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Connecticut's Health Insurance Marketplace

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Solicitation to Stand-Alone Dental Plan (SADP) Issuers for Participation in the Individual and/or Small Business Health Options Program (SHOP) Marketplace

Plan Year 2016

Release Date: April 14, 2015

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I. General Information and Background

The Connecticut Health Insurance Exchange (Exchange) dba Access Health CT (AHCT) is soliciting applications from dental insurance issuers ("Issuers") to market and sell Stand-Alone Dental Plans ("SADPs") through the AHCT Marketplaces (Small Business and individual) for the 2016 plan year.

The Solicitation defines the requirements an Issuer must comply with to participate in the Individual Marketplace and/or the Small Business Health Options Programs (SHOP) Marketplace.

Limited scope dental benefits are excepted benefits when provided under a separate policy, certificate, or contract of insurance, or when they are otherwise not an integral part of the plan in accordance with the Public Health Service (PHS) Act section 2791(c)(2)(A). Therefore, a stand-alone dental plan is not subject to the insurance market reform provisions of the ACA that amend the PHS Act, such as guaranteed availability and renewability of coverage. This applies to non-grandfathered health plans in the individual and group markets. The Solicitation may be amended by addenda as necessary to assure compliance with state and federal laws. AHCT will post any amendments to this Solicitation on its website.

Issuers participating in the Individual Marketplace must agree to offer SADPs to any eligible consumer seeking to purchase such coverage for a term of up to twelve (12) months during the open enrollment period. The open enrollment period for the 2016 plan year will begin on November 1, 2015 and end on January 31, 2016. The Issuer will also agree to offer its SADPs during special enrollment periods to eligible enrollees, and their currently enrolled eligible co-beneficiaries where applicable, who may experience a valid change in circumstances as defined in 45 C.F.R. §155.420 when applicable to limited scope SADPs.

Issuers participating in the SHOP must permit a qualified employer to purchase coverage for its small group at any point during the year. The employer's plan year must consist of the 12-month period beginning with the qualified employer's effective date of coverage (45 C.F.R. §155.725(b).) Issuers offering SADPs through SHOP must also charge the same contract rate for each month of the applicable small businesses' s policy year in accordance with 45 C.F.R. § 156.285(3).

Only dental plans certified as a SADP by AHCT for the plan year can be sold through the AHCT Marketplace.

To be certified, the Issuer and its SADPs must meet all federal and state laws, as well as the standards set by AHCT. AHCT is responsible for certifying SADPs and ensuring that plans remain compliant with the AHCT's SADP certification requirements.

The SADP certification process and requirements for the 2016 plan year maintain many aspects of the processes and requirements carried out for the previous plan year, including close coordination and collaboration with the Connecticut Insurance Department (CID). This Solicitation reflects the criteria approved by the AHCT Board of Directors and that it deems are in the best interest of

individuals and employers with a principal place of business or principal residence in the State of Connecticut.

In setting the criteria outlined in this Solicitation that AHCT will use to certify SADPs as "qualified," AHCT was guided by its mission to increase the number of insured residents in Connecticut and reduce health disparities by improving access to high quality dental care coverage.

Through this Solicitation AHCT looks specifically to the Issuers to be a cooperative partner with AHCT in reaching our common goal of providing quality dental care coverage to Connecticut residents.

A. Regulatory Filings

In accordance with Connecticut state law, all fully insured products , except for small group indemnity, must have forms and rates approved by the CID in advance of an Issuer presenting the product to the market for sale.

Any determinations by AHCT to certify a SADP will be conditional upon the CID approving rate and form filings.

B. Solicitation Process and Timetable

The following schedule represents pertinent dates necessary for Issuer and SADP certification. Please note that the due dates are subject to change. Any subsequent updates will be communicated, within a reasonable time, directly to the individual identified in the Issuer Non-Binding Notice of Intent and posted on the AHCT website at www.ct.gov/hix under the "Health Plans" section.

Deliverable/Milestone	**Target Dates** *(dates are subject to change)*
Final HHS Notice of Benefit and Payment Parameters for 2016 released	February 20, 2015
Final 2016 Letter to Issuers in the Federally-facilitated Marketplaces released	February 20, 2015
AHCT Assess and Finalize 2016 CT Issuer SERFF Data Submission Requirements	March 17 – April 17, 2015
Release 2016 AHCT Issuer Solicitation and Non-Binding Notice of Intent for SADPs	April 14, 2015
Issuer Non-Binding Notice of Intent Submission Deadline	April 21, 2015
Publish 2016 AHCT Issuer Application (for New and Existing Issuers), Instructions & Checklist for SADPs	April 24, 2015
Inquiries on SADP Application from Issuer Due to AHCT	April 24 – April 29, 2015

