Carrier Name:_____
NAIC Number:_____

CARRIER 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:	
☐Individual ☐SHOP ☐CO-OP ☐Multistate plan (under contract with OPM)	

Carrier Name:_____
NAIC Number:_____

QUALIFIED HEALTH PLAN CERTIFICATION

CARRIER REQUIREMENTS						
		Carrier Requirements	**Federal Source**	**SERFF-supported function**	**SERFF data collection**	**Notes**
☐	1	*I - ENROLLMENT PROCESS FOR QUALIFIED INDIVIDUALS*				
	1.1	☐ 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 Carrier Testing
	1.2	☐ Accepts enrollment information consistent with the privacy and security requirements established by the Exchange.	45 CFR §156.265 (c)		X	Confirm by Carrier Testing
	1.3	☐ 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 Carrier Testing
	1.4	☐ Acknowledges receipt of enrollment information transmitted from the Exchange in accordance with Exchange standards.	45 CFR §156.265 (g)		X	Confirm by Carrier Testing

Carrier Name:_____
NAIC Number:_____

NEVADA DIVISION OF INSURANCE CERTIFICATION

CARRIER REQUIREMENTS – CERTIFIED BY NEVADA DIVISION OF INSURANCE						
		Carrier Requirements	**Federal Source**	**SERFF-supported function**	**SERFF data collection**	**Notes**
☐	2	*II - LICENSED AND IN GOOD STANDING*	45 CFR § 156.200(b)(4)		X	
	2.1	☐ Is licensed or authorized in NV as: ☐ Domestic ☐ Foreign ☐ Stock ☐ Reciprocal ☐ Mutual ☐ Fraternal Benefit Society ☐ HMO ☐ Non Profit Health Care Plan ☐ {additional licenses available in state}			X	
	2.2	☐ Authorized by DOI to offer **health** insurance			X	
	2.3	☐ Good Standing Verification ☐ Is the applicant out of compliance with any applicable Nevada solvency requirements for the calendar year in which it is applying to offer QHP? ☐ Is the applicant currently under any corrective action related to financial review?			X	
☐	3	*III - BENEFIT STANDARDS AND PRODUCT OFFERINGS*				

Carrier Name:_____
NAIC Number:_____

CARRIER REQUIREMENTS – CERTIFIED BY NEVADA DIVISION OF INSURANCE						
		Carrier Requirements	**Federal Source**	**SERFF-supported function**	**SERFF data collection**	**Notes**
	3.1	☐ Offers through the Exchange: ☐ one silver level plan (AV 70%), AND ☐ one gold level plan (AV 80%).	45 CFR §156.200(c)(1)	X		Carrier may satisfy this requirement through MSP offerings
	3.2	☐ Offers plans through the Exchange: ☐ Without embedded pediatric dental, ☐ With embedded pediatric dental, OR ☐ With bundled pediatric dental				
☐	4	*IV - MARKETING*				
	4.1	☐ Complies with all NV marketing laws & regulations.	45 CFR §156.225(a)	X		Confirms by Attestation; follow up on previous complaints
	4.2	☐ Marketing practices do not discourage the enrollment of individuals with significant health needs.	45 CFR §156.225(b)	X		Confirms by Attestation; follow up on previous complaints
☐	5	*V - TRANSPARENCY REQUIREMENTS*	45 CFR §155.1040; 45 CFR §156.220			

Carrier Name:_____
NAIC Number:_____

CARRIER REQUIREMENTS – CERTIFIED BY NEVADA DIVISION OF INSURANCE						
		Carrier Requirements	**Federal Source**	**SERFF-supported function**	**SERFF data collection**	**Notes**
	5.1	☐ Makes available to the following in an accurate and timely manner, and in plain language: ☐ Commissioner of Insurance ☐ Exchange ☐ U.S. DHHS ☐ Public By Documented Description: ☐ Claims payment policies and practices; ☐ Periodic financial disclosures; ☐ Data on rating practices; ☐ Information on cost-sharing and payments for out-of network coverage; ☐ Information on enrollee rights under title I of the Affordable Care Act (includes insurance market reforms and Patient's Bill of Rights). By Signed Attestation: ☐ Data on enrollment; ☐ Data on disenrollment; ☐ Data on the number of claims that are denied.	45 CFR §156.220		X	Provided to the Exchange via SERFF Carrier describes how information is shared with the public (Example: web link) Provides attestation that DHHS was provided the information from this section

