

# Nevada Division of Insurance

## Rates Checklist for Individual and Small Group Health Benefit Plans

Effective for Plan Years Beginning on or after January 1, 2024

<b>Issuer Name:</b>		<b>Market:</b> Individual <input type="checkbox"/> Small Group <input type="checkbox"/>
<b>Effective Date:</b>	<b>Initial Filing Date:</b>	<b>Updated Date(s):</b>

### Checklist Instructions:

#### A. Standard Naming Convention

Please use the following standard naming convention when naming any template files submitted to the Nevada Division of Insurance: **CarrierName\_YYYYQ#mkt\_v#\_Template.xml**

- a. **CarrierName:** Up to 6 Characters which identify the carrier
- b. **YYYY:** four digit filing year
- c. **Q#:** "Q" followed by the quarter number, "1" for annual and "3" for small group quarterly filings
- d. **mkt:** "i" for individual "s" for small group filings
- e. **v#:** "v" followed by the version number (increment for each update to the filing)
- f. **Template:** indicate one of the following: NVT, RT, URRT, PBT, SAT
  - o **NVT** – Nevada Rate Filing Template
  - o **RT** – Rates Template
  - o **URRT** – URRT Template
  - o **PBT** – Plan and Benefit Template
  - o **SAT** – Service Area Template

#### B. Submission Requirements

1. Forms and rates must be submitted separately in SERFF.
2. Submit a PDF version of this checklist in SERFF under the "Supporting Documentation" tab in the rate filing. A new version of this document should be submitted in the SERFF rate filing with every update.
3. The rate filing shall include an actuarial memorandum demonstrating the calculation and analysis used to determine the rates submitted.
4. The actuarial memorandum should follow the format and order of the federal Part III Actuarial memorandum, in accordance with the URRT instructions. Exhibits included as part of the Actuarial Memorandum **must** also be provided in Excel format with working formulas.
5. In the case of conflict, the terms of applicable laws and regulations shall supersede this Checklist. The omission of any requirement of the law or of a regulation from this Checklist in no way limits the authority of the Nevada Division of Insurance.

6. All components of the Rate Filing shall be filed under the appropriate tabs in SERFF. The following items should be filed under the “Supporting Documentation” tab:
- a. Nevada Rate Filing Checklist (this document).
  - b. Nevada Rate Filing Template (NVT) – version 4.2 (Excel and XML)
  - c. Latest version of Unified Rate Review Template (Excel and XML)
  - d. Reconciliation between the 12/31/2022 experience data and the information shown on the supplemental health care exhibit submitted in connection with the 12/31/2022 financial statements (only for annual filings).
  - e. Actuarial Memorandum, including supporting exhibits referenced in each applicable section
  - f. Excel versions of all Exhibits with working formulas
  - g. Plan and Benefit Template (Excel and XML)
  - h. Service Area Template (Excel and XML)
  - i. Rating Manual pages – NOTE: If the Issuer is filing in multiple states, **DO NOT** include rate or methodology pages for other states. Additionally, the manual rate pages must include a **rating calculation** sample.
  - j. ABA and PKU special foods actuarial equivalence support.
  - k. AV calculator screen shots
  - l. Actuarial support for AV metal values reflecting unique plan design
  - m. Actuarial support for pricing actuarial values
  - n. Actuarial support for the silver load
7. The following items shall be filed under the “Rate/Rule Schedule” tab in SERFF:
- a. The Rate Review Data Detail (R2D2) in the Rate/Rule Tab of the SERFF rate filing **MUST** be accurately completed.
    - i. The Product area of the R2D2 must provide separate lines for each HIOS Product ID being requested for approval.
    - ii. No fields should be left blank.
    - iii. No fields should be shown as zero or N/A unless documented.
    - iv. Must be consistent with information included in the URRT, NVT and AM
  - b. Rates Template
  - c. Part II Consumer Disclosure
  - d. Redacted Actuarial Memorandum
8. Confidentiality treatment request submitted in “Note to Reviewer”

### C. Completing the Checklist

Please check the applicable boxes to indicate that the required worksheet and supporting information have been provided.

