

Silver State Health Insurance Exchange

Plan Year 2026
Plan Certification

May 1, 2025



nevada
health link

Nevada State Based Exchange Overview

- QHP/QDP binder submission are done through SERFF
- QHP/QDP Approval/Certification for on exchange plans will be completed by the Exchange
- QHP/QPD display on NevadaHealthLink.com
- QHP/APTC/CSR eligibility is determined by the Federal guidelines
- Medicaid/CHIP eligibility determined by State of Nevada DWSS
- Issuer invoicing will be performed by SSHIX

Plan Year 2026

Issuer Fees

For Plan Year 2026, the Issuer Fee percentage will remain the same from PY2025.

Plan Type	Percent of Premium
Qualified Health Plan	2.95%
Qualified Dental Plan	2.95%

[Carriers - Nevada Health Link - Official Website](#)
[Nevada Health Link](#)

Exchange Service Areas

- Nevada's rating territories are aligned with Nevada's on-Exchange Service Areas
- Nevada's Service Areas are unchanged
- QHP and QDP service areas must equal one or more rating territories
- On Exchange plans are **NOT** permitted to offer partial county coverage

Nevada Exchange Service Areas



Electronic Data Interchange (EDI) Requirements for QHP's and QDP's

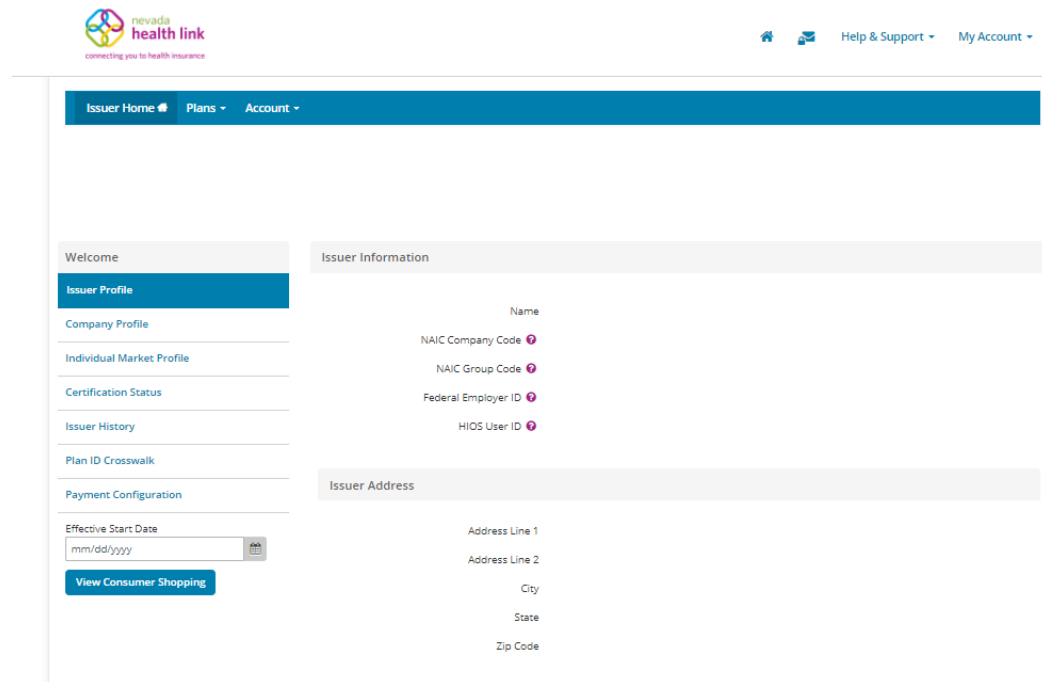
Any issuer intending to sell plans in Nevada for PY2026 that did not sell plans on the Exchange in PY25 must complete requirements with EDI testing prior to certification. Issuers will be required to notify SSHIX no later than April 1, 2025, if they intend to EDI Test with Nevada for PY2026. SSHIX will provide further guidance on EDI testing through the technical EDI discussions with issuers.

New issuers will be required to work collaboratively with SSHIX and SSHIX's vendor GetInsured (GI) for EDI related matters. For questions regarding EDI matters, please email the Recon Support team at: reconsupport@exchange.nv.gov.

Issuer Representative Role


The Issuer Representative will be the issuers primary point of contact for non-technical QHP and QDP issuers related to the Exchange.

