State of Nevada
Department of Business & Industry

Division of Insurance

Protect Consumers
Ensure Solvency

2020 Health Benefit Plan and SADP Filing Guidance and Timelines

Filing Timeline for Individual Carriers

- All Individual QHP, Non-QHP and SADP binders must be submitted in SERFF no later than June 3, 2019
  - Network adequacy application for all networks must be included within this binder
- All form and rate filings for individual carriers due June 3, 2019

Filing Timeline for Small Group Carriers

- All Small Group QHP, Non-QHP and SADP binders must be submitted in SERFF no later than July 15, 2019
  - All risk pool plans should be included within this binder
  - Network adequacy application must be included within this binder
- All form and rate filings for Small Group carriers due July 15, 2019

Risk Pool Filings

- All risk pool products must be submitted within a single form SERFF filing
- Plans within a product vary by cost sharing structure, network, formulary or service area
- Benefit variability within a product will not be allowed
- Cost share variability within a plan will not be allowed
- Riders for non-EHBs allowed off Exchange

Binder Submissions

- Separate binder for on Exchange is required for each market segment (individual and small group) from each carrier
- Must include validated Plan Management templates
- Must include the network adequacy supporting data and documentation

Health Form Filings

- Redlined versions of SOBs and EOCs for existing plans
- AV calculator input and output for each plan
- Upload completed checklist under the "Supporting Documentation" tab
  - http://doi.nv.gov/Insurers/Life_and_Health/ACA_Plans/Form_Filings_and_Plan_Certification/

Removing Plans From a Product

- Individual carriers may remove plans from a product each year
- If a product is not being discontinued, all policyholders within the remaining service area of this product must receive a notice of renewal with altered terms pursuant to NRS 687B.420
  - Policyholders must be mapped to a plan within this product at the same metallic level (or nearest metallic level if no plan at the same level will be available)

Dental Form Filings

- Redlined versions of all forms for existing plans must be submitted
- Explanations of Type I, Type II, Type III, and Type IV dental services must be included within each schedule of benefits
  - Every service does not need to be listed in the Schedule of Benefits; however, important services of each category should be listed
- A detailed list of pediatric dental services must be included in the Evidence of Coverage

2020 Nevada EHB Benchmark Plan

- HPN Solutions HMO Platinum 15/0/90% (no change from PY 2019)
- Plan includes embedded pediatric dental and vision consistent with NV CHIP and FEDVIP, respectively

Plans & Benefits EHB Add-In

- Auto populates benefit explanation field based upon the 2014 HPN Solutions HMO Platinum 15/0/90% plan
- A carrier will need to correct this field for QHPs to describe its own medical management requirements or other limitations
- The auto populated combined visit limit of 120 for Outpatient Rehabilitation Services and Habilitation Services is not compliant for 2020 and must be changed

Pending Bills

- AB 254 – Coverage of Sickle cell disease
- AB 469 - Certain medically necessary emergency services provided when the provider is out-of-network
- AB 472 – Prohibit an insurer from denying certain coverage for maternity
- SB 200 – Coverage of hearing devices
- SB 481 Sec.7 – A statement requirement for off exchange plans

Telehealth

- A policy of health or dental insurance must include coverage for services through telehealth to the same extent as though provided in person or by other means
- A carrier shall not:
  - Require an insured to establish a relationship in person
  - Refuse to provide coverage because of the distant site from which a provider delivers services through telehealth
  - Refuse to provide coverage because of the originating site at which an insured receives services through telehealth
- A policy of health or dental insurance must not require an insured to obtain prior authorization for any service provided through telehealth that is not required for the service when provided in person

Plan Service Area

- QHP and SADP service areas must equal one or more rating territories
- Nevada's rating territories for 2020 are unchanged
- Off-exchange plan service areas may use partial counties
- The Service Area Template does support service areas defined by a collection of Zip Codes

Prescription Drugs

- Health plans must cover at least the greater of: (1) one drug in every United States Pharmacopeia (USP) therapeutic category & class; or (2) the same number of drugs in each USP category & class as Nevada's benchmark plan
- Our benchmark is Solutions HMO Platinum 15/0/90%

Prescription Drugs

- Allow exclusion of Rx coupons from cost-sharing limits, but limited to situations where a generic is available

Formulary Modifications

- A carrier shall neither remove a drug nor increase the cost share for a drug from an approved formulary for an individual or small group health benefit plan unless:
  - The drug is not approved by the FDA;
  - The FDA issues a notice, guidance or warning concerning the safety of the drug; or
  - The drug is approved by the FDA for use without a prescription.
- Individual and small group formularies will be approved and locked down at the same time that the rate and form filings finalized.

Formulary Template

- Issuers should complete cost-sharing fields in the Prescription Drug Template for the most typical or most utilized benefit cost-share design
- Issuers can describe any cost-sharing features that do not directly fit into the Prescription Drug Template in the Benefit Explanation field of the Plans & Benefits Template
- Issuers should place preventive drugs in a separate Zero Cost Share Preventive tier in the Prescription Drug Template

Division of Insurance Website

- The Division will not post proposed 2020 rates
- Approved 2020 rates will be posted on October 1st
- The approved schedule of benefits and evidence of coverage for each plan will be posted by November 1st
- Website will generally use “Plan Marketing Name” from Plans & Benefits Template

MOOP and Deductible Guidance

- For 2020 individual and small group health benefit plans, the maximum out-of-pocket will be
  - $8,150 single, $16,300 family
- For 2020 HSA plans, the maximum out-of-pocket will be
  - $ single, $ family *(Pending IRS announcement)*
- For 2020 HSA plans, the minimum deductible will be
  - $ single, $ family *(Pending IRS announcement)*

MOOP and Deductible Guidance

- For the 73 percent AV silver plan variations, the maximum out-of-pocket will be
  - $6,500 single, $13,000 family
- For the 87 percent and 94 percent AV silver plan variations, the maximum out-of-pocket will be
  - $2,700 single, $5,400 family

Pediatric Dental

- Pediatric dental is not required to be embedded in a medical plan outside the Exchange if the issuer is reasonably assured certified stand-alone coverage has been obtained
- Nevada will consider self-attestation by an applicant to be “reasonable assurance”
- The issuer must obtain “reasonable assurance” that the consumer has certified stand-alone coverage every year at renewal

Benefit Waiting Periods

- Waiting periods are not allowed for essential health benefits
- Carriers can no longer require a waiting period for pediatric orthodontia

SOB: Embedded Pediatric Dental

- Explanations of Type I, Type II, Type III, and Type IV dental services must be included
  - Important services of each category must be listed
  - A detailed list of pediatric dental services must be included in the Evidence of Coverage

SOB: Embedded Pediatric Dental

- The calendar year deductible applicable to pediatric dental services must be prominently displayed on page 1 of the benefit schedule
- For pediatric dental, Type I dental services (preventive and diagnostic services) cannot be subject to the deductible

Stand-Alone Dental Plans

- 2020 SADPs are allowed an out-of-pocket maximum of $350 for one covered child and $700 for two or more covered children
- Type I dental services (preventive and diagnostic services) should not be subject to a deductible
- Binders are required for all SADPs seeking certification for sale on or off the exchange
- Individual SADP expense ratio limited to 25%