Deliverable/Milestone	Target Dates *(dates are subject to change)*
AHCT Responds to Issuer Application Questions	April 30, 2015
Issuer Prepares 2016 Federal QHP Data Templates and Supporting Documents	May 4 – May 15, 2015
Issuer Data Submission Inquiry Period	May 4 – May 15, 2015
SADP Application, Template Data, Select Supporting Documents due to AHCT	May 18, 2015
AHCT Review of 2016 Issuer Data Submissions/Resubmissions	May 19 – August 14, 2015
AHCT/ Issuer Calls to Address/Resolve Federal QHP Data Submission Matters	June 17 – August 14, 2015
Certification of 2016 AHCT Issuer Plan Submissions	July 30 – September 12, 2015
Upload 2016 SADP Plan Data into AHCT Plan Management Staging System	August 17 – August 20, 2015
AHCT/Issuer Plan Preview Sessions	August 24 – September 4, 2015
Refine/Approve Pre-Published 2016 AHCT SADP Plan Data	September 8 – September 15, 2015
2016 QHP Plan Data Published in AHCT Consumer Portal	November 1, 2015
Plan Year 2016 Open Enrollment Period	November 1, 2015 – January 31, 2016

C. Non-Binding Notice of Intent (Pre-Requisite)

All Issuers seeking participation in the Individual Marketplace and/or SHOP Marketplace must submit the **Non-Binding Notice of Intent (NBNOI) to Submit Stand-Alone Dental Plans.** An Issuer cannot apply without first submitting the NBNOI, unless pre-approved by AHCT. Only those Issuers acknowledging interest in this Solicitation by submitting the NBNOI will continue to receive Solicitation related correspondence from AHCT.

Submission Instructions and Deadlines for NBNOI:

1. Please complete the form titled "**Non-Binding Notice of Intent (NBNOI) to Submit Stand-Alone Dental Plans".** The NBNOI is available at http://www.ct.gov/hix/ .
2. Issuers should submit this form via email to the AHCTs contact person identified in Section D no later than April 21, 2015.
3. Please make sure the email subject line reads: "Non-Binding Notice of Intent to Submit Stand-Alone Dental Plans."

4. The Issuer will receive a response confirming the submission.

D. Authorized AHCT Contact for Solicitation

AHCT's authorized Contact Person for all matters concerning this Solicitation:

Name: Michele Barnett

E-Mail: CTHIX-Issuers@ct.gov

Mailing Address:

Access Health CT
Attn: Michele Barnett, 15th Floor
280 Trumbull Street
Hartford, CT 06103

Phone: 860-757-6802

All questions to, and requests for information from AHCT concerning this Solicitation by a Prospective Issuer, or a representative or agent of a Prospective Issuer, should be directed to the Authorized Contact Person. Please include "Access Health CT SADP Solicitation" in all correspondence.

Questions should be in writing, and submitted by email. All answers to questions, and any Addenda to this Solicitation, will be made available to all Prospective Issuers.

E. Eligibility and Enrollment

a. Individual Marketplace

AHCT is responsible for the enrollment and all eligibility determinations of individuals and families. In addition, all eligibility changes must be made through AHCT.

Please refer to Chapter 45, Section 155 the US Code of Federal Regulations for eligibility requirements. All eligibility determinations, re-determinations and changes will be made in accordance with federal and state law. AHCT will distribute an 834 Companion Guide to all participating Issuers, which will include the specifics with regard to transactions and the coding of transactions.

b. Small Business Health Options Programs (SHOP) Marketplace

AHCT and licensed certified brokers assist small employers as defined in 45 C.F.R. §155.20, and the employees of those groups, with SADP plan selection and enrollment assistance. In addition, the

SHOP vendor will interact with the licensed brokers and navigators to provide assistance to small employer groups in evaluating and obtaining coverage options.

AHCT's SHOP vendor transfers data electronically between the SHOP vendor and Issuers). The SHOP vendor issues a single premium invoice to the small employer for the total premium dollars due. The small employer group remits the premiums due (both employee and employer contributions) to the SHOP vendor. The SHOP vendor processes the small employer premium payments by disbursing the applicable amount to the appropriate Issuer. The SHOP vendor is also is responsible for sending an aggregated broker commission payment to the individual brokers for all enrollees the broker has assisted.

F. Qualifying Events and Special Enrollment

AHCT grants a special enrollment period for qualifying events in accordance with 45 C.F.R. §155.420(d) for the Individual Marketplace and 45 C.F.R. §155.725(j) for the SHOP Marketplace.

Additionally, pursuant to 45 C.F.R. §155.420(d)(2)(i) and Connecticut General Statute (C.G.S) § 38a-564, special enrollment in the SHOP is available when a court has ordered coverage be provided for a spouse or minor child under a covered employee's plan and request for enrollment is made within thirty days after issuance of such court order.

All special enrollment periods begin as of the date of the qualifying event, not as of the date reported to AHCT.

G. Grace Periods

a. Individual Marketplace

AHCT will require Issuers to comply with a 30 day grace period for the enrollees. If no payment is received during this one month grace period, the enrollment may be cancelled effective at the end of that one month grace period, not back to the end of the last month in which payment in full was received by the Issuer.

b. SHOP Marketplace

AHCT has established a 30 day grace for employer groups that do not pay on time. To account for months without 30 days, the grace period extends to the end of the month.

H. Amendments to the Solicitation

AHCT reserves the right to amend this Solicitation as may be necessary to assure compliance with state and federal laws. AHCT will post any amendments on its website (www.ct.gov/hix).