This assigned person will have access to verify plan data, add other designated staff with the Issuer Representative role access, and update issuer information such as: Issuer logo, URL's, and phone numbers.



The screenshot displays the Nevada Health Link Issuer Representative web application. At the top, the Nevada Health Link logo is on the left, and navigation links for Home, Help & Support, and My Account are on the right. Below the header is a blue navigation bar with links to Issuer Home, Plans, and Account. The main content area is divided into two columns. The left column contains a 'Welcome' message and a list of links: Issuer Profile (highlighted), Company Profile, Individual Market Profile, Certification Status, Issuer History, Plan ID Crosswalk, and Payment Configuration. Below these links is an 'Effective Start Date' field with a date picker and a 'View Consumer Shopping' button. The right column contains two sections: 'Issuer Information' and 'Issuer Address'. The 'Issuer Information' section includes fields for Name, NAIC Company Code, NAIC Group Code, Federal Employer ID, and HIOS User ID. The 'Issuer Address' section includes fields for Address Line 1, Address Line 2, City, State, and Zip Code.

Issuer Representative Role (cont'd)

connecting you to health insurance

Issuer Administrator (Change ▾)

My Account ▾

Issuers ▾Plans ▾

Qualified Health Plans

24 Total Plans

☐ Select 24 total plans

Plan Year 2022 ▾

Refine Results

Plan Number

Issuer
Aetna Health of Utah Inc. ▾

Plan Level
Silver ▾

Status
Any ▾

Verified
Any ▾

Enrollment Availability
Available ▾

Go

<input type="checkbox"/>	Plan Number ▾	Plan Name ▾	Issuer ▾	Level ▾	Enrollment Availability ▾	Last Update ▾	Status ▾	Verified ▾	▾
<input type="checkbox"/>					Available		Certified	Yes	▾
<input type="checkbox"/>					Available		Certified	Yes	▾
<input type="checkbox"/>					Available		Certified	Yes	▾
<input type="checkbox"/>					Available		Certified	Yes	▾
<input type="checkbox"/>					Available		Certified	Yes	▾
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<input type="checkbox"/>					Available		Certified	Yes	▾

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Plan Year 2026 QHP Certification Standards

Plan Year 2026 QHP Timeline

Activity	Deadline
Issuers submit Intent to EDI Test Form with SSHIX – Required (Only new carriers)	4/1/2025
Issuers submit Intent to Sell Form with SSHIX – Required	4/1/2025
CMS QHP Enrollee Survey data submission deadline ¹	5/16/2025
HHS-approved QHP Enrollee Survey vendor securely submits the QHP Enrollee Survey response data to CMS on behalf of the QHP issuer ²	5/21/2025
Binders, forms, and rate submission due in SERFF	6/2/2025
SSHIX initial review of binder data submitted in SERFF	6/2/2025-7/11/2025
QHP issuer submits the validated QRS clinical measure data, with attestation, to CMS via NCQA's Interactive Data Submission System (IDSS) ³	6/13/2025
Initial objection letter sent	6/17/2025
First data transfer from SERFF to Nevada Health Link SBE Platform	7/14/2025
Issuer plan preview on Nevada Health Link SBE Platform	7/14/2025-8/22/2025
QHP issuers, Exchange administrators, and CMS preview the 2025 QHP quality rating	8/1/2025-9/30/2025

Plan Year 2026 QHP Timeline (cont.)

Proposed rate change posted on the DOI website	8/1/2025
Draft upcoming Plan Year Issuer Agreements sent to issuers for review (Including attachments and Policy Memo)	8/15/2025
Plan Preview ends, deadline for all plans to be verified	8/22/2025
Letters of Good Standing submitted to the Exchange from DOI	8/22/2025
Final deadline for issuers to change QHP application without State Authorization (not applicable to rates)	8/22/2025
Rate filings approved by DOI	8/29/2025
Final data transfer from SERFF to Nevada Health Link SBE Platform if applicable	8/29/2025
Plans re verified for rates – rates must be approved by DOI	8/29/2025
Final upcoming Plan Year Issuer Agreements sent to issuers with final plan confirmation list	9/5/2025
Issuers send signed agreements and confirm final plan listings	9/5/2025-9/12/2025
SSHIX to send final plan confirmation list and countersigned Issuer Agreements to issuers	9/15/2025

Plan Year 2026 QHP Timeline (cont.)