**NOTE: All exhibits must be provided in Excel with working formulas.**

**Revised April 1, 2023**

NV RATE FILING TEMPLATE (NVT)			
Item	Description of Required Information	Provided by Carrier.*	NVDOI Use only
Complete Nevada Template	Continuing Carriers should fill in all tabs. New carriers should view instructions regarding which tabs are applicable. Refer to Version 4.2 Instructions for specific guidance.	<input type="checkbox"/>	<input type="checkbox"/>
Worksheets 1 & 2	Enter all membership information – all carriers.	<input type="checkbox"/>	<input type="checkbox"/>
Worksheet 3	All continuing carriers must complete. Include all plans in the single risk pool for the January 1 prior to the effective date of this filing even if the plan has been terminated or will be terminated before the effective date of this filing.	<input type="checkbox"/>	<input type="checkbox"/>
Worksheet 4	All carriers must complete. If using a different method to develop the index rate, an exhibit documenting the actual method used also needs to be provided along with a detailed description of the methodology in the actuarial memorandum	<input type="checkbox"/>	<input type="checkbox"/>
Worksheet 5	All carriers must complete. All non-terminated plans from worksheet 3 should show up here	<input type="checkbox"/>	<input type="checkbox"/>
Worksheet 6	All carriers must complete. Carriers are expected to demonstrate the calculation of these factors in a separate Exhibit with detailed documentation	<input type="checkbox"/>	<input type="checkbox"/>
Worksheet 7	All carriers must complete. Carriers must also provide a detailed description of the methodology used to determine the inputs. Detailed exhibits demonstrating the determination of the inputs should also be provided.	<input type="checkbox"/>	<input type="checkbox"/>
Worksheet 8, 8a to 8f	All carriers must complete. New carriers should complete sections II, III and V in worksheet 8 and for each metal tier. For carriers using experience data that does not include metal-tier plans (e.g., large group data), enter the data in worksheet 8f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 9	All carriers must complete. Fill in all applicable sections.	<input type="checkbox"/>	<input type="checkbox"/>
Worksheet 10a. to 10d	All carriers must complete. Fill in all applicable sections.	<input type="checkbox"/>	<input type="checkbox"/>

URRT			
Item	Description of Required Information	Provided by Carrier	NVDOI Use Only
URRT Worksheet 1		<input type="checkbox"/>	<input type="checkbox"/>
Fill in all information		<input type="checkbox"/>	<input type="checkbox"/>

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URRT Worksheet 2		<input type="checkbox"/>	<input type="checkbox"/>
Product Names filled out on URRT Worksheet 2		<input type="checkbox"/>	<input type="checkbox"/>
All On-Exchange and Off-Exchange plans per market, per HIOS ID are to be on one URRT		<input type="checkbox"/>	<input type="checkbox"/>
URRT Worksheet 3		<input type="checkbox"/>	<input type="checkbox"/>
Fill in all information.		<input type="checkbox"/>	<input type="checkbox"/>
<b>ACTUARIAL MEMORANDUM</b>			
Item	Description of Required Information	Carriers: check the 'P' box to indicate that the required information is provided and enter exhibit number if the 'R box is checked' to indicate that an exhibit is required.	NVDOI Use Only
4.2 General Information Section	At a minimum, include the following: Company name, state, HIOS ID, Contact Information, description of Benefits, Effective date of requested rate adjustments, SERFF Tracking Number, Binder Number of Prior Filing, etc.	R: <input type="checkbox"/> P: <input type="checkbox"/> #:	<input type="checkbox"/>
4.3 Proposed Rate Changes	Proposed change, Reason for Rate Change, Average Annual Premium, Number of Policyholders and covered Lives	R: <input checked="" type="checkbox"/> P: <input type="checkbox"/> #:	<input type="checkbox"/>
Rate Change by component	Provide a detailed explanation of the components of the rate change, along with an exhibit demonstrating how the quantitative determination of the components of the rate increase.	R: <input checked="" type="checkbox"/> P: <input type="checkbox"/> #:	<input type="checkbox"/>
Rate Change by Plan	Provide a detailed explanation, along with an exhibit showing how the rate change by plan shown on the URRT, Worksheet 2 was determined. Provide additional detail If the requested rate increase is not the same across all products and plans. Note that morbidity differences are not valid reasons for variation in rate changes across plans.	R: <input checked="" type="checkbox"/> P: <input type="checkbox"/> #:	<input type="checkbox"/>
4.4. Market Experience		R: <input checked="" type="checkbox"/> P: <input type="checkbox"/> #:	<input type="checkbox"/>
4.4.1 Experience and Current Period Premiums Claims and Enrollment	Describe the following: Paid through date, Current Date, Premiums in Experience Period, Allowed and Incurred Claims during Experience Period. Provide a detailed description and quantitative support for the calculation of the IBNR, and explain	R: <input checked="" type="checkbox"/> P: <input type="checkbox"/> #:	<input type="checkbox"/>

