

Stand-alone Dental Plans (SADP): Certification and Business Rules Template and Rates Table Template

March 21, 2017

**Qualified Health Plan (QHP)
Series III**

Agenda

- Session Guidelines
- Announcements
- SADP: Certification
- Business Rules Template and Rates Table Template
- Resources
- Closing Remarks

Session Guidelines

- This is a 60-minute webinar session.
- This webinar will provide an opportunity for Center for Consumer Information and Insurance Oversight (CCIIO) Plan Management (PM) Subject Matter Experts (SMEs) to respond to questions from QHP issuers.
- For questions regarding content, contact the Centers for Medicare & Medicaid Services (CMS) Help Desk by email at: CMS_FEPS@cms.hhs.gov or by phone at (855) 267-1515.
- For questions regarding logistics and registration, contact the Registrar at (800) 257-9520.

Agenda

- 2018 Final Letter to Issuers
 - Maximum out-of-pocket (MOOP)
 - No Waiting Period
 - Off-Marketplace Enrollment
- SADP Key Topics
 - Age Limitation
 - Explanation and Exclusions Fields
 - Instructions
- Q&A

2018 Letter to Issuers – SADPs

- SADP Annual Limitation on Cost Sharing
 - In the 2018 Payment Notice Final Rule, we noted that, because there was no percentage increase in the Consumer Price Index (CPI) for dental services, the dental annual limitation on cost sharing (MOOP) for Plan Year (PY) 2018 would 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 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 once all enrolled children collectively have reached \$700 in out-of-pocket costs.
 - Copays for Essential Health Benefits (EHBs) should not be greater than the MOOP.

Final 2018 Letter to Issuers – SADPs (continued)

- Prohibition of Waiting Periods
 - Exception for Pediatric Orthodontia EHB (clarified May 2016)
 - All EHBs (effective plan years beginning on or after January 1, 2018)
 - <https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/Waiting-period-FAQ-05262016-Final-.pdf>
- Off-Marketplace SADP Enrollment Periods
 - CMS regulations do not prohibit Marketplace-certified SADPs offered off-Marketplace from accepting enrollments outside the Marketplace enrollment periods provided they comply with State laws.
 - However, under 45 CFR 155.410(a)(2), a Marketplace may only permit a qualified individual to enroll in a QHP or an enrollee to change QHPs during an enrollment period specified in the Marketplace regulations. Therefore, enrollments through a Marketplace are limited to these enrollment periods.

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

- Instructions
 - Chapter instructions have been restructured to embed SADP specific materials in each section that is applicable to SADPs.
 - There is an SADP table that identifies the application sections, where the instructions are located in the document, as well as what documents are required to complete as part of the SADP application.

Business Rules Template and Rates Table Template Demo

Open Q&A Session

Questions?

- To submit or withdraw questions by phone:
 - *To submit a question, dial “star(*) pound(#)” on your phone’s keypad.*
 - *To withdraw a question, dial “star(*) pound(#)” on your phone’s keypad.*
- To submit questions by webinar:
 - *Type your question in the text box under the “Q&A” tab and click “Send.”*

Submission of Inquiries

Users/Issuers can contact:

- **CMS Help Desk** with questions about specific situations, the Federal Templates and their functionality and the Health Insurance Oversight System (HIOS)
Call: 855-CMS-1515 or **Email: CMS_FEPS@cms.hhs.gov**
- **National Association of Insurance Commissioners (NAIC)** with questions about state requirements/System for Electronic Rate and Form Filing (SERFF)
Email: serffplanmgmt@naic.org
- **CMS Help Desk** with questions about policy
Call: 855-CMS-1515 or **Email: CMS_FEPS@cms.hhs.gov**

Best Practices- Submitting Help Desk Tickets

- Include HIOS ID, issuer state and issuer legal name.
- Include screenshots or attach templates when asking about an error or issue with the template.
- Submit separate Help Desk requests for different, unrelated questions.
- Put the question in the body of the email; do not attach Excel or Word documents with lists of questions.
- Identify or note whether a question is for the SHOP or Individual Marketplace.

PM Webinar Dates

The 2017 QHP March Webinar Series III sessions occur on Tuesdays and Thursdays as shown below:

Date	Day	Time (ET)	Topic
3/23/17	Thursday	1:00 p.m. – 2:00 p.m.	Open Q&A
3/28/17	Tuesday	3:00 p.m. – 4:00 p.m.	Open Q&A
3/30/17	Thursday	1:00 p.m. – 2:00 p.m.	Open Q&A

Please register if you wish to participate, even if you have registered for a previous series.

For registration and additional information on CMS' webinar series, please log in to <https://www.REGTAP.info>.

Additional Webinar Dates

In addition to the weekly PM webinar sessions, issuers are encouraged to attend the following sessions:

Program Area	Day	Time (ET)
Enrollment	Mondays (Bi-Weekly)	12:00 p.m. – 1:00 p.m.
EDGE Server	Tuesdays (Bi-Weekly)	11:30 a.m. – 1:00 p.m.
FF-SHOP	Tuesdays (Bi-Weekly)	1:00 p.m. – 2:00 p.m.

Please register if you wish to participate, even if you have registered for a previous series. For registration and additional information on CMS' webinar series, please log in to <https://www.REGTAP.info>.

HIOS User Group Conference Call

- The HIOS User Group Conference Call occurs every Wednesday from 2:00 p.m. to 3:30 p.m. Eastern Time (US & Canada) (GMT-05:00).
- Call Access: 1-888-455-8828; Passcode: 6714482

Resources

Resource	Resource Link
CMS	http://www.cms.gov/
CMS Regulations and Guidance	http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html?redirect=/home/regsguidance.asp
Data Templates	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/qhp.html
HealthCare.gov	http://www.healthcare.gov/
National Conference of State Legislatures (NCSL)	http://www.ncsl.org
Registration for Technical Assistance Portal (REGTAP)	https://REGTAP.info
U.S. Department of Health & Human Services (HHS)	http://www.hhs.gov/

Commonly Used Acronyms

Acronym	Definition
AV	Actuarial Value
BHP	Basic Health Program
ECP	Essential Community Provider
EHB	Essential Health Benefit
EIDM	Enterprise Identity Management
FFM	Federally-facilitated Marketplace
HIOS	Health Insurance Oversight System

Commonly Used Acronyms

(continued)

Acronym	Definition
MSP	Multi-State Plans
NAIC	National Association of Insurance Commissioners
NCQA	National Committee for Quality Assurance
QHP	Qualified Health Plan
SBM	State-based Marketplace
SERFF	System for Electronic Rate and Form Filing
USP	United States Pharmacopeia

Closing Remarks