Plans Certified in SERFF	9/15/2025
Approved rate changes posted on the DOI website	10/1/2025
Consumer window shopping begins	10/1/2025
URL links need to be live for window shopping	10/1/2025
Limited data correction window (not applicable to utilize for service area changes, plan offerings, or rate data). Must obtain State Authorization prior to use of window.	10/6/2024-10/10/2025
Anticipated public display of QHP quality rating information⁴	11/1/2025
Open enrollment begins	11/1/2025

****All dates are subject to change with notice to carrier.**

Application Review Tools

- Issuers will still use all the applicable tools provided by CMS to identify and resolve data errors prior to each submission.
- Issuers with data errors post-data lockdown that could have been identified and fixed through use of CMS tools incur the risk of not being certified.

Download the toolkit at:

<https://www.qhpcertification.cms.gov/s/Review%20Tools>

List of tools

- | | |
|--|---|
| ✓ Data Integrity Tool | ✓ Cost Sharing Tool |
| ✓ Plan Crosswalk Tool | ✓ Drug Count Tool |
| ✓ Data Consolidation tool (Master Review Tool) | ✓ Formulary Review Tool |
| ✓ Essential Community Provider Tool | ✓ Non-Discrimination Cost Sharing Review Tool |
| ✓ Essential Community Providers Tool | |

Required Templates – QHP Issuers

- ECP/Network Adequacy Template (XML uploaded in .zip file)
- Plans and Benefits Template (and Add-in file) (both XLS and XLM)
- Prescription Drug Formulary Template
- Network Template
- Service Area Template (both XLS and XLM)
- Rates Table Template
- Business Rules Template
- Unified Rate Review Template (URRT)
- Crosswalk Template in .xlsm format is required on the supporting documents tab

Accreditation certification and supporting documentation*

*refer to Accreditation slide for more information

Templates available for download:

<https://www.qhpcertification.cms.gov/s/QHP>

Note: All templates must be validated and submitted within a SERFF binder. Issuers **MUST** run CMS tools prior to template submission.

URL Supplemental Templates

SSHIX has created the following Supplemental URL Templates to collect URL data from all issuers:

- Plans and Benefits URL Supplemental Template

*Please provide the URL links for ZCS and Limited Cost Share AI/AN SBC's on the Plans and Benefits URL Supplemental Template

- Network URL Supplemental Template (please ensure these are correct and up to date)
- Prescription Drug URL Supplemental Template

Supplemental Templates can be found on the SSHIX issuer webpage, linked here:

[Carriers - Nevada Health Link - Official Website Nevada Health Link](#)

The Enrollment Payment URL is updated manually. If any issuers have changes to their Enrollment Payment URL, please email Plan Management at

pmanagement@exchange.nv.gov

QHP Template Naming Conventions

- CarrierName_MMDDYYYYQ#mkt_v#_Template.xml
- Carrier Name: Up to 6 Characters which identify the carrier
- MMDDYYYY: month, day and four-digit plan year
- mkt: “i” for individual “s” for small group filings
- v#: v followed by the version number (increment for each update to the filing)
- Template: indicate one of the following: PBT,DT,NT,SAT,ECP, RT, BRT, URRT
 - PBT – Plan and Benefit Template
 - DT – Prescription Drug Template
 - NT – Network Template
 - SAT – Service Area Template
 - ECP – Essential Community Providers template
 - RT – Federal Rates Template
 - BRT – Business Rating Rules Template
 - URRT – Unified Rate Review Template

Battle Born State Plans (BBSP)

- New for Plan Year 2026, carriers who are approved to sell BBSPs must offer:

At least one Bronze Plan

At least one Silver Plan

At least one Gold Plan

At least one Silver Plan – Non BBSP

- There must be a plan offered statewide in each metal tier
- Unless submitting the BBSPs under a separate legal entity, a single filing of each type(rate, form and binder) should be submitted to include all plans.

BBSP - Crosswalk

- If a carrier is planning to “crosswalk” membership from an existing plan to a new BBSPs
 - a. the carrier must provide the appropriate notifications to the DOI and to existing enrollees per NRS 689A.630(2) to discontinue the product and
 - b. map the existing membership to a new HIOS ID and use “Discontinuing product; enrollment into a different product” as the reason for the crosswalk.