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	<p>the differences, if any, in the methodologies used for determining completion factors pricing and reserving.</p> <p><b>For annual filings only:</b> Provide a reconciliation of the experience data provided in Worksheet 1 of the URRT to the Supplemental Healthcare Exhibit (SSHCE) for the applicable year.</p>		
4.4.2 Benefit Categories	For each of the Benefit Categories in Worksheet 1, Section II, describe the methodology used to determine which category each claim in the Experience Period falls.	R: <input type="checkbox"/> P: <input type="checkbox"/> #:	<input type="checkbox"/>
4.4.3 Projection Factors	Describe each factor used to project the Experience Period Index Rate to the Projection Period. Provide an exhibit demonstrating the development of each factor as well as a detailed description of the source data, assumptions used, and any applicable normalization factors or other adjustments applied to the data.	R: <input checked="" type="checkbox"/> P: <input type="checkbox"/> #:	<input type="checkbox"/>
4.4.3.1 Trend Factors	Provide a detailed description and quantitative demonstration (exhibit) of the trend calculation, including source claims data used and methodology used for developing the cost and utilization projection factors, including all adjustments made to the data. Demonstrate the tie-in between the trend information shown on the URRT and that shown on Worksheet 8 of the NVT.	R: <input checked="" type="checkbox"/> P: <input type="checkbox"/> #:	<input type="checkbox"/>
4.4.3.2 Adjustments to Trended EHB Allowed Claims PMPM	Provide a detailed description of the changes due to morbidity of insured population, benefits, demographics and other adjustments (please identify components). Provide exhibit(s) demonstrating how each of these elements were determined.	R: <input checked="" type="checkbox"/> P: <input type="checkbox"/> #:	<input type="checkbox"/>
4.4.3.3 Manual Rate Adjustments	Provide a detailed explanation of the methodology used to develop the manual rate, including the source and appropriateness of experience data, adjustments made to the data, inclusion of capitation payments. An exhibit demonstrating the manual rate buildup (Worksheet 4 of the NVT and any supplemental Exhibits) is also required.	R: <input checked="" type="checkbox"/> P: <input type="checkbox"/> #:	<input type="checkbox"/>
4.4.3.4 Credibility of Experience	Include a detailed description of credibility method and credibility levels. If the credibility method is	R: <input checked="" type="checkbox"/> P: <input type="checkbox"/> #:	<input type="checkbox"/>

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	formulaic, provide an exhibit demonstrating the development of the credibility factors, <b>even if the data is determined to be 100% credible.</b>		
4.4.3.5 Establishing the Index Rate	State the index rate for the single risk pool. Describe how claims for non-EHB benefits covered during the experience period were identified and removed. State the small group quarterly trend increases, as applicable.	R:☒P:☐#:	<input type="checkbox"/>
Small Group Quarterly Rate Filings	An exhibit is required to demonstrate the determination of the quarterly trend adjustments, along with an explanation of the trend assumption used for those adjustments.	R:☒P:☐#:	<input type="checkbox"/>
4.4.3.6 Development of the Market-wide Adjusted Index Rate	The market adjusted index rate is developed in worksheet 4 of the NVT. Please provide detailed descriptions and exhibits, as applicable for any actuarially determined inputs used in the calculation of this item. Note that adjustments are on an allowed basis for Risk Adjustment and Exchange User Fees	R:☒P:☐#:	<input type="checkbox"/>
Risk Adjustment and Reinsurance	Please provide a detailed description of the applied methodology. Carriers are required to provide an exhibit demonstrating the development of the risk adjustment transfer payment amounts included in the index rate submitted with this filing.	R:☒P:☐#:	<input type="checkbox"/>
4.4.4 Plan Adjusted Index Rate	Worksheet 5 of the NVT provides exhibit by plan showing the development of the Plan Adjusted Index Rate from the Market Adjusted Index Rate. Please also provide detailed descriptions and exhibits, as applicable for any actuarially determined inputs used in the development of this item.	R:☒P:☐#:	<input type="checkbox"/>
Non-Benefit Expenses and Profit & Risk	Administrative Expense Load (Describe how expenses vary by product, the source data and its use. Provide support the following non-benefit expenses: Commissions and Brokers Fees, General Expenses, Reinsurance, Risk Adjustment fee and Other Admin Costs.	R:☒P:☐#:	<input type="checkbox"/>
4.4.5 Calibration	The Age Curve, Geographic Factor, Tobacco calibrations are demonstrated in worksheet 6 of the NVT. Please provide detailed explanations of the tobacco and geographic factors used along with exhibits demonstrating the development of these factors.	R:☒P:☐#:	<input type="checkbox"/>