II. Application Components and Certification Requirements

This section outlines the various components that AHCT will require in the Issuer application for this Solicitation. The SADP Application and any associated guidance related to its submission, including the submission of any necessary (or optional) supporting documentation, will be provided to the primary point of contact identified by the Issuer in the NBNOI.

The SADP application is intended to cover the Issuer's participation in the Individual Marketplace and/or SHOP.

The SADP Application will collect Issuer information, benefit information and rate data, largely through standardized Federal data templates and supporting documentation. Additionally, Issuers will be required to attest to adherence to the regulations set forth in 45 C.F.R. parts 155 and 156, and AHCT requirements. AHCT has adopted the requirements set forth in 45 C.F.R. 156.340, therefore the Issuers maintain responsibility for the compliance of any delegated entities. Attestations will clearly state that any vendors and/or contractors of the Issuer will comply with all state and federal laws.

Issuers are not required to submit the Unified Rate Review Template (URRT) to AHCT for SADPs.

AHCT will grant Issuer and SADP certification for one year, providing the Issuer meets all requirements. Issuers interested in offering SADPs through the AHCT Marketplace in subsequent plan years must seek recertification on an annual basis.

A. Issuer General Information

The SADP Application will request the name and address of the legal entity that has obtained the Certificate of Authority to offer dental insurance policies in the State of Connecticut. This information must match the information on file with the CID. Issuers will be required to provide AHCT with the following information:

- Company information;
- Primary contact for each Marketplace the Issuer applies to participate in;
- Market coverage (Individual, SHOP, or both);
- List of vendors directly involved in service delivery.

B. SADP Issuer Compliance and Performance Oversight

AHCT will request Issuers submit a compliance plan as part of the SADP Application. Issuers will be required to submit any subsequent changes made by the Issuer to its compliance plan during the plan year. The compliance plan is intended to document the Issuer's efforts to ensure that

appropriate policies and processes are in place to maintain adherence with Federal and State law as well as to prevent fraud, waste and abuse.

AHCT expects an Issuer's compliance program to include the following elements:

- Designation of a compliance officer and compliance committee
- Written policies and procedures and documentation of proven adherence
- Effective communication among all levels of the company ensuring a shared responsibility to compliance
- A record retention policy, not less than 10 years
- Compliance education and an effective training program
- Compliance metrics as part of an employee performance appraisal process and compliance standards enforced through well-publicized disciplinary guidelines
- An internal audit process and the monitoring of such
- Corrective action plan initiatives to monitor and respond to detected offenses
- A statement of corporate philosophy and codes of conduct

Further, the Issuer will be required to attest that its compliance plan adheres to all applicable laws, regulations, and guidance and that the compliance plan is implemented or ready to be implemented.

AHCT intends to monitor and evaluate an Issuer's performance using information received directly by AHCT as well as from other sources, including the CID, Office of Healthcare Advocate, consumers and providers. AHCT will utilize complaint data, Issuer self-reported problems, information related to consumer service and satisfaction, health care quality and outcomes, SADP Issuer operations, and network adequacy in its assessment of Issuers' performance in the Marketplace.

AHCT expects Issuers to thoroughly investigate and resolve consumer complaints received directly from members or forwarded to the Issuer by AHCT or any other individual or organization through the Issuer's internal customer service process and as required by state law. As part of compliance and performance monitoring, AHCT intends to require the Issuers to provide complaints reports at a frequency established by AHCT.

C. Licensure and Financial Condition

Consistent with 45 C.F.R. §156.200(b)(4), AHCT requires participating Issuers to be licensed by the CID as well as have a designation of good standing. The licensing and monitoring functions are the responsibility of the CID. The following are some examples of a designation of good standing:

- the CID has not restricted an Applicant's ability to underwrite new dental plans
- the issuer is not in hazardous financial condition
- the issuer is not under administrative supervision
- the issuer is not in receivership

AHCT will require Issuers to submit a State Certification Form that will be provided at a later date. The form will include a certification from the CID that the Issuer is licensed and is in good standing in

Connecticut, including meeting State solvency requirements. Issuers applying for SADP certification must be able to demonstrate State licensure prior to the beginning of the annual open enrollment period.

D. Market Participation

- An Issuer may elect to participate in either the Individual Marketplace or SHOP Marketplace, or both.
- Any Issuer meeting AHCT's certification standards will be granted a one-year certification for its SADPs.
- If a certified SADP Issuer ceases participation in AHCT's Marketplace for the plan year 2016, the Issuer may be denied re-entry until the next Solicitation which will take place in 2016 for the 2017 plan year.
- If participating in the SHOP, the Issuer must agree to fully participate in each of AHCT's purchasing options offered to small employers (either combined with a QHP medical plan, or as a single product).
- The options available are Issuer Bundle, Plan Type Bundle, single plan option, or Employee Choice model. Each option has been defined below:
    - **Issuer Bundle (Vertical Choice)**: Allows an eligible employer to offer their eligible employees plan options from all available "High / Low plans" from any one selected Issuer
    - **Plan Type Bundle (Horizontal Choice)**: Allows an eligible employer to offer their eligible employees plan options from all of participating Issuers, across any one selected plan type (i.e., any "high" actuarial value plan from any of the Issuers)
    - **Single Choice**: Allows an eligible employer to offer their eligible employees one plan design in any one metal tier from any one issuer for group offering. Employees must choose this exact plan design and will not have access to any other plan offerings.

