



COVER SHEET

CB-130 (Amended)
April 23, 2018

BULLETIN

SUBJECT: FILING GUIDANCE FOR INDIVIDUAL AND SMALL EMPLOYER MAJOR MEDICAL PLANS AND STAND-ALONE DENTAL PLANS IN NEBRASKA

This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.

Contents of CB-130 (Amended) follow on next page.



April 23, 2018
CB-130 (Amended)

BULLETIN

SUBJECT: FILING GUIDANCE FOR INDIVIDUAL AND SMALL EMPLOYER MAJOR MEDICAL PLANS AND STAND-ALONE DENTAL PLANS IN NEBRASKA

This amended bulletin provides guidance for filers of individual, small group and stand-alone dental plans (SADP), offered on and off the Federal Facilitated Marketplace (FFM), that wish to issue or renew plans in Plan Year 2019.

Pursuant to the implementation of the Affordable Care Act (ACA), the federal government mandated rules for the rating and review of health insurance and stand-alone dental policies. The following information outlines the Nebraska Department of Insurance (NDOI) filing process and rating requirements allowed under ACA and subsequent regulations issued by the federal government. As in previous years, the Department will engage in "marketplace plan management".

The following dates and corresponding actions relate to plan year 2019.

<u>Date</u>	<u>Action</u>
May 8, 2018	First day initial QHP Application submissions will be accepted.
May 29, 2018	Last day for SADP (dental) forms, rates and binders to be submitted. If OFF-Marketplace only, a non-certified SADP (dental) is not subject to the ACA and is not required to be submitted in a binder.
June 6, 2018	Last day issuers are allowed to submit binders to the Department. Whether ON-Marketplace or OFF-Marketplace, all issuers must submit their Plan binder(s), templates and forms in SERFF. Issuers must have HIOS and Carrier ID numbers. PLEASE NOTE: Issuers of individual and small group non-QHPs are required to submit binders for all filings.

June 20, 2018	Final day for NDOI to submit QHP plans to CMS.
July 2, 2018	Deadline for all issuers to submit rate table templates for single risk pool coverage that includes a QHP. Issuers of QHPs must submit the URRT via HIOS. Please note: while rates and forms are not made public by NDOI until final approval, federal law and CMS activities can preempt Nebraska's approach. Public exposure of some rate information will occur on August 1, 2018, as discussed below.
July 25, 2018	Final day for NDOI to submit proposed rates to CMS for QHP plans.
August 1, 2018	CMS publishes proposed rates for comment. Nebraska will use the federal website for state publication purposes. Public access will be via a link to the rate information at: https://ratereview.healthcare.gov .
August 22, 2018	Final CMS deadline for issuer changes to QHP application.
September 25, 2018	NDOI makes final plan recommendations to CMS.
October 15, 2018	Deadline for all issuers to submit rate table templates for single risk pool coverage that does <u>not</u> include a QHP. Composite rating is an option for small group, if offered off the FFM. Please refer to CB-135 for more information.
November 1, 2018	Open enrollment begins. Final rates are published by CMS.

IMPORTANT: The following form and rate filing requirements are offered to clarify the process. The sequence in which the information is shown is not indicative of the level of importance.

1. The issuer's plans must be certified in order to participate in the Marketplace. Nebraska's benchmark plan, as determined by the United States Department of Health and Human Services, is the BlueCross BlueShield of Nebraska BluePridePlus, Option 102 Gold.
2. Both ON-Marketplace and OFF-Marketplace plans must be submitted in SERFF Plan Management. The General Instructions for Nebraska in SERFF provide checklists and trade secret protection guidance.
 - All filings are required to be in Binders (including OFF-Marketplace only Health Plans) when entered in SERFF.
 - Individual and Small Group filings must be submitted under separate SERFF tracking numbers.

- The Binder(s) will include forms, rates and templates for Individual plans and a separate binder for Small Group plans. Nebraska's statutory definition of small employer group size is 2 to 50.
 - The final Rate Data Template ("URRT") must be submitted by July 2, 2018 for QHPs and October 15, 2018 for non-QHPs.
3. All ACA compliant filings should include the 2019 Health Insurance Form Review Checklist, redline versions showing changes from previously approved forms, the Nebraska Filing Form, URRT, Actuarial Memorandum, templates, SBC for each plan variation (no variability allowed), Readability Certification, Accreditation Certificate, attestations, any Justifications, copy of the Provider Network, and cover letter information.
 4. All SADP filers must complete the Pediatric Dental Checklist.
 5. All Small Group or Individual Health Plan issuers must make available an off-exchange plan to mirror each on-exchange plan submitted.
 6. The Summary of Benefits and Coverage must be submitted. Please review the Department of Labor website for the correct version.
 7. In general, the ACA requirements for Individual and Small Group cannot be added by endorsement, matrix inserts, variables or amendment rider.
 - Policy forms must meet state requirements, as well as the 2017 ACA essential health benefits, metal levels, PPACA, and community rating requirements.
 - Plans must be guaranteed issue and guaranteed renewable, with no pre-existing condition limitations. NDOI allows only limited form variability.
 - Each metal level of Platinum (90% AV), Gold (80% AV), Silver (70% AV), or Bronze (60% AV) should have a separate non-variable schedule with a unique form number.
 - Please note that each FFM issuer must offer a Silver plan statewide and a Gold plan statewide. The Platinum and Bronze levels are optional.
 8. Issuers must provide documentation verifying that all plans have adequate networks in place, including providing a signed attestation confirming network adequacy. For plans submitting a narrow network product, please denote to the reviewer the product name, location of the narrow network for the product, and provider information for the narrow network.
 9. Individual Catastrophic plans are for under age 30 and are optional.
 10. Issuers will maintain a single statewide risk pool for each of their non-grandfathered individual and small group markets.
 11. Rating territories are limited to no greater than four in the state, determined by three-digit zip codes.

12. No application shall contain health questions, although questions determining tobacco use, age and gender, may be asked.
13. No Binders will be accepted after June 6, 2018. With the exception of small group quarterly rate filing adjustment requests, rates and forms may only be filed once per year.
14. The Mental Health Parity and Addiction Equity Act (MHPAEA) compliance review will incorporate the CMS Compliance Assistance Materials Index (https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/Compliance_Assistance_Materials_Index_10-25-16_4-40pm.pdf). Filers are specifically directed to the Self-Compliance Tool, Section B, Financial Requirements and Quantitative Treatment Limitations, which describes six classifications of benefits. "Any financial requirement or quantitative treatment limitation that applies to mental health/substance use disorder benefits within a particular classification cannot be more restrictive than the predominant requirement or limitation that applies to substantially all medical/surgical benefits within the same classification. See 29 CFR 2590.712(c)(2)." If parity concerns are flagged during review, a SERFF objection describing the potential violation will be transmitted, and the filer will have an opportunity to re-evaluate the provision and either make a plan correction or explain to the NDOI the reason the provision does not violate MHPAEA.
15. At a future date, issuers will again be required to input 2019 plan year data, including rates, for the purposes of updating the NDOI rate preview website.
16. Requests for trade secret protection should follow the instructions published at https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/tsp-lh-inc-fil-serff_0.pdf.
17. The NDOI will work with carriers and their rate submissions during the period of time allotted under this and CMS guidelines. Insurers are encouraged to submit early and will be served on a first come, first served basis.

Please direct any questions regarding the aforementioned information to the Life and Health Division at 402-471-2201.



Bruce R. Ramge
Director