Carrier Name:_____
NAIC Number:_____

CARRIER REQUIREMENTS – CERTIFIED BY NEVADA DIVISION OF INSURANCE						
		Carrier Requirements	**Federal Source**	**SERFF-supported function**	**SERFF data collection**	**Notes**
	5.2	☐ Makes available the amount of enrollee cost sharing for a specific item or service by a participating provider in a timely manner upon the request of the individual. ☐ Makes available such information through: ☐ Internet Web site; and ☐ Other means for individuals without access to the Internet.	45 CFR § 156.220(d)		X	Verify in Schedule of Benefits and Evidence of Coverage.
	5.3	☐ Provides required notices on internal and external claims appeals in a culturally and linguistically appropriate manner.	45 CFR §147.136(e)		X	Carrier provides Attestation
	5.4	☐ Provides required notice and takes required action if improper cost-sharing reduction plan is assigned to an individual.	45 CFR §156.410(c) 45 CFR §156.460(c)			Carrier provides Attestation
☐	6	*VI - TERMINATION OF COVERAGE OF QUALIFIED INDIVIDUALS*	45 CFR §155.430; 45 CFR §156.270			

Carrier Name:_____
NAIC Number:_____

CARRIER REQUIREMENTS – CERTIFIED BY NEVADA DIVISION OF INSURANCE						
		Carrier Requirements	**Federal Source**	**SERFF-supported function**	**SERFF data collection**	**Notes**
	6.1	☐Terminates coverage only if: ☐ Enrollee is no longer eligible for coverage through the Exchange; ☐ Enrollee's coverage is rescinded; ☐ QHPs terminated or is decertified; ☐ Enrollee changes coverage: ☐ during an annual open enrollment period; ☐ special enrollment period; or ☐ obtains other minimum essential coverage. ☐ For non-payment of premium only if: ☐ Applies termination policy for non-payment of premium uniformly to enrollees in similar circumstances; ☐ Enrollee is delinquent on premium payment; ☐ Provides the enrollee with notice of such payment delinquency; and ☐ 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 Schedule of Benefits and Evidence of Coverage
	6.2	☐ 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	Carrier provides Attestation

Carrier Name:_____
NAIC Number:_____

CARRIER REQUIREMENTS – CERTIFIED BY NEVADA DIVISION OF INSURANCE						
		Carrier Requirements	**Federal Source**	**SERFF-supported function**	**SERFF data collection**	**Notes**
	6.3	☐ Maintains records of terminations of coverage for auditing.	45 CFR §155.430(c); 45 CFR §156.270(h)		X	Carrier provides Attestation
☐	7	*VII - QUALITY ASSURANCE PROGRAM*				

Carrier Name:_____
NAIC Number:_____

CARRIER REQUIREMENTS – CERTIFIED BY NEVADA DIVISION OF INSURANCE						
		Carrier Requirements	**Federal Source**	**SERFF-supported function**	**SERFF data collection**	**Notes**
	7.1	☐ Implements and reports on a quality improvement strategy or strategies used to reward quality through the use of market based incentives. Improvement strategy is any strategy that includes increased reimbursement or other financial incentive for: • 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 practices, evidence based medicine, and health information technology; and • Implementation of wellness and health promotion activities.	45 CFR §156.200 (b)(5) 45 CFR §156.1130		X	Carrier provides a report regarding how the carrier intends to implement the quality improvement strategy.

Carrier Name:_____
Carrier Name:_____

PRODUCT LINE REQUIREMENTS – CERTIFIED BY NEVADA DIVISION OF INSURANCE						
		Product Line Requirements	**Federal Source**	**SERFF-supported function**	**SERFF data collection**	**Notes**
☐	8	*VIII - NETWORK ADEQUACY REQUIREMENTS*	45 CFR §155.1050; 45 CFR §156.230			
	8.1	☐ Complies with NV network adequacy laws & regs in addition to the specific requirements listed below.			X	
	8.2	☐ Has a network for each plan with sufficient number and types of providers to ensure that all services are accessible without unreasonable delay. ☐ Network must include providers that specialize in mental health and substance abuse services.	45 CFR §156.230(a)(2)		X	
	8.3	☐ 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	☐ 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. ☐ At least a minimum percent, as specified by HHS, of available ECPs in the plan's service area participate in the applicant's provider network: and ☐ At least one ECP in each ECP category in each county of the service area	45 CFR §156.230(a)(1); 45 CFR §156.235		X	Applicant must also offer contracts to all available Native American providers and one ECP per type, per county (where available). For plan years on or after January 1, 2018, multiple contracted or employed full-time equivalent practitioners at a single location will count toward the available providers and satisfaction.