BBSP - Naming

- Plan names for BBSPs should be distinguished by adding the text “ (Battle Born State Plan)” to the end of the plan name, including the leading space and enclosing parentheses.
- No additional text should be included in the plan name following this text.
- Example

Nevada Health Link Plan Name (Battle Born State Plan)

PY26 Nevada EHB Benchmark Plan

- No Change from prior Plan Year
- HPN Solutions HMO Platinum 15/0/90%
- Benchmark plan includes embedded pediatric dental and vision consistent with NV CHIP and FEDVIP.
- 45 CFR 156.115 prevents combined limits for rehabilitation and habilitation services

Rehabilitation services

*120 visits per year, no combined limit with Habilitation Services

Habilitation services

*120 visits per year, no combined limit with Rehabilitation Services

Presumptively Discriminatory Benefit Design

- Ensure Compliance with 45 CFR 156.125
- While enforcement of EHB policy primarily falls on the States, CMS will continue to monitor issuer compliance, provide technical assistance, and share relevant data and research.
- Benefit exclusions that are not clinically based, examples include:
 - Age restrictions for autism spectrum disorder
 - Age restrictions for infertility treatment

Accreditation

Accreditation

- Accreditation is a requirement for QHP issuers, it does not apply to QDP issuers.
- QHP issuers will submit their Accreditation certificate and supporting documentation through SERFF under the Supporting Documents tab.
- If an issuer is entering its initial year of QHP certification, it must schedule (or plan to schedule) a review with a recognized accrediting entity (i.e., AAAHC, NCQA, or URAC).
- An issuer is not required to be accredited in its initial year of QHP certification.
- QHP issuers in their second or later year of certification must be accredited.
- Please see [Accreditation \(cms.gov\)](https://www.cms.gov) for more information.

Accreditation cont.

Accreditation

- SSHIX will consider issuers in their first, second, or third year accredited with the following statuses:
 - AAAHC with “Accredited” status
 - NCQA with “Excellent,” “Commendable,” “Accredited,” “Provisional,” or “Interim” status
 - URAC with “Full,” “Provisional,” or “Conditional” status
- SSHIX will consider issuers in their fourth year accredited with the following statuses:
 - AAAHC with “Accredited” status
 - NCQA with Marketplace accreditation and “Excellent,” “Commendable,” “Accredited,” or “Provisional” status
 - URAC with Marketplace accreditation and “Full” or “Conditional” status

Indian Health Care Providers Addendum

- Issuers are required to offer contracts in good faith to Indian Health Care Providers.
- There are some provisions pertaining to Indian Health Care Providers that are not applicable to regular QHP/Network Provider agreements.
- These provisions are addressed in the document called “Model QHP Addendum for Indian Health Care Providers,” which can be found here: [Carriers - Nevada Health Link - Official Website Nevada Health Link](#)
- Issuers who do contract with Indian Health Care Providers must sign the Addendum. The Indian Health Care Provider must also sign.
- The terms in the Addendum will supersede terms in regular QHP/Network Provider contracts.
- SSHIX will require issuers to provide a statement that good faith contracts have been offered to all applicable Indian Health Care Providers.

Quality Reporting Strategy (QRS)

All qualifying issuers offering a QHP of any metal level through SSHIX must comply with QRS requirements and report on all quality measures defined by CMS

A qualifying issuer is an issuer that:

- Offered through the Exchange in the prior year;
- Offered through the Exchange in the ratings year as the exact same product type; and
- Meets the QRS minimum enrollment requirements:
 - Included more than 500 enrollees as of July 1 in the prior year, and
 - Included more than 500 enrollees as of January 1 of the ratings year

Quality ratings will be posted to the Transparency page of the Nevada Health Link website:
[Transparency - Nevada Health Link - Official Website Nevada Health Link](#)

Please refer to the QRS and QHP Enrollee Survey Technical Guidance for 2025:
[2025 Quality Rating System Measure Technical Specifications](#) and the MarketPlace Quality Initiatives website: [Home | CMS](#) for more information.

Note: Child-only plans and QDP carriers are not subject to QRS reporting.

Quality Improvement Strategy (QIS)

All qualifying issuers offering a QHP plan with SSHIX must comply with QIS requirements and report on all quality measures defined by CMS.

A qualifying issuer is an issuer that:

- Offered coverage through the Exchange for the prior two consecutive years and will continue operating in the Exchange in upcoming plan year.
- Provides family and/or adult-only medical coverage per all federal and state guidelines on Exchange.
- Meets the QIS minimum threshold, which is more than 500 enrollees within a product type per state as of July 1 of the prior year.

