



Dental – Frequently Asked Questions 2013

Question	Answer
1. Where are dental issuers required to file forms and rates for ODI review?	All dental forms and rates must be filed through the System for Electronic Rate and Form Filing (SERFF) system for ODI review. <i>updated 5/30/13</i>
2. When is the deadline for submitting forms and rates for Stand-Alone Dental Plans (SADPs) and off-Exchange certified dental plans?	Forms and rates for SADPs must be filed with the Department no later than May 31, 2013. <i>updated 5/30/13</i>
3. Where are dental issuers required to file their Exchange certification applications?	Dental plans that are seeking Exchange certification must be submitted through SERFF for ODI review. <i>updated 5/30/13</i>
4. When is the deadline for submitting QHP Binders for SADPs and off-Exchange certified dental plans?	QHP Binders that include a SADP must be submitted with the Department no later than June 21, 2013. Please note that this includes SADP that seek Exchange certification, but will be sold solely outside of the Exchange. <i>updated 5/30/13</i>
5. Can an Issuer be certified to offer SADPs solely off-Exchange?	Yes. If an issuer would like to offer a Stand-Alone Dental Plan solely off-Exchange but still receive Exchange certification so that it meets the EHB Pediatric Dental standard, then the issuer must select the “off-Exchange” option in the dental-specific plan and benefits template. This process would provide a Stand-Alone Dental Plan with the “Exchange-certified” status outlined in the final EHB regulation where a health insurance issuer could offer a health plan without the pediatric dental EHB to an individual if the issuer is reasonably assured that the individual has obtained pediatric dental EHB coverage through an Exchange-certified Stand-Alone Dental Plan. <i>Updated 5/30/13</i>

<p>6. In terms of filing requirements, are there any substantial differences between SADPs that will be sold on the Exchange and Exchange-certified pediatric dental plans that will be sold solely off-Exchange?</p>	<p>The only difference between the two is where the plan will be marketed. All filing requirements, including deadlines, are applicable in the same manner to both SADPs and Exchange-certified pediatric dental plans. <i>updated 5/30/13</i></p>
<p>7. Do any SADP issuers intend to participate in the Ohio-based FFE?</p>	<p>Yes, a total of six SADP issuers have submitted intent to participate in the FFE to CCIIO. For more information, please see http://www.cms.gov/CCIIO/Resources/Files/Downloads/voluntary-dentalreporting-list-1-28-13.pdf. <i>updated 5/30/13</i></p>
<p>8. What parts of the Exchange certification application do SADP issuers complete?</p>	<p>SADP issuers must complete all sections of the QHP application except for the pharmacy template, the accreditation template, and the unified rate review template. All of the templates for the certification application are the same for SADPs as for QHPs, except for the modified dental plan and benefits template. Issuers should use the dental plan and benefits template 1.32 or later in order to activate the modifications that are specific to SADPs. In addition, SADP issuers are required to complete the “SADP – Description of EHB Allocation” and the SADP – Actuarial Value Supporting Documentation and Justifications” forms. Finally, SADPs are also required to complete the program attestation section that relates to pediatric dental. For technical information, issuers should refer to the Instructions for Stand-Alone Dental Plan Applications. Those instructions can be found at http://www.serff.com/documents/plan_management_dental_submission_s_ch_15.pdf. <i>updated 5/30/13</i></p>
<p>9. Do Market Reforms apply to SADPs?</p>	<p>No. SADPs are considered excepted benefits under HIPAA. With the exception of the applicability of annual and lifetime dollar limits to pediatric dental benefits, ACA market reforms do not apply to excepted benefits. However, if an issuer chooses to embed pediatric dental benefits within its major medical plan, then market reforms would apply to those pediatric dental benefits. <i>updated 5/30/13</i></p>
<p>10. How do rating tables and business rules apply to SADPs?</p>	<p>In order to be Exchange certified, SADPs are required to complete the rates table and associated business rules table. However, as excepted benefits, SADPs are not required to meet the rating rules of PHS Act section 2701(a) that underlie the QHP rating tables and business rules template. SADPs may adjust premiums based on other rating factors. The modified dental plan and benefits template will have a data field where SADP issuers may indicate whether they are committing to the rates reported in the rating template or if they are reserving the option to charge additional premium amounts. <i>updated 5/30/13</i></p>

<p>11. Outside of the Exchange, does the medical plan need to provide dental benefits if an individual provides reasonable assurance to an issuer that he/she has already purchased an Exchange-certified Stand-Alone Dental Plan that covers the pediatric EHB?</p>	<p>No, in that situation, an issuer would not be required to include the pediatric dental portion of the EHB within their medical plan. <i>updated 5/30/13</i></p>
<p>12. How does a medical issuer attain reasonable assurance?</p>	<p>Reasonable assurance could be obtained by requiring proof of coverage from the individual or establishing a method of confirming coverage directly with a dental issuer that is offering a Exchange-certified Stand-Alone Dental Plan. The issuer is responsible for the method of obtaining assurance and demonstrating compliance. <i>updated 5/30/13</i></p>
<p>13. For off-Exchange business, if an individual does not purchase an Exchange-certified pediatric dental plan, does the issuer have to embed the pediatric dental benefit into the medical plan?</p>	<p>Outside of the Exchange, an issuer should embed pediatric dental services if the issuer is not reasonably assured that the individual is enrolled in an Exchange-certified pediatric dental plan. <i>updated 5/30/13</i></p>
<p>14. Will issuers be required to file a separate network name for products that have embedded dental?</p>	<p>Issuers are not required to file a separate network for products that have embedded dental. The Network ID for a network with dental providers can be used for both QHPs with embedded dental and QHPs without embedded dental. However, if the issuer would like to offer a QHP with a network including dental providers, and a second QHP that excludes those providers, then the issuer will need to set up two different network IDs. <i>updated 5/30/13</i></p>
<p>15. Are SADPs subject to the same minimum thresholds as medical plans in regards to Essential Community Providers?</p>	<p>Yes, dental plan issuers are subject to the Essential Community Provider thresholds. For more information on the ECP thresholds, please see the Annual Letter to Issuers in Federally-facilitated and State Partnership Exchanges at: http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2014_letter_to_issuers_04052013.pdf. For a list of Ohio ECP Dental Providers, please see: http://insurance.ohio.gov/Company/Documents/Ohio_Dental_ECP_List.pdf <i>updated 5/30/13</i></p>
<p>16. Are SADPs subject to</p>	<p>No, SADPs are not required to meet the same AV thresholds as</p>

<p>the same actuarial value requirements as medical plans, i.e. bronze, silver, gold, platinum?</p>	<p>medical plans. Instead, dental issuers are required to offer either a low-option SADP with an AV of 70% or a high-option SADP with an AV of 85%. Both of these thresholds allow for a de minimis variation of +/- 2 percentage points. <i>updated 5/30/13</i></p>
<p>17. Are SADPs subject to the same annual limitation on cost-sharing amounts as medical plans?</p>	<p>No, SADPs are not subject to the same annual limitations on cost sharing as medical plans. Rather than meeting the specific dollar limits that apply to comprehensive medical plans, Exchange-certified SADPs are required to demonstrate that they have a reasonable annual limitation on cost-sharing in place. CMS has interpreted the word “reasonable” to mean any annual limit on cost-sharing that is at or below \$700 for a plan with one child or \$1,400 for a plan with two or more child enrollees. <i>updated 5/30/13</i></p>
<p>18. What is the definition of medically-necessary orthodontia?</p>	<p>Issuers are responsible for developing standards to define medically-necessary orthodontia. <i>Updated 5/30/13</i></p>