Carrier Name:_____
Carrier Name:_____

☐	9	*IX - ACCREDITATION STANDARDS*	45 CFR §1045; 45 CFR §156.275			
	9.1	☐ 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: ☐ Clinical quality measures, such as the HEDIS; ☐ Patient experience ratings on a standardized CAHPS survey; ☐ Consumer access; ☐ Utilization management; ☐ Quality assurance; ☐ Provider credentialing; ☐ Complaints and appeals; ☐ Network adequacy and access; and ☐ 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	☐ 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	☐ Accredited within the timeframe established by the Exchange. ☐ Maintains accreditation.	45 CFR §156.275(b)	X		

Carrier Name:_____
HIOS Plan #:_____
Carrier Name:_____

PLAN REQUIREMENTS – CERTIFIED BY NEVADA DIVISION OF INSURANCE						
		Plan Requirements	**Federal Source**	**SERFF-supported function**	**SERFF data collection**	**Notes**
☐	10	*X - BENEFIT STANDARDS AND PRODUCT OFFERINGS*				
	10.1	☐ Covers the Essential Health Benefit Package	42 USC §18022	X		
	10.2	Plan meets one of the following standard AV tier levels: ☐ Bronze: 60% AV (56% - 62%) • Expanded Bronze (56% - 65%) ☐ Silver: 70% AV (66% - 72%) ☐ Gold: 80% AV (76% - 82%) ☐ Platinum: 90% AV (86% - 92%)	42 USC §18022 45 CFR §156.135 45 CFR §156.140			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. The De Minimis range is -4/+2 for everything else.
	10.3	☐ 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 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.
	10.4	☐ Meaningfully Different Plan Designs	45 CFR §156.298 (b)			Each qualified health plan issuer shall offer meaningfully different options to consumers. Each

Carrier Name:_____
HIOS Plan #:_____
Carrier Name:_____

PLAN REQUIREMENTS – CERTIFIED BY NEVADA DIVISION OF INSURANCE						
		Plan Requirements	**Federal Source**	**SERFF-supported function**	**SERFF data collection**	**Notes**
						QHP must be meaningfully different in terms of: metal level, service area, plan type, premium and cost sharing, provider network, covered benefits, or formulary structure.
	10.5	☐ Complies with Annual Limitation on Cost Sharing. ☐ Cost-sharing 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.	42 USC §18022 26 U.S. Code § 223	X		
	10.6	☐ If offers a Catastrophic Plan, it is only offered to eligible individuals eligible to enroll in a catastrophic plan. Eligible individuals: ☐ Individuals that have not attained the age of 30 before the beginning of the plan year; or ☐Individual has a certification in effect for any plan year exempt from the Shared Responsibility Payment by reason of lack	42 USC §18022(e)		X	Confirm in Plan Documentation

Carrier Name:_____
HIOS Plan #:_____
Carrier Name:_____

PLAN REQUIREMENTS – CERTIFIED BY NEVADA DIVISION OF INSURANCE						
		Plan Requirements	**Federal Source**	**SERFF-supported function**	**SERFF data collection**	**Notes**
		of affordable coverage or hardship. ☐ If offered, Catastrophic Plans are offered only in the individual exchange and **not** in the SHOP. ☐ If offered, Catastrophic Plan complies with specific requirements for benefits.				
	10.7	☐ For Silver Plans, offers the following cost sharing variations: ☐ 73% AV Plan ☐ 87% AV Plan ☐ 94% AV Plan				
	10.8	☐ For all products at the lowest metallic level, offers a Tribal cost sharing plan variation at 100% AV.				
	10.9	☐ 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		
	10.10	☐ Does not have benefit designs that have the effect of discouraging the enrollment of	45 CFR §156.225(b)	X		

Carrier Name:_____
HIOS Plan #:_____
Carrier Name:_____

PLAN REQUIREMENTS – CERTIFIED BY NEVADA DIVISION OF INSURANCE						
		Plan Requirements	**Federal Source**	**SERFF-supported function**	**SERFF data collection**	**Notes**
		individuals with significant health needs.				
	10.11	☐ Submits a description of covered benefits and cost-sharing provisions to the Division of Insurance at least annually.	45 CFR §156.210(b)		X	
	10.12	☐ Complies with internal claims and appeals and external review processes.	45 CFR §147.136		X	
	10.13	☐ Makes its provider directory available: ☐ to the Exchange or Division of Insurance; and ☐ to potential enrollees in hard copy upon request. ☐ Provider directory identifies providers that are not accepting new patients.	45 CFR §156.230 (b)		X	
	10.14	☐ Plan Premiums are submitted with the following separate categories: ☐ Premiums allocable to the APTC ☐ Premiums allocable to the Individual				Allocable to APTC: Essential Health Benefits Allocable to Individual: Abortion services and non-EHBs (i.e. adult dental)
	10.15	☐ All Plan Management Templates comply with DOI data specifications				
☐	11	*XI - RATE FILINGS AND OTHER RATE DISCLOSURE REQUIREMENTS*				

