

QHP Dental Frequently Asked Questions

Selected Responses

May 10, 2013



Qualified Health Plan (QHP) Dental Frequently Asked Questions

QHP Dental Frequently Asked Questions (FAQs) # 1

Release Date: May 10, 2013

Stand-alone Dental Plans (SADPs)

Q1: Can an issuer be certified to offer stand-alone dental plans only off of the Exchange?

A1: If an issuer would like to offer a stand-alone dental plan only off of the Exchange in a state with a Federally-facilitated Exchange but receive Exchange certification that it meets standards related to the pediatric dental essential health benefits, then the issuer must select the “off Exchange” option in the dental-specific plan and benefits template. To be considered “Exchange-certified,” the issuer of the stand-alone dental plan must complete the certification process up to the point of signing the agreement. This process would provide a stand-alone dental plan with the “Exchange-certified” status outlined in the EHB final rule 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.

Q2: What benefits are required to be included in stand-alone dental plans?

A2: In order to be certified, all stand-alone dental plans must cover the pediatric dental essential health benefits, as required in the Affordable Care Act. As outlined in section 156.150 of the EHB final rule, a stand-alone dental plan must offer the pediatric dental EHB but may offer additional benefits, which could include non-pediatric coverage. We note that only the pediatric dental benefit, and not any non-pediatric coverage, would be subject to EHB standards, including complying with the requirement to offer benefits that are substantially equal to the benchmark and meeting AV and out-of-pocket limit requirements for stand-alone dental plans. Stand-alone dental plans that are submitted without coverage of the pediatric dental EHB will not be certified. State-specific benchmarks for the pediatric dental benefit are listed in the EHB final rule.

We note that a stand-alone dental plan could enroll adults only in a family plan.

All of the templates for the certification application are the same for stand-alone dental plans as for QHPs, except for the modified plan and benefits template. These templates, including the dental plan and benefits template, are available on zONE and SERFF

(http://www.serff.com/plan_management_data_templates.htm).

QHP Dental Frequently Asked Questions

Selected Responses

May 10, 2013

Q3: What parts of the Federally-facilitated Exchange certification application do stand-alone dental plan issuers complete?

A3: Issuers of stand-alone dental plans must complete all sections of the QHP application for stand-alone dental plans in the FFE, except for the pharmacy template, the accreditation template, and the unified rate review template. Issuers should use the dental plan and benefits template 1.32 or later in order to activate the modifications that are specific to stand-alone dental plans. More information on what parts of the application apply to stand-alone dental plans can be found in three documents: 1) a chart titled “Application requirements related to stand-alone dental plans” posted on Regtap on April 18, 2013; 2) the presentation “Stand-alone Dental Plans Applying for Certification in the FFE” posted on 05/02/13; and, 3) Chapter 4 of the Letter to Issuers (http://cciio.cms.gov/resources/regulations/Files/2014_letter_to_issuers_04052013.pdf).

Q4: Do health plans outside of the Exchange need to cover the pediatric dental EHB? How would that work with stand-alone dental plans outside of the Exchange?

A4: The EHB final rule (78 FR 12834) stated the following with respect to coverage of pediatric dental EHB in the outside market: “The Affordable Care Act does not provide for the exclusion of a pediatric dental EHB outside of the Exchange as it does in section 1302(b)(4)(F) of the Affordable Care Act for QHPs. Therefore, individuals enrolling in health insurance coverage not offered on an Exchange must be offered the full ten EHB categories, including the pediatric dental benefit. However, in cases in which an individual has purchased stand-alone pediatric dental coverage offered by an Exchange-certified stand-alone dental plan off the Exchange, that individual would already be covered by the same pediatric dental benefit that is a part of EHB. When an issuer is reasonably assured that an individual has obtained such coverage through an Exchange-certified stand-alone dental plan offered outside an Exchange, the issuer would not be found noncompliant with EHB requirements if the issuer offers that individual a policy that, when combined with the Exchange-certified stand-alone dental plan, ensures full coverage of EHB. HHS notes that the stand-alone dental plan would have to be an Exchange-certified stand-alone dental plan to ensure that it covered the pediatric dental EHB, as required for Exchange certification under section 1311(d)(2)(B)(ii) of the Affordable Care Act. However, the Exchange-certified stand-alone dental plan would not need to be purchased through an Exchange. This alternate method of compliance is at the option of the medical plan issuer, and would only apply with respect to individuals for whom the medical plan issuer is reasonably assured have obtained pediatric dental coverage through an Exchange-certified stand-alone dental plan.”



QHP Dental Frequently Asked Questions

Selected Responses

May 10, 2013

Q5: How do rating tables and rating business rules apply to stand-alone dental plans?

A5: For the purposes of completing the application for certification of stand-alone dental plans in the FFE, stand-alone dental plans must complete the rates table and associated business rules table according to the rating rules. Stand-alone dental plans, as excepted benefits, have additional flexibility to adjust premiums based on other rating factors. The modified dental plan and benefits template will have a data field in which dental issuers will indicate whether they are committing to the rates in the template, and thereby voluntarily complying with the rating rules, or whether the issuer reserves the right to make further premium adjustments. The plan display will indicate to consumers whether the premium displayed for stand-alone dental plans is a guaranteed rate or an estimated rate. Please see pages 31-32 of the letter to issuers for additional information (http://cciio.cms.gov/resources/regulations/Files/2014_letter_to_issuers_04052013.pdf).

Q6: If an issuer has not submitted a medical QHP application yet, can the issuer submit medical and stand-alone dental plan applications during the dental plan window?

A6: Applications for medical QHP were due to the FFM on May 3, 2013. The stand-alone dental submission window is available only for the submission of stand-alone dental plans. Issuers of QHPs who have already submitted QHP applications can use the stand-alone dental submission window to add information related to dental to their existing QHP applications where appropriate, but the addition of QHPs is not allowed. The document titled "Application requirements related to stand-alone dental plans" that was posted to Regtap on April 18, 2013 outlines how stand-alone dental plan information should be added to QHP applications that have already been submitted.