

# Stand-alone Dental Plans (SADPs): Qualified Health Plan (QHP) Certification

**March 14, 2019**

**2019 Qualified Health Plan (QHP) Series**

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# Intended Audience

- The SADP QHP Certification presentation is applicable to Federally-facilitated Exchanges (FFE) and State Partnership Exchanges (SPEs).

# Agenda

- Session Guidelines
- Announcements
- Overview of Stand-alone Dental Plans
- Certification Timeline & Requirements
- Draft 2020 Letter to Issuers
  - Maximum Out-of-Pocket (MOOP)
  - SADP Actuarial Value (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
  - Rating Templates
- Question & Answer (Q&A) Session
- Resources
- Closing Remarks

# Session Guidelines

- This is a 60-minute session.
- This webinar will provide an opportunity for Center for Consumer Information and Insurance Oversight (CCIIO) PM Subject Matter Experts (SMEs) to discuss SADP QHP Certification.
- For questions regarding content, contact the Centers for Medicare & Medicaid Services (CMS) Help Desk by email at: [CMS\\_FEPS@cms.hhs.gov](mailto: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.

# Additional Webinar Sessions

All questions regarding Enrollment, External Data Gathering Environment (EDGE) Server or Federally-facilitated Small Business Health Options Program (FF-SHOP) can be addressed during the following webinar sessions:

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

# Announcements

# REGISTRATION NOW OPEN!

## Registration Deadlines:

In-Person: April 17, 2019 Noon ET

Remote: April 19, 2019 Noon ET

Register today at [HTTPS://WWW.REGTAP.INFO](https://www.regtap.info)

## Qualified Health Plan (QHP)

### ISSUER CONFERENCE

April 23 – April 24, 2019

This event is intended for issuers applying for QHP certification in the Federally-facilitated Exchange. Registration is required to participate in person or remotely.



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# SADP QHP Certification



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# Overview of SADPs

- SADPs are treated uniquely in the Patient Protection and Affordable Care Act.
  - Various statutory and regulatory standards apply differently to 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 SADP.

# 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 SADPs

Table 4.1: Standards and Tools Applicable to Stand-alone Dental Plans

Standards and Tools that Do Apply (*denotes modified standard)	
Essential Health Benefits*	Actuarial Value*
Annual Limits on Cost Sharing*	Rates submission*
Essential Community Providers/Network Adequacy*	SADP Essential Community Provider (ECP) Tool*
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 SADPs

Table 4.2: Standards and Tools Not Applicable to SADPs

Standards and Tools that Do 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

# Draft 2020 Letter to Issuers – SADPs

- SADP Annual Limitation on Cost Sharing
  - In the Draft 2020 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 (PY)20 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.

# Draft 2020 Letter to Issuers – SADPs (continued)

- SADP Actuarial Value Requirements
  - For plan year 2020, 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
  - Pursuant to the provision of EHB at 45 CFR 156.115(a)(6), 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 provide details on a benefit.
  - Issuers are advised to ensure that templates are internally consistent. Information in the Explanation and Exclusions fields must 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
  - Waiting periods are not allowed for any 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 (optional sections)
  - 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. While this field is optional, 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 should be calculated by an actuary and the AV listed on the AV supporting document and certified by an actuary.
- There are no Cost Sharing Reduction (CSR) plan variations for SADPs; therefore, such data will be not be auto-populated.

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

- Two (2) data fields on Benefit Package tab are designated for only SADPs:
  - EHB Apportionment
    - The percentage of EHB Apportionment for Pediatric Dental
    - While EHB categories are standard, the issuer can add more granularity via the EHB justification allocation, although it is not required.
  - Guaranteed vs. Estimated Rate
    - Identify whether plan offers guaranteed or estimated rates
- Summaries of Benefits and Coverage are not applicable for SADPs.

# Rating Templates

- Individual Exchange SADP issuers must complete the rating templates and must indicate in the Plans and Benefits Template if those rates are estimated or guaranteed for the Individual Exchange.
- If guaranteed rates are selected, the issuer must charge consumers the exact rates entered in the Rates Table Template.
- If estimated rates are selected, the issuer must make adjustments to the rates charged to consumers beyond what is entered in the Rates Table Template.
- Consumers can identify whether an SADP rate is “Estimated” or “Guaranteed” when shopping for plans on HealthCare.gov.

# Open Q&A Session



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# 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 Health Insurance Oversight System (HIOS)
  - **Call: 855-CMS-1515**
  - **Email: [CMS\\_FEPS@cms.hhs.gov](mailto: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](mailto:serffplanmgmt@naic.org)**



# 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 Exchange.

# HIOS User Group Conference Call

- 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

# Plan Management Webinar Dates

The QHP March Webinar sessions occur on Thursdays as shown below:

Date	Day	Time (ET)	Topic
03/21/19	Thursday	1:00 p.m. – 2:00 p.m.	Business Rules Template & Rates Table Template
03/29/19	Thursday	1:00 p.m. – 2:00 p.m.	Data Integrity Tool (DIT)

# Resources for QHP Plan Maintenance and Certification

Resource	Resource Link
CMS Regulations and Guidance	<a href="https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html">https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html</a>
Qualified Health Plan (QHP) Application Materials	<a href="https://www.qhpcertification.cms.gov/s/Application%20Materials">https://www.qhpcertification.cms.gov/s/Application%20Materials</a>
Plan Year (PY) 2018 QHP Issuer Toolkit	<a href="https://www.qhpcertification.cms.gov/s/PY2018QHPIssuerToolkit_051817.pdf">https://www.qhpcertification.cms.gov/s/PY2018QHPIssuerToolkit_051817.pdf</a>
QHP Application Review Tools	<a href="https://www.qhpcertification.cms.gov/s/Review%20Tools">https://www.qhpcertification.cms.gov/s/Review%20Tools</a>
Registration for Technical Assistance Portal (REGTAP)	<a href="https://REGTAP.info">https://REGTAP.info</a>
Health Insurance Oversight System (HIOS)	<a href="https://portal.cms.gov/wps/portal/unauthportal/home/">https://portal.cms.gov/wps/portal/unauthportal/home/</a>
System for Electronic Rate and Form Filing (SERFF)	<a href="https://login.serff.com/">https://login.serff.com/</a>

# Commonly Used Acronyms

Acronym	Definition
AV	Actuarial Value
BHP	Basic Health Program
ECP	Essential Community Provider
EHB	Essential Health Benefit
EIDM	Enterprise Identity Management
FFE	Federally-facilitated Exchange
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
SBE	State-based Exchange
SERFF	System for Electronic Rate and Form Filing
USP	United States Pharmacopeia

# Closing Remarks