Carrier Name:_____
HIOS Plan #:_____
Carrier Name:_____

PLAN REQUIREMENTS – CERTIFIED BY NEVADA DIVISION OF INSURANCE						
		Plan Requirements	**Federal Source**	**SERFF-supported function**	**SERFF data collection**	**Notes**
	11.1	☐ Files rates for prior approval.	NRS 686B.070 45 CFR § 154.220	X		
	11.2	☐ Submits rate information to the DOI at least annually.	45 CFR §155.1020 45 CFR §156.210(b)	X		Automatically through SERFF
	11.3	☐ Submits to the DOI a justification for a rate increase prior to the implementation of the increase.	45 CFR §155.1020; 45 CFR §156.210(c)	X		
	11.4	☐ Prominently posts the rate justification on issuer Web site prior to the implementation of the change.	45 CFR §155.1020; 45 CFR §156.210(c)		X	
	11.5	☐ Segregation of Funds ☐ Premiums Separated: ☐ Allocable to APTC ☐ Allocable to Individual ☐ Does not use federal funds for abortion	45 CFR §156.280			Carrier provides Attestation
☐	12	*XII - RATING STANDARDS - GENERAL*				
	12.1	☐ Sets rates for an entire benefit year, or for the SHOP, plan year.	45 CFR §156.210(a)	X		
	12.2	☐ Rates must be the same for products inside and outside Exchange.	45 CFR §156.255(b)	X		
☐	13	*XIII - ALLOWABLE RATING VARIATIONS*	42 U.S.C. 300gg §2701; 45 CFR §156.255			
	13.1	☐ Varies rates only based on: ☐ geographic area	42 U.S.C. 300gg §2701; 45 CFR §156.255	X		

Carrier Name:_____
HIOS Plan #:_____
Carrier Name:_____

PLAN REQUIREMENTS – CERTIFIED BY NEVADA DIVISION OF INSURANCE						
		Plan Requirements	**Federal Source**	**SERFF-supported function**	**SERFF data collection**	**Notes**
		☐ age (3 to 1) ☐ tobacco use (1.5 to 1) ☐ family composition				
☐	14	*XIV - APPLICATIONS AND NOTICES*				
	14.1	☐ Provides to applicants and enrollees all applications and other material: ☐ in plain language; and ☐ in a manner that is accessible and timely to: ☐ individuals living with disabilities, and ☐ 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.
☐	15	*XV – NON-RENEWAL AND DECERTIFICATION OF QUALIFIED HEALTH PLANS*	45 CFR §156.290 NRS 689A.630			Carrier provides Attestation
☐	16	*XVI – PAYMENT TO FEDERALLY-QUALIFIED HEALTH CENTERS*	45 CFR §156.235(e)			Carrier provides Attestation
☐	17	*XVII - OTHER REPORTING REQUIREMENTS*				
	17.1	☐ Reports to U.S. DHHS on prescription drug distribution and cost the following information (paid by PBM or issuer): ☐ Percentage of all prescriptions that were provided through retail pharmacies compared to mail order pharmacies, and ☐ Percentage of prescriptions for which a	45 CFR §156.295			Carrier provides Attestation

Carrier Name:_____
HIOS Plan #:_____
Carrier Name:_____

PLAN REQUIREMENTS – CERTIFIED BY NEVADA DIVISION OF INSURANCE						
		Plan Requirements	**Federal Source**	**SERFF-supported function**	**SERFF data collection**	**Notes**
		generic drug was available and dispensed compared to all drugs dispensed, broken down by pharmacy type: ☐ independent pharmacy, ☐ supermarket pharmacy, and ☐ mass merchandiser pharmacy. ☐ Aggregate amount and type of rebates, discounts or price concessions that the issuer or its contracted PBM negotiates that are: ☐ attributable to patient utilization, and ☐ passed through to the issuer. ☐ Total number of prescriptions that were dispensed. ☐ Aggregate amount of the difference between the amount the issuer pays its contracted PBM and the amounts that the PBM pays retail pharmacies, and mail order pharmacies.				