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4.4.6 Consumer Adjusted Premium Rate Development	Provide a description of how each allowable consumer level adjustment along with an exhibit reconciling the plan adjusted index rate to the consumer adjusted premium rate.	R:☒P:☐#:	<input type="checkbox"/>
4.5 Projected Loss Ratio	Using the federally prescribed MLR methodology. Provide a detailed description of any adjustment factors as well as an exhibit demonstrating the development of the projected loss ratio.	R:☒P:☐#:	<input type="checkbox"/>
4.6 Plan Product Information		R:☒P:☐#:	<input type="checkbox"/>
4.6.1 AV Metal Values	Please provide screenshots of the AV calculator for unique plan designs. If option 45 CFR 156.135(b)(3) is used, provide the adjustments, including support for the adjustments, that were made to reach the correct AV percentage.	R:☒P:☐#:	<input type="checkbox"/>
4.6.2 Membership Projections	Provide a detailed description of the methodology and assumptions used to develop membership projections, along with exhibits demonstrating the development of actuarial inputs.	R:☒P:☐#:	<input type="checkbox"/>

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4.6.3 Terminated Plans and Products	All terminated products must be listed on the URRT. Please confirm that all terminated plans and products are included in worksheet 3 of the NVT. <b>Also confirm that the rate increases are appropriately calculated for terminated plans that are mapped to plans included in the 2024 single risk pool.</b>	R:☒P:☐#:	<input type="checkbox"/>
4.6.4 Plan Type	Provide a description of the differences between the issuer's plan and the plan type selected on Worksheet 2 of the URRT, if applicable.	R:☐P:☐#:	<input type="checkbox"/>
4.7 Miscellaneous Instructions		R:☐P:☐#:	<input type="checkbox"/>
4.7.1 Effective Rate Review Information		R:☐P:☐#:	<input type="checkbox"/>
4.7.2 Reliance	If the certifying actuary relied on any information or underlying assumptions provided by another individual, the information relied upon and the name of the individual providing that information should be disclosed. In this event, the extent of any reliance and any adjustments made to the information being relied upon should also be explicitly described and supported. It is not expected that the certifying actuary's staff would be included under this section.	R:☐P:☐#:	<input type="checkbox"/>
4.7.3 Actuarial Certification	At minimum, certifications must meet the federal certification standards	R:☐P:☐#:	<input type="checkbox"/>
<b>SERFF</b>			
Revisions	If a template and/ or document is revised in response to an Objection, the revision must be placed in the correct location, i.e. Template tab, Rate/Rule tab or Supporting Documentation tab.		

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ADDITIONAL REQUIRED INFORMATION			
Additional Required Information		R:☒P:☐#:	<input type="checkbox"/>
Support for Actuarial Value (AV).	Provide screenshots of the AV calculator for standard plan designs or unique plan designs. If option 45 CFR 156.135(b)(3) is used. Provide the adjustments that were made to reach the correct AV percentage. Include detailed description of the adjustments made in the actuarial memorandum. Provide exhibits demonstrating the adjustments used for unique plan designs.	R:☒P:☐#:	<input type="checkbox"/>
Rate Change Summary	Brief description of all changes reported on the following exhibits. Rate tables and factors (including Quarterly rate tables in small group). Factors such as age, tobacco, geographic, and familial status	R:☒P:☐#:	<input type="checkbox"/>
Service Areas	Rates submitted for all proposed geographic and service areas in which business is currently done. Rates submitted for all proposed geographic and service areas in which new business is intended to be done.	R:☒P:☐#:	<input type="checkbox"/>
AV Pricing Values	<b>Provide exhibits demonstrating the calculation of the pricing actuarial values, along with a detailed description of the methodology used. These are not the same values as those produced by the AV calculator.</b>	R:☒P:☐#:	<input type="checkbox"/>
Paid to Allowed Ratio	Confirm that the paid to allowed ratio is consistent with the plan factors provided in worksheet 5 of the NVT. Provide a detailed explanation of any significant difference between this factor and the actual historical paid to allowed ratios.	R:☒P:☐#:	<input type="checkbox"/>
Actuarial Equivalence for items with dollar limitations	Actuarial Equivalence for \$72,000 ABA services and \$2,500 PKU special foods.	R:☒P:☐#:	<input type="checkbox"/>

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