AHCT reserves the right not to operationalize any of the options outlined above should there be an insufficient number of certified SADPs offered via the SHOP Marketplace.

E. Marketing Guidelines

All marketing materials for any SADP offered through AHCT must be reviewed and approved in advance by AHCT. Issuers must allow up to five business days for AHCT's review and approval prior to the materials being published and/or released.

AHCT does not permit co-branding of an Issuer's brand or logos with those of AHCT without AHCT's express written prior approval. Specifically, Issuers are not permitted to use AHCT's name or logo in any of their marketing materials. In addition, Issuer marketing materials cannot include a reference to the "Exchange", "Marketplace", "Connecticut Exchange" or any other word or sequence of words used with the intent to express a connection with AHCT or which may lead a consumer to

reasonably assume a connection between AHCT and the issuer exists without express prior approval from AHCT.

AHCT requires the Issuers' Plan Marketing Names to be consumer friendly and in plain language; specifically, AHCT prohibits inclusion of an Issuer's internal coding, numeric values, and/or special characters (e.g., "%", "#", "$", etc.) in the Plan Marketing Names. Issuers will be allowed to include commonly used abbreviations such as "PPO"or "DMO" in the Plan Marketing Names. AHCT's current limit on the Plan Marketing Names is set at 75 characters.

F. Consumer Information

a. Enrollee Materials

Issuers will be required to submit to AHCT in English and Spanish:
• Certificate of Coverage (COC) / Evidence of Coverage (EOC): the document(s) for each SADP product the Issuer intends to offer on the Exchange for sale (eg, indemnity, PPO, DMO); and,
• Schedule of Benefits (SOB): the documents for each unique offering that depicts the cost-sharing for each SADP.

The COC/EOC and SOB should be combined in portable document format (PDF) and submitted through the System for Electronic Rate and Form Filing (SERFF) Plan Management System. The SOB should appear first in the combined PDF. The purpose for this formatted approach is to enhance a consumer's shopping experience by permitting the consumer to easily review the cost sharing and contract by company and plan design.

• Summary of Benefits and Coverage (SBC): is not required for SADPs in accordance with the Summary of Benefits and Coverage and Uniform Glossary Final Rule (77 FR 8670).

b. Company Logo

Issuers will be required to provide an electronic image of the Issuer's logo in order to differentiate the Issuer's products for display on the AHCT Marketplace shopping screens. The SADP Application/Instructions will include specifications as to acceptable file format and size for the logo.

c. Provider Directory

Pursuant to 45 C.F.R. 156.230(b), AHCT will require Issuers to make available provider directories, when applicable, to AHCT by providing the URL to the Issuer's network directory in the Network Template.

The URL provided must link directly to the provider directory, so that consumers do not have to log on, enter a policy number, or otherwise navigate the issuer's website before locating the directory. If an issuer maintains multiple provider networks, the consumer must be able to easily discern which providers participate in which plans and which provider networks apply to which SADP(s). AHCT will

not certify any SADP unless the URL is direct to the provider directory search tool for the specific SADP.

The directory must include location, contact information, specialty, dental group, any institutional affiliations and whether the provider is accepting new patients. AHCT will require Issuers to include an option for consumers to search the directories by filtering those providers that are accepting new patients versus those that are not. Such information must be kept up-to-date. The Issuer is expected to update its provider network directory at least once a month. AHCT reserves the right to modify this frequency during the plan year.

AHCT encourages Issuers to include languages spoken, provider credentials, and whether the provider is an Indian Health Services provider. Directory information for Indian Health Service providers should describe the service population served by each provider, as some Indian Health Service providers may limit services to Indian beneficiaries, while others may choose to serve the general public as well.

AHCT also requires Issuers to submit in-network provider directories for each SADP in a searchable PDF or in an unprotected excel format. Additionally, Issuers will be required to provide updates to AHCT electronically no less often than quarterly in a format specified by AHCT.

G. SADP Requirements

- Each SADP must comply with the benefit standards required by the ACA, including:
  - Cost sharing limits
  - Actuarial value ("AV") requirements
  - Federally approved State-specific essential health benefits ("EHB")
- The Issuer must set premium rates for its SADP for the entire benefit year.
- Each plan must meet the specified AV requirements based on the cost-sharing features of the plan for pediatric essential health benefits as follows:
  - Low Level plan – AV of 70 percent
  - High Level plan – AV of 85 percent

  A *de minimis* variation of +/- 2 percentage points from the above stated AV is allowable.

All SADPs offered through AHCT's Marketplace must include, at a minimum, the Connecticut specific EHBs for pediatric oral care. No substitution of actuarially equivalent benefits will be allowed. Please refer to the table titled "Connecticut's Essential Health Benefits" in the Exhibits section of this document.

