



**Nevada Health Link State Based Exchange Platform (The Exchange)
The Silver State Health Insurance Exchange (SSHIX)
Plan Year 2022 Final Letter to Issuers Fact Sheet
April 16, 2021**

The Plan Year 2022 Final Letter to Issuers released today provides guidance to issuers interested in offering Qualified Health Plans (QHPs) and Qualified Dental Plans (QDPs) on the Nevada Health Link State Based Exchange Platform (The Exchange) for the 2022 plan coverage year. The Plan Year 2022 Final Letter to Issuers provides information on key dates for the QHP and QDP certification process, standards that will be used to evaluate QHPs and QDPs for certification, electronic data requirements, oversight procedures, consumer support policies and programs. For more issuer information, please visit the Carrier Resources page of our website linked here:
<https://www.nevadahealthlink.com/partner-resources/carriers/>

This year's Final Letter includes some new sections and updated content. Some of the policies in the Final Letter released today include:

QHP Data Submission and Certification Timeline for Plan Year 2022 and the Final QDP Certification Timeline for Plan Year 2022:

The 2022 Final Letter outlines key dates for the QHP and QDP certification process with the Exchange for Plan Year 2022. Our approach to the timeline for 2022 is similar to the timeline for the 2021 plan year, with some minor differing dates. The following are noted exceptions:

- The QHP Final Plan Year 2022 timeline has been updated with additional key dates associated with the Centers for Medicare and Medicaid Services QHP Quality Rating and QHP Enrollee Survey requirements listed in that section.
- The QHP and QDP Final Plan Year 2022 timeline's have been updated with additional key dates of plan verification and URL requirements as related to plan preview and window shopping
- Electronic Data Interchange (EDI) discussion and testing dates have been removed from the QHP and QDP Final Plan Year 2022 timelines. For questions regarding EDI matters, please email the Recon Support team at: reconsupport@exchange.nv.gov, as stated in that section.

Quality Reporting Strategy for QHPs:

New for Plan Year 2022, the QHP Data Submission and Certification Timeline includes additional dates associated with the Centers for Medicare and Medicaid Services QHP Quality Rating and QHP Enrollee Survey activities. These activities already take place and no new requirements are reflected here, but certain deadlines related to those activities are now also included in this timeline:

Activity	Deadline
*2021 CMS QHP Enrollee Survey data submission deadline ¹	5/19/2021
HHS-approved QHP Enrollee Survey vendor securely submits the QHP Enrollee Survey response data to CMS on behalf of the QHP issuer ²	5/24/2021
QHP issuer submits the validated QRS clinical measure data, with attestation, to CMS via NCQA's Interactive Data Submission System (IDSS) ³	6/15/2021
QHP issuers, Exchange administrators, and CMS preview the 2021 QHP quality rating information	8/1-9/30/2021
Anticipated public display of QHP quality rating information ⁴	11/1/2021

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. For data reporting to CMS during 2021, a qualifying issuer is an issuer that offers a product type on SSHIX that meets the minimum enrollment threshold (more than 500 enrollees in that product type as of July 1, 2020 and January 1, 2021).

CMS will work with issuers to collect data and calculate the quality performance ratings for QHPs offered through SSHIX during the open enrollment period for the 2022 plan year. During 2022 qualifying issuers will report data from the 2021 plan year to CMS, and that data will be analyzed by CMS and be the basis for the quality performance.

QHP issuers should refer to the Marketplace Quality Initiatives website for more detailed information on issuer data collection and reporting requirements for the 2021 calendar year. CMS will issue technical guidance for the QRS and QHP Enrollee Experience Survey.

¹ 2021 Quality Rating System and QHP Enrollee Experience Survey: Operational Instructions available at: [2021 QRS and QHP Enrollee Experience Survey: Operational Instructions \(cms.gov\)](#)

² QRS and QHP Enrollee Survey Technical Guidance for 2021, available at: <https://www.cms.gov/files/document/quality-rating-system-and-qualified-health-plan-enrollee-experience-survey-technical-guidance-2021.pdf>, Home | CMS

³ Per CMS, each QHP issuer must submit and plan-lock its QRS clinical measure data by June 3 to allow the HEDIS® Compliance Auditor sufficient time to review, approve, and audit-lock all submissions by the June 15 deadline. There are no fees for QHP issuers associated with accessing and using the IDSS.

⁴ QHP Quality Rating information will be available on the Nevada Health Link Website at: <https://www.nevadahealthlink.com/transparency/>



SSHIX will notify any issuer who is eligible for 2022 QRS based on the 2022 QRS participation requirements. Participation requirements can be found in the CMS Technical Guidance for 2021.

For the 2022 plan year, the Nevada Health Link State Based Platform will display plan rating data on the Transparency page of our website linked here: <https://www.nevadahealthlink.com/transparency/>

*Please note - The suspension of activities related to the collection of clinical quality measures for the QRS and survey measures for the QHP Enrollee Survey noted in the 2021 Letter to Issuers was specific to the 2021 Plan Year (2020 ratings year).

While reporting units that meet all eligibility criteria per CMS will be required to collect and submit 2021 QRS clinical measure data and QHP Enrollee Survey response data, not all reporting units will be eligible for QRS scoring. Eligible reporting units will not receive QRS scores and ratings until their third consecutive year of operation in the Exchange. Therefore, a reporting unit that is eligible to be scored must meet the criteria for data submission and have been in operation for at least three consecutive years. Due to the suspension of 2020 QRS data collection, reporting units in their second year of operation were unable to submit data for the first time in 2020. Therefore, CMS is amending the scoring eligibility criteria such that 2020 will not count toward scoring eligibility for 2021, since issuers were not required to submit data for the 2020 QRS. A reporting unit must be operational on the Exchange in 2018, 2019, and 2021 to receive QRS scores and ratings. 2021 Quality Rating System and QHP Enrollee Experience Survey is subject to final rule per CMS.

Electronic Data Interchange (EDI) Requirements for QHPs and QDPs:

Any issuer intending to sell plans in Nevada for Plan Year 2022 must complete requirements with Electronic Data Interchange (EDI) testing prior to certification. Issuers will be required to notify SSHIX no later than March 1, 2021 if they intend to offer plans in Nevada for Plan Year 2022. Issuers will then be required to work collaboratively with 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.

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