meagan Werth Ranson

mranson@exchange.nv.gov

Policy and Compliance Manager – K. Brooke Mills

kbmills@exchange.nv.gov