



## Cover Sheet

CB-130 (Amended)  
March 24, 2017

### BULLETIN

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

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

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Pete Ricketts, Governor

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## BULLETIN

### **SUBJECT: FILING GUIDANCE FOR INDIVIDUAL, SMALL EMPLOYER, 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, that wish to issue or renew plans in Plan Year 2018.

Pursuant to the implementation of the Patient Protection and Affordable Care Act (PPACA), 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 (Department) filing process and rating requirements allowed under PPACA 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 2018. **Note:** The dates are subject to change if federal statute or regulation requires alteration of this timeline.

<u>Date</u>	<u>Action</u>
April 5, 2017	First day initial QHP Application submissions will be accepted.
June 15, 2017	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. Also, SADP forms and rates requesting certification must also be submitted by this date. Issuers must have HIOS and Carrier ID numbers.

June 15, 2017  
(cont.)

Deadline for all issuers to submit rate table templates for single risk pool coverage that includes a QHP. Issuers of QHPs and non-QHPs must submit the URRT via HIOS at the same time that rates are submitted in SERFF. Composite rating is an option for small group, if offered off the FFM. Please refer to CB-135 for more information. Please note: all rate submissions, while not final until approved by the Department, may be available to the public after submission in SERFF, under current federal guidance.

**PLEASE NOTE:** Issuers of individual and small group non-QHPs are required to submit Binders for all filings.

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.

August 16, 2017

Final deadline for issuer changes to QHP Application.

September 27, 2017

Department makes final plan recommendations to CMS.

November 1, 2017

Open enrollment begins.

**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 2017 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.
  - 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. The final Rate Data Template must be submitted by June 15, 2017. Nebraska's statutory definition of small employer group size is 2 to 50.

3. All ACA compliant filings should include the 2018 Health Insurance Form Review Checklist, redline versions showing changes from previously approved forms, the Nebraska Filing Form, URRT, Actuarial Memorandum, templates, an 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.
  - They must be guaranteed issue and guaranteed renewable, with no pre-existing condition limitations. Nebraska DOI 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.
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. Stand-alone Pediatric Dental has two levels: High (AV of 85%) or Low (AV of 70%).
14. No Binders will be accepted after June 15, 2017. With the exception of small group quarterly rate filing adjustment requests, rates and forms may only be filed once per year.

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15. MHPAEA compliance review will incorporate the CMS Compliance Assistance Materials Index available at [www.cms.gov/CCIIO/Resources/Fact-Sheets-and\\_FAQs/Downloads/Compliance\\_Assistance\\_Materials\\_Index\\_10-25-16\\_4-40pm.pdf](http://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 Department the reason the provision does not violate MHPAEA.
16. At a future date, issuers will again be required to input 2018 plan year data, including rates, into the Nebraska state website.

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



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Director