Please refer to PY 22 QIS Technical Guidance and User Guide: [Quality Rating System and QHP Enrollee Experience Survey Technical Guidance](#) and the Marketplace Quality Initiatives website: [Home | CMS](#) for more information.

Note: Child-only plans and QDP carriers are not subject to QRS reporting.



Plan Year 2026 QDP Certification Standards

QDPs On Exchange

On Exchange Standards:

- QDPs must have the plan's actuarial value of coverage for pediatric dental EHBs.
- For a network dental plan, only in-network charges are counted toward the development of the actuarial value.
- HIOS Plan IDs can remain the same as prior plan year even with changes in cost-share.
- Upcoming Plan Year QDP plans will be eligible for purchase without the purchase of a QHP plan.

Plan Year 2026 QDP Timeline

Activity	Deadline
Issuers submit Intent to EDI test with SSHIX - Required	4/1/2025
Issuers submit Intent to Sell Form with SSHIX – Required	4/1/2025
Binders, forms and rate submission due in SERFF	6/2/2025
SSHIX initial review of binder data submitted in SERFF	6/2/2025-7/11/2025
Initial objection letter sent	6/17/2025
First data transfer from SERFF to Nevada Health Link SBE Platform	7/14/2025
Issuer plan preview on Nevada Health Link SBE Platform	7/14/2025-8/22/2025
Draft Plan Year 2026 Issuer Agreements sent to issuers for review (Including attachments and Policy Memo)	8/15/2025
Plan Preview ends	8/22/2025
Letters of Good Standing submitted to Exchange from DOI	8/22/2025
Final Deadline for Issuers to change QDP application without State Authorization (not applicable to rates)	8/22/2025
Final data transfer from SERFF to Nevada Health Link SBE Platform	8/29/2025
Plans verified for plan accuracy and rates – rates must be approved by DOI	8/29/2025

Plan Year 2026 QHP Timeline (cont.)

Final Plan Year 2026 Issuer Agreements sent to issuers with final plan confirmation list	9/5/2025
Issuers send signed agreements, and confirm final plan listings	9/5/2025-9/12/2025
SSHIX to send final plan confirmation list and countersigned attestations and billing agreements to issuers	9/15/2025
Plans Certified in SERFF	9/15/2025
Consumer window shopping begins	10/1/2025
URL links need to be live for window shopping	10/1/2025
Limited data correction window (not applicable to utilize for service area changes or rate data). Must obtain State Authorization prior to use of window.	10/7/2025-10/11/2025
Open enrollment begins	11/1/2025

* All dates are subject to change with notice to carrier.

Certification Standards that DO NOT apply to on Exchange QDPs

The following are certification standards that **DO NOT** apply to QDP on Exchange:

- Accreditation
- Cost-sharing Reduction Plan Variations
- Unified Rate Review Template
- Patient Safety
- Quality Reporting Systems
- Prescription Drug Template

Required QDP Templates

- ECP/Network Adequacy Template (XML uploaded in .zip file)
- Plans and Benefits Template (and Add-in file)
- Network Template
- Service Area Template
- Rates Table Template
- Business Rules Template
- Crosswalk Template in .xslm format is required on the supporting documents tab

Templates available for download: <https://www.qhpcertification.cms.gov/s/QHP>

- Supplemental URL Templates

Supplemental URL Templates can be found on the SSHIX Issuer webpage, linked here: <https://www.nevadahealthlink.com/partner-resources/carriers/>

Note: All templates must be validated and submitted within a SERFF binder. Issuers **MUST** run CMS Data Integrity Tools prior to template submission.

On Exchange QDP Network Adequacy

- QDP counties must have at least:
 - One general dentist
 - One periodontist
 - One oral surgeon
 - One orthodontist
- All QDP issuers must be within the specific travel standards established for each geographic area.
- All QDP issuers must contract with at least 35% of available ECPs in each plan's service area.
- Offer contracts in good faith to all available Indian health care providers in the service area.