Issuers must not employ market practices or benefit designs that will have the effect of discouraging the enrollment of individuals with significant health needs (see 45 C.F.R. 156.225). To ensure non-discrimination in SADP benefit design, AHCT expects to perform an outlier analysis on SADP cost sharing (e.g., co-payments and co-insurance) for Issuer's plans as part of the SADP certification application process. SADPs identified as outliers may be given the opportunity to modify cost

sharing for certain benefits if AHCT determines that the cost sharing structure of the plan that was submitted for certification could have the effect of discouraging the enrollment of individuals with significant health needs.

AHCT will require SADP Issuers to waive the waiting period for Basic and Major Services for new adult enrollees when proof of prior coverage for those services is submitted from a prior dental insurance plan and when the termination date is no more than 30 days prior to the effective date of the plan for 2016.

H. Plan Options

Standardized plan designs promote transparency, ease, and simplicity for comparison shopping by enrollees. AHCT has developed a Standard Plan Designs for the 2016 benefit year to be in compliance with federal regulations.

Please refer to the "AHCT 2016 Standard Stand-Alone Dental Plan" in the Exhibits section of this document.

Note that AHCT requires Issuers participating in the Health Insurance Marketplace to embed pediatric dental benefits in the AHCT standard medical plan designs.

a. Individual Marketplace

To participate in the Individual Marketplace the following criteria must be met:

- An Issuer must submit the required standard SADP option.
- An Issuer must offer a child-only SADP option at the same level of coverage(s) as any SADP offered through the AHCT Marketplace in accordance with 45 C.F.R. §156.200(c). An enrollee seeking child-only coverage may obtain that coverage through the purchase of a single SADP with applicable rating for child-only coverage. In other words, any SADP can be sold as a child-only plan. A stand-alone dental plan could enroll adults only in the plan.

Issuers are encouraged to submit up to three non-standard low and/or high option Stand-Alone Dental Plan designs that comply with the actuarial value requirements.

b. SHOP Marketplace

To participate in the SHOP Marketplace, an Issuer must submit the required standard SADP option.

Issuers are encouraged to submit up to three non-standard low and/or high option SADPs that comply with the actuarial value requirements.

I. Data Templates

AHCT requires Issuers to complete various data templates and submit via SERFF. Data elements will be extracted from the templates to optimize the consumer shopping experience on the AHCT portal.

Additionally, the templates contain Issuer and plan information required to effectively evaluate SADP submissions.

AHCT anticipates requiring Issuers to provide the following federal data templates, as part of the SADP Application:

Template	Purpose
Administrative	Collects general corporate, marketing, contact and administrative information about the Issuer.
Plans & Benefits	Collects plan, benefit and cost-sharing information for each plan to be offered via the Marketplace.
Network	Collects the provider network directory URL for display to a consumer.
Service Area	Collects information on the Service Areas available for each plan to be offered via the Marketplace.
Rates	Collects rate data for each plan to be offered via the Marketplace.
Business Rules	Collects certain enrollee eligibility information.

Federal data templates can be found at the following URL: http://www.cms.gov/cciio/programs-and-initiatives/health-insurance-marketplaces/qhp.htm

In addition, AHCT will require Issuers to submit AHCT specific templates that include data to assist in evaluation of network adequacy, network access and Essential Community Providers (ECPs). However, these will be submitted within SERFF as supporting documents.

Additional information regarding completion of the templates will be included in the AHCT Stand-Alone Dental Application and Application Instructions.

J. Rating

SADPs are excepted benefits as stated in section 2791(c) of the Public Health Service Act, resulting in Issuers not being required to follow the rating standards set forth in the final Market Reform Rule for purposes of pricing stand-alone dental coverage, AHCT requires SADP's to adopt the rating area and premium development methodology for medical QHP plans in Connecticut for consistency. Specifically, the following components that are outlined in more detail in 45 CFR 147.102 must be taken into account:

- *Family Composition*. AHCT will require Issuers to add up the premium rate of each family member to arrive at a family rate. However, the rates of no more than the three oldest covered children who are under age 21 would be used in computing the family premium.

- *Rating Area.* AHCT has adopted the CMS recommendation referenced in "Patient Protection and Affordable Care Act; Health Insurance Market Rules; Rate Review, 78 Federal Register page 13411, (February 27, 2013)" regarding alignment of Connecticut's rating and service areas. AHCT currently requires Issuers to offer SADPs in all counties identified below.

• RATING AREA	SERVICE AREA	COUNTY
• Rating Area 1	Service Area 1	Fairfield
• Rating Area 2	Service Area 2	Hartford
• Rating Area 3	Service Area 3	Litchfield
• Rating Area 4	Service Area 4	Middlesex
• Rating Area 5	Service Area 5	New Haven
• Rating Area 6	Service Area 6	New London
• Rating Area 7	Service Area 7	Tolland
• Rating Area 8	Service Area 8	Windham

- AHCT will require Issuers to submit guaranteed rates for both the Individual and SHOP Marketplaces. SADPs submitting estimated rates will not be certified.
- AHCT will only calculate and display premiums based on the total of the individual premiums of covered enrollees as described in 45 C.F.R. 147.102(c)(3)(i).
- Issuers should refer to the CID for guidance on rate filing for the Individual and SHOP markets.

K. Accreditation

Consistent with the approach used for Federally Facilitated Marketplaces (FFMs), SADP issuers will not be reviewed for accreditation status.

