

Stand-alone Dental Plans (SADPs): Certification

April 13, 2018

**Qualified Health Plan (QHP)
Issuer Conference**

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Agenda

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- Certification Timeline & Requirements
- 2019 Final Letter to Issuers
 - MOOP
 - SADP AV Requirements
- SADP Key Topics
 - Age Limitation
 - Explanation and Exclusions Fields
 - No Waiting Period
- Application Modules and Templates
 - Benefit and Service Area – Plans & Benefits Template
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- Q&A

Overview of SADPs

- SADPs are treated uniquely in the Patient Protection and Affordable Care Act.
 - Various statutory and regulatory standards apply differently to Qualified Health Plans (QHP) SADPs than to other QHPs.
- All SADPs in the Exchange must cover pediatric dental Essential Health Benefits (EHBs).
- Other QHPs must offer all EHBs but can “carve-out” the pediatric dental EHB in an Exchange that also offers an Exchange-certified SADPs.

Overview of SADPs (continued)

- SADP issuers can announce their intent to apply for certification – this helps QHP issuers know whether there will be an SADP in the Exchange and design their products accordingly.
- Outside of the Exchange, issuers of medical plans subject to the EHB requirements may offer to an individual a plan that excludes pediatric dental coverage as an EHB only if:
 - “reasonably assured” that the individual has already purchased an Exchange-certified SADP.

QHP Certification Requirements for Stand-alone Dental Plans

Table 4-1, Standards and Tools Applicable to Stand-alone Dental Plans

Standard or Tool Applies (*denotes modified standard)	
Essential Health Benefits*	Actuarial Value*
Annual Limits on Cost Sharing*	Rates submission*
Network Adequacy*	Inclusion of Essential Community Providers (ECPs)*
Non-discrimination	Service Area
Acceptance of Third Party Premium and Cost-sharing Payments	Data Integrity Tool
Transparency in Coverage Reporting	Machine Readable* (SADPs must comply with provider directory standards but not drug formulary standards)

QHP Certification Requirements Not Applicable for Stand-alone Dental Plan

- Table 4.2: Standard and Tools Not Applicable to SADPs

Standard or Tool Does Not Apply	
Accreditation	Patient Safety
Quality Reporting (Quality Rating System and QHP Enrollee Experience Survey) and Quality Improvement Strategy	Prescription Drugs
Cost-sharing Reductions	Out-of-Pocket Cost Comparison Tool

Final 2019 Letter to Issuers – SADPs

- SADP Annual Limitation on Cost Sharing
 - In the 2019 Final Letter to Issuers in the FFEs, we noted that, because the percentage increase in the Consumer Price Index (CPI) for dental services would raise the dental annual limitation on cost sharing (MOOP) less than \$25, for plan year 2019 the MOOP will remain \$350 for one child and \$700 for two or more children.
 - The per-child MOOP limit of \$350 applies to each child individually.
 - Once any enrolled child reaches \$350 in out-of-pocket spending, the plan may not charge additional out-of-pocket costs for EHB for that child, regardless of whether the plan has one or more enrolled children.
 - The limit of \$700 applies to plans with two or more enrolled children. A family may not be charged additional out-of-pocket costs for EHB once all enrolled children collectively have reached \$700 in out-of-pocket costs.
 - Total cost sharing for EHBs should not be greater than the MOOP.

Final 2019 Letter to Issuers – SADPs (continued)

- SADP Actuarial Value Requirements
 - In the 2019 Payment Notice Final Rule, we removed the requirement for SADPs to meet the low (70 percent +/- 2 percentage points) or high (85 percent +/- 2 percentage points) AV levels of coverage.
 - For plan year 2019, SADP issuers may offer the pediatric dental EHB at any AV and are not required to enter the high or low level of coverage into the template. (If the level of coverage is provided, the SADP's AV must be within the de minimis range for the high or low level).
 - The AV for the pediatric dental EHB, however, must be entered on the AV supporting document and must be certified by an actuary who is a member of the American Academy of Actuaries.

SADP Key Topics

- Age Limitation
 - According to the provision of EHB at 45 CFR 156.115 all SADPs must cover pediatric dental benefits for individuals until at least the end of the month in which the enrollee turns 19 years of age.
 - However, states can impose requirements to provide pediatric services to individuals up to a higher age but not lower.
- Explanation and Exclusion Fields
 - The Explanation and Exclusion fields on the plans and benefits template can be used to give details on a benefit.
 - Issuers are advised to assure that templates are internally consistent. Information in the Explanation and Exclusions fields should not contradict information entered in other parts of the template associated with any EHB.
 - Benefits cannot discriminate on the basis of color, race, national origin, disability, age, sex, gender or sexual orientation.

SADP Key Topics (continued)

- Prohibition of Waiting Periods
 - Our policy no longer allows waiting periods for all EHBs, including pediatric orthodontia EHB
 - 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>

Application Modules and Templates

- Issuer Module
 - Program Attestations
 - Licensure and Good Standing
 - ECP/Network Adequacy
 - Accreditation – Not applicable (N/A) for SADPs
- Benefit and Service Area Module
 - Service Area
 - Plans & Benefits (unique to SADPs)
 - Network ID
 - Prescription Drug – N/A for SADPs
- Rating Module
 - Rating Table template
 - Business Rules template
- Rate Review Module
 - Unified Rate Review – N/A for SADPs
 - EHB Apportionment will be collected as part of the Plans & Benefits template for SADPs

Benefit and Service Area – Plans & Benefits Template

- The Plans & Benefits 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)

Benefit and Service Area – Plans & Benefits Template (continued)

- AV for SADPs
 - Issuers are not required to enter the AV level of coverage into the template. This field is optional, however, if an issuer provides the level of coverage, the SADP's AV must fall within the previous requirements of:
 - High: Actuarial Value of 85% +/- 2%
 - Low: Actuarial Value of 70% +/- 2%
- There is no actuarial value calculation in the template for SADPs. The AV for the pediatric dental benefit need to be calculated by an actuary and the AV listed on the AV supporting document and certified by an actuary
- No Cost Sharing Reduction (CSR) plan variations for SADPs, so none will be auto-populated

Benefit and Service Area – Plans & Benefits Template (continued)

- Two data fields on Benefit Package tab that are for only SADPs:
 - EHB Apportionment for Pediatric Dental
 - The percentage of the EHB Apportionment for Pediatric Dental
 - Guaranteed vs. Estimated Rate
 - Identify whether this plan offers guaranteed or estimated rates
- Summaries of Benefits and Coverage are not applicable for SADPs

Rating Templates

- Individual Exchange SADP issuers will need to fill out the rating templates like last year, and will need to indicate in the plans and benefits template if those rates are estimated or guaranteed for the individual Exchange
- Issuers must adhere to guaranteed rates
- Issuers can make adjustments to estimated rates
- If an SADP issuer wishes to charge a different rate for 0-14, 15, 16, 17, 18, 19 and 20 year olds, they must indicate rates as estimated and communicate adjustments directly to the consumer
- EHB categories are standard; the issuer can add more granularity via the EHB justification allocation, but it is not required

Questions