On Exchange QDP Network Adequacy

Distance and Time Standards

Specialty Area	Maximum Time and Distance Standards (Minutes/Miles) by County Designation			
	Metro (Carson City, Clark, Washoe)	Micro (Douglas, Lyon)	Rural (Storey)	Counties with Extreme Access Considerations (CEAC) <i>All Others</i>
General Dentist	45/45	60/60	120/100	120/100
Periodontist	45/45	60/60	120/100	120/100
Oral Surgeon	45/45	60/60	120/100	120/100
Orthodontist	45/45	60/60	120/100	120/100

QDP Standards Tips and Hints

Annual Limits on Cost Sharing:

- Qualified dental plans must have a maximum out-of-pocket limit applicable to pediatric essential health benefits that is no greater than \$450 for one child or \$900 for two or more children

Pediatric Dental EHBs

- Only pediatric dental essential health benefits are subject to EHB rules.
- All pediatric dental benefits within Nevada Check-Up as of March 31, 2012 must be covered
- Benefits cannot have limitations which are more restrictive
- Nevada Check-Up guidelines can be found at:
http://doi.nv.gov/uploadedFiles/doinvgov/public-documents/Healthcare-Reform/NV_CheckUp_Dental.pdf

Non-discrimination

- QDPs may not employ market practices or benefit designs that will have the effect of discouraging the enrollment of individuals with significant health needs.
- **Type I services (preventative and diagnostic services) should not be subject to a deductible.**

Application Tips and Hints

Plans and Benefits Template

- The P&B template has a Dental Macro that can be activated by selecting “yes” in the Dental Only Plan Field
- The template will grey out all benefits except:
 - Basic Dental Care – Adult
 - Basic Dental Care – Child
 - Dental Check-Up for Children
 - Major Dental Care – Adult
 - Major Dental Care – Child
 - Orthodontia – Adult
 - Orthodontia – Child
 - Accidental Dental
 - Routine Dental Services (Adult)
- QDP issuers may offer the pediatric dental EHB at any AV and are not required to enter the high or low level of coverage in the template
 - If the high or low level of coverage is entered, then it must fall within the AV range of high or low.
 - The AV for the pediatric dental EHB must be entered on the AV supporting document

Application Tips and Hints (cont.)

Plans and Benefits Template (cont.)

- Pursuant to the provision of EHB at 45 CFR 156.115(a)(6), QDPs must cover pediatric dental benefits for individuals until at least the end of the month in which the enrollee turns 19 years of age
- Accidental Dental is included on the template but does not have to be covered
- Quantitative Limit on Service, Limit Quantity, Limit Unit, and Minimum Stay should be filled out according to the most typical/highest utilized benefit in each “Covered” benefit category
- All other limits or details of the services provided should be described in the Benefit Explanation field

Note: Consumers should be able to easily access this detail when viewing Plan Brochures

Application Tips and Hints for QDPs (cont.)

SSHIX has created the following Supplemental URL Templates to collect URL data from all issuers:

- Plans and Benefits URL Supplemental Template
- Network URL Supplemental Template

Supplemental Templates can be found on the SSHIX Issuer webpage, linked here:

<https://www.nevadahealthlink.com/partner-resources/carriers/>

The Enrollment Payment URL is updated manually. If any issuers have changes to their Enrollment Payment URL, please email Plan Management at pmanagement@exchange.nv.gov

Application Tips and Hints (cont.)

Plans and Benefits Template (cont.)

Guaranteed vs. Estimated Rate

- Guaranteed – Issuer must charge consumers the exact rates entered in the Rates Table Template
- Estimated – Issuer must make adjustments to the rates charged to the consumer beyond what it entered in the Rates Table Template
 - This will be indicated on Plan Compare
 - Allows issuers to rate 19 and 20 year olds differently
- Portion of premium (dollar amount) that applies towards EHB
 - Statewide average should be represented in template
 - Cannot exceed premium for child-only plan
 - Description of EHB Allocation form required to be signed by an actuary

Business Rules Template:

- Requires minimum relations between primary and dependent:

*Spouse-no, Foster Child-no, Ward-no, Stepson or Stepdaughter-no, Self-yes, Child-no, Life Partner-no, Other Relationship-no**

**Other Relationship* is required for SHOP plans, and if also selling individual plans it must be added because the relationships have to be identical*

Prohibition of Waiting Periods

- No waiting periods are allowed on pediatric dental, such as orthodontia.
- Imposing a waiting period on an EHB could mean the issuer is not offering coverage that provides EHB as required by 45 CFR 156.115

<https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/Waiting-period-FAQ-05262016-Final-.pdf>

Contacting the Exchange

Plan Certification General Mailbox

pmanagement@exchange.nv.gov

Policy and Compliance Manager – Meagan Werth Ranson

mranson@exchange.nv.gov

Plan Certification Manager – David Millar

dmillar@exchange.nv.gov