L. Reporting Requirements

As part of SADP Application, Issuers will be required to provide attestations regarding compliance with providing the following to CMS and/or AHCT:

- Information on claims payment policies and practices;
- Periodic financial disclosures;
- Data on enrollment;
- Data on disenrollment;
- Data on the number of claims that are denied;
- Data on rating practices;
- Information on cost-sharing and payments with respect to any out-of-network coverage;
- Information on enrollee rights under title I of the Affordable Care Act, and

- Specific quality disclosure, reporting, and implementation requirements of 45 CFR §156.200(b)(5) as will be detailed in future guidance. Note that AHCT will follow CMS guidance outlined in the "Final 2016 Letter to Issuers in the Federally-facilitated Marketplaces" regarding not subjecting SADPs to the quality reporting standards at this time.

M. Network Adequacy

Pursuant to 45 C.F.R. § 156.230(a)(2), an Issuer of a SADP that has a provider network must maintain a network that is sufficient in number and types of providers, to assure that all services will be accessible to enrollees without unreasonable delay. Issuers will need to attest that they meet this standard as part of the certification/recertification process.

In addition to the attestation, AHCT requires that an Issuer's provider network for the standard plan design offered for sale in the Marketplace must include at least 85% of those unique providers and unique entities that are in the Issuer's network for its largest plan (representing a similar product) that is marketed, sold and has active enrollees outside of the Marketplace ("the benchmark plan.")

If an Issuer has an affiliated company that is active outside of the Marketplace, but in the State of Connecticut, AHCT will look to the larger of the Issuer's network for its largest plan or the network of the Issuer's affiliated company's largest plan (representing a similar product) that is marketed, sold and has active enrollees outside of the Marketplace, but in the State of Connecticut, as the "benchmark plan" for the purposes of such network adequacy calculation.

In order to determine whether the Issuer's provider network~~(s)~~ meet the 85% standard, AHCT will periodically require an Issuer to provide current network information for the AHCT - standard plan's network and for the benchmark plan's network.

Issuers' networks for all SADPs will need to adhere to AHCT's reasonable access standards. AHCT is currently evaluating the requirements for the 2016 benefit year. AHCT's intention is to develop reasonable access standards for 2016 and implement specific geographical access standards for dental providers. Issuers will be required to submit provider network information in a format specified by AHCT.

Issuers will be required to submit a report on consumer complaints pertaining to access to network providers in a format and at a frequency specified by AHCT.

Issuers are also required to meet specific standards approved by the AHCT Board of Directors for the inclusion of ECPs within their SADP provider networks. The definition of an ECP is included in 45 C.F.R. §156.235. The ECP must provide services that are considered covered health services under the currently adopted definition of Essential Health Benefits to individuals at disparate risk for inadequate access to healthcare.

ECP Network Adequacy standards are as follows:

- Issuers must contract with 90% of the Federally Qualified Health Centers (FQHCs) for the dental services provided in Connecticut.
- Issuers must contract with 75% of the non-FQHC dental providers on the AHCT ECP list. This list is subject to periodic updates by CMS and AHCT.

To determine whether an Issuer is meeting the ECP standards, AHCT will require the Issuer to complete the AHCT "ECP List" on a quarterly basis, identifying the entries that are participating within the network. AHCT will provide Issuers that submit the Non-Binding Notice of Intent with the ECP list/template for ECP data submission. If an Issuer does not meet the standard(s) at the time of quarterly submission of ECP data to AHCT, the Issuer will be required to provide AHCT with a narrative outlining demonstration of a good faith effort in contracting as described in the exhibit included in this document titled "Supplementary Response: Inclusion of ECP's".

N. Attestations

Consistent with the ACA, the Issuer must agree to comply with the minimum certification standards with respect to each SADP on an ongoing basis.

- Attestations will be required in the SADP application.
- The attestation language will cover the minimum certification standards required by CMS, AHCT and/or the CID.
- Attestations will cover Issuer's existing operations as well as any contractual commitments needed to meet AHCT requirements on an ongoing basis.
- Issuer will attest that it has in place an effective internal claims and appeals process and agrees to comply with all requirements for an external review process with respect to SADP enrollees, consistent with state and federal law. (45 C.F.R. § 147)

O. User Fees/Market Assessment

Attestation language will be included in the SADP application that commits the Issuer to pay user fee and /or carrier assessments, as applicable.

P. Issuer Accountability

To ensure timely certification, AHCT will require Issuers to submit an attestation that the Issuer's business leaders have collectively performed a comprehensive preview of all required 2016 Federal QHP Data templates and supporting documents prior to submission via SERFF for the express purpose of presenting said data to AHCT for Issuer and QHP certification.

Issuers will also be required to utilize specific QHP Application Review Tools developed by CMS and provide AHCT with an output of such Tools to demonstrate that all errors have been corrected prior to submission of data to AHCT.

Connecticut's Essential Health Benefits

All plans in the individual and small employer group markets both inside and outside of the exchange are required to provide at minimum, coverage for the essential health benefits. A SADP's essential health benefits for pediatric dental services will form the basis for calculating the actuarial value of the SADP.

SERVICE	LIMIT
Outpatient Services	
PCP Office Visits (non-preventive)	
Specialist Office Visits	
Outpatient Surgery Physician/Surgical Services	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	
Home Health Care Services	100 visits/year
Emergency Services	
Emergency Room	
Emergency Transportation/Ambulance	per state mandate*
Walk-in/Urgent Care Centers	
Hospitalization	
Inpatient Hospital (Facility & Provider Services)	
Skilled Nursing/Rehabilitation Facility	90 days/year
Hospice	life expectancy of 6 months or less
Residential Treatment Facilities	
Mental Health and Substance Use Disorder Services	
Mental/Nervous and Substance Abuse Services	same as any other illness
Rehabilitative and Habilitative Services and Devices	
Outpatient Rehabilitation Services (PT/OT/ST)	40 visits (combined)/year
Cardiac Rehabilitation	
Chiropractic Visits	20 visits/year
Durable Medical Equipment	
Prosthetics	
Ostomy Appliances and Supplies	per state mandate*
Diabetic Equipment and Supplies	
Wound care supplies	per state mandate*
Disposable Medical Supplies	
Hearing Aids	for children under 12; 1/every 24 months
Surgically Implanted Hearing Devices	
Wigs	per state mandate*
Birth to Three	per state mandate*
Prescription Drugs	
Laboratory and Imaging Services	
Laboratory Services	
Non-advanced Radiology	
Advanced Imaging (includes MRI, PET, CAT, Nuclear Cardiology)	
Preventive and Wellness Services and Chronic Disease	
Adult Physical Exam	every 1-3 years for ages 22-49; 1/year for age 50+ as recommended by physician
Preventive Services	based on USPSTF A and B recommendation
Prenatal and Postnatal Care	
Infant/Pediatric Physical Exam	in accordance with national guidelines
Routine Immunizations	in accordance with national guidelines
Routine Gynecological Exam	1/year
Screening for Gestational Diabetes	for pregnant women between 24 and 28 weeks of gestation and at first prenatal visit for high risk of diabetes
Human Papillomavirus Testing	for women aged 30+; 1/every 3 years
Counseling for Sexually Transmitted Infections	for women 1/year
Counseling and Screening for HIV	for women 1/year
Contraceptive Methods and Counseling	for women
Breastfeeding Support, Supplies and Counseling	for women
Screening and Counseling for Interpersonal and Domestic Violence	for women 1/year
Preventive Lab Services	complete blood count & urinalysis, 1/year
Baseline Routine Mammography	1 between ages 35-39 ; 1/year for age 40+
Routine Cancer Screenings	in accordance with national guidelines

Note: *Since PPACA prohibits annual dollar limits, any dollar limits in state mandates no longer apply.

Connecticut's Essential Health Benefits

SERVICE	LIMIT
Blood Lead Screening and Risk Assessment	per state mandate*
Bone Density	1/every 23 months
Pediatric Hearing Screening	under age 19 as part of physical
Other Services	
Craniofacial Disorders	per state mandate*
Oral Surgery for Treatment of Tumors, Cysts, Injuries, Treatments of Fractures Including TMJ and TMD	TMJ for demonstrable joint disease only
Dental Anesthesia	per state mandate*
Reconstructive Surgery	to correct serious disfigurement or deformity resulting from illness or injury, surgical removal of tumor, or treatment of leukemia; for correction of congenital anomaly restoring physical or mechanical function
Maternity Coverage	
Mastectomy	per state mandate*
Breast Reconstructive Surgery after Mastectomy Including on Non-diseased Breast to Produce a Symmetrical Appearance	per state mandate*
Breast prosthetics	per state mandate*
Breast Implant Removal	per state mandate*
Autism Coverage	per state mandate*
Clinical Trials	per state mandate*
Solid Organ and Bone Marrow Transplants	
Medically Necessary Donor Expenses and Tests	
Transportation, Lodging and Meal Expense for Transplants	up to $10,000 per episode (initial evaluation until sooner of discharge or cleared to return home)
Lyme Disease Treatment	per state mandate*
Allergy Testing	up to $315 every 2 years
Diabetes Education	per state mandate*
Sterilization	
Casts and Dressings	
Renal Dialysis	
Sleep Studies	1 complete study/lifetime
Pain Management	per state mandate*
Neuropsychological Testing	per state mandate*
Accidental Ingestion of a Controlled Drug	per state mandate*
Diseases and Abnormalities of the Eye	annual retina exams for members with glaucoma or diabetic retinopathy
Corneal Pachymetry	1 complete test/lifetime
Infertility	per state mandate*
Genetic Testing	for members who have or are suspected of having a clinical genetic disorder
Specialized Formula	per state mandate*
Nutritional Counseling	2 visits/year
Enteral or Intravenous Nutritional Therapy	
Modified Food Products for Inherited Metabolic Disease	per state mandate*
Pediatric Vision Care	
Routine Eye Exam	1 exam/year
Lenses	1 pair/year
Frames	1 frame/year
Contact lenses	1 fitting and set of lenses/year
Pediatric Oral Care	
Exams	1 every 6 months
Bitewings	1 time/year
Other X-rays	
Sealants	on premolar and molar teeth
Fluoride treatments including topical therapeutic fluoride varnish application	for clients with moderate to high risk of dental decay
Access for Baby Care Early Dental Examination and Fluoride Varnish where an oral health screen, oral health education and fluoride varnish are applied to children's teeth during well child examinations	up to 4 years of age
Medically Necessary Orthodontia (under age of 19)	
Replacement Retainer	limited to 1 replacement/lifetime
Amalgam and Composite Restorations (Fillings)	
Fixed Prosthodontics: Crowns, In lays and Onlays	

Note: *Since PPACA prohibits annual dollar limits, any dollar limits in state mandates no longer apply.

Connecticut's Essential Health Benefits

SERVICE	LIMIT
Re-cementing Bridges, Crowns Inlays & Space Maintainers	
Removable Prosthodontics: Full or Partial Dentures	
Repair, Relining and Rebasing Dentures	
Intermediate Endodontic Services	
Major Endodontic Services: Root Canal Treatment, Retreatment of root canal therapy; apicoectomy; apexification	
Oral Surgery: Surgical Extraction, including Impacted Teeth	
Non-surgical Extraction	
Periodontal Surgery and Services	
Space Maintainers	
General Anesthesia and Sedation	
Miscellaneous Adjunctive Procedures	

Note: *Since PPACA prohibits annual dollar limits, any dollar limits in state mandates no longer apply.

AHCT 2016 Standard Stand-Alone Dental Plan

Plan Overview	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Deductible *(Does not apply to Preventive & Diagnostic Services for In-Network Services)*	$60 per member, up to 3 family members	$60 per member, up to 3 family members
Out-of-Pocket Maximum *for children under age 19 only* For one child Two or more children	$350 $700	Not Applicable
Diagnostic Services		
Oral Exams *twice per year*	$0	
X-Rays		
Periapicals *four per year*		20% after OON deductible is met
Bitewing Radiographs *once every year*		
Panoramic or Complete Series *once every three years*		
Preventive Services		
Cleanings *twice per year*	$0	
Periodontal Scaling and Root Planing		
Periodontal Maintenance *once every 3 months following periodontic surgery*		20% after OON deductible is met
Fluoride *twice per year, under age 19*		
Sealants *for children under 19*		
Basic Services		
Filings	20% after INET deductible is met	40% after OON deductible is met
Simple Extractions		
Major Services		
Surgical Extractions	40% after INET deductible is met	50% after OON deductible is met
Endodontic Therapy (i.e. Root Canal Treatment)		
Periodontal Therapy		
Crowns and Cast Restorations		
Prosthodontics (Complete and Partial Dentures; Fixed Bridgework)		
Other Services *(for children under age 19)*		
Medically-Necessary Orthodontic Services	50% after INET deductible is met	50% after OON deductible is met
Waiting Periods and Plan Maximums (*for adults aged 19 and older only)*		
Applicable Waiting Period for Benefit		
Diagnostic and Preventive Services	no waiting period	
Basic Services	6 months*	
Major Services	12 months*	
**Waiver of waiting period available with proof of prior coverage for these services under a dental insurance plan when the termination date was no more than 30 days prior to the effective date of this plan*		
Plan Maximum	$2,000 per adult member age 19 and over (combined In-Network and Out-of-Network Services)	

Supplementary Response: Inclusion of ECPs

Demonstration of Good Faith Effort in Meeting ECP Contracting Standards

If an Issuer cannot meet the Essential Community Provider (ECP) contracting standards required by Access Health CT, the Issuer will provide a separate narrative describing the reason(s) why the standards cannot be achieved. The response should address the Issuer's current and planned efforts to contract with additional ECPs and shall reference the provider information and contract offer dates, as well as why those efforts have been unsuccessful.

Issuers should be as specific as possible in responding. For example, an indication of the number of contracts offered to ECPs for the upcoming plan year, the names of the ECPs for which 1) contract negotiations are still in progress or 2) agreement on contract terms with the ECP could not be reached, and information on the terms that could not be agreed upon should be included.

The Issuer shall include in the narrative, a description of its strategy as to how it will increase ECP participation in its provider networks in the future to comply with the contracting requirements, including the planned timeframe to accomplish the minimum contracting standards. For example, the Issuer shall describe plans to offer contracts to additional ECPs or to modify current contract terms.

- Issuers shall specifically address the following questions in their responses:
- How does the Issuer's current network provide an adequate access to care for individuals with HIV/AIDS (including those with co-morbid behavioral health conditions)?
- How does the Issuer's current network provide an adequate access to care for American Indians and Alaska Natives?
- How does the Issuer's current network provide an adequate access to care for low-income and underserved individuals seeking women's health and reproductive health services?
- How does the Issuer's current mental health network meet the State and federal requirement for mental health parity, specifically addressing the full continuum of care? If the current network does not meet the parity requirements, what is the Issuer's corrective action plan?
- What steps has the Issuer taken to contract with School-Based Health Centers (SBHCs)?
- The Issuer may provide additional information that demonstrates good faith effort to meet the Connecticut standards for ECP contracting.
- The Issuer shall provide additional documentation as requested by Access Health CT to demonstrate its contracting efforts to meet Connecticut's ECP standards, by the earlier of the date requested by AHCT or within 5 business days of a written request.