



**Connecticut Health Insurance Exchange
dba**

Access Health CT

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

Plan Year 2018

Release Date: March 22, 2017

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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 (Individual and Small Business) for the 2018 plan year.

This 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.

This 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 AHCT 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 for coverage beginning on January 1st of a given plan year, or a term that shall last for the remainder of the plan year when coverage starts on February 1st or later in a given plan year. The open enrollment period for the 2018 plan year will begin on November 1, 2017 and end on January 31, 2018*. 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 business's policy year in accordance with 45 C.F.R. § 156.285(3).

AHCT offers Issuers a state-wide marketplace to make it easier for individuals and small employers and their employees to compare plans and buy dental insurance. Only dental plans certified as a SADP by AHCT for the plan year can be sold through the AHCT marketplace.

**Note: 2018 Open Enrollment period is subject to change per the Patient Protection and Affordable Care Act Market Stabilization regulation.*

To receive certification, the Issuer and its SADPs must comply with 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 2018 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 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 individual and small group products, must have forms and rates filed with and 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 includes dates pertinent to Issuer and SADP certification. Please note that these target dates are subject to change. Any subsequent updates will be communicated, directly to the individual identified in the Non-Binding Notice of Intent, referenced in Section C below.

Deliverable/Milestone	Target Dates <i>(dates are subject to change)</i>
AHCT Board of Directors Special Meeting to Approve Recommended PY2018 AHCT Standardized Plan Designs	February 28, 2017
AHCT Board of Directors Special Meeting to Approve Recommended PY2018 AHCT Standardized Plan Designs	March 7, 2017
Publish 2018 AHCT SADP Standardized Plan Design	March 13, 2017
Release 2018 AHCT Issuer Solicitation and Non-Binding Notice of Intent for SADPs	March 22, 2017
SADP Issuer Non-Binding Notice of Intent Submission Deadline	April 3, 2017

Deliverable/Milestone	Target Dates <i>(dates are subject to change)</i>
Publish 2018 AHCT Issuer Application (for New and Existing Issuers), Instructions & Checklist for SADPs	April 4, 2017
SADP Application, Template Data, Select Supporting Documents due to AHCT	May 15, 2017
AHCT Review of 2018 Issuer Data Submissions/Resubmissions	May 16 – August 31, 2017
AHCT/ Issuer Discussions to Address/Resolve Federal Data Template and SADP Submission Matters	May 17 – September 8, 2017
Commence 2018 Plan Data Uploads into AHCT Portal Systems	September 11 –September 15, 2017
AHCT/SADP Issuer Plan Preview	September 20 – September 23, 2017
Perform Final Plan Data and Supporting Documentation Certification	October 11 – October 13, 2017
Certify 2018 Individual and SHOP Plan Data/Release to CMS	October 16, 2017
Activate Approved 2018 SADP Data	October 31, 2017
2018 SADP Data Published in AHCT Consumer Portal	November 1, 2017
Plan Year 2018 Open Enrollment Period	November 1, 2017 – January 31, 2018*

**Note: 2018 Open Enrollment period subject to change per the Patient Protection and Affordable Care Act Market Stabilization regulation.*

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, including the 2018 AHCT SADP Application.

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://agency.accesshealthct.com/plan-designs-resources#one> .
2. Issuers should submit this form via e-mail to the AHCTs contact person identified in Section D no later than March 28 2017.
3. Please make sure the e-mail subject line reads: “Non-Binding Notice of Intent to Submit Stand-Alone Dental Plans.”

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

D. Authorized AHCT Contact for Solicitation

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

Name: Shan Jeffreys, Director, Marketplace Strategies

E-Mail: CTHIX-Issuers@ct.gov

Mailing Address:

Access Health CT
Attn: Shan Jeffreys, 15th Floor
280 Trumbull Street
Hartford, CT 06103

Phone: 860-757-6809

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 via the e-mail address noted above. 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 of 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 and in accordance with the terms of the Issuer Agreement and any related transactions between the Issuer and AHCT which serve to amend or clarify such documents or applications of 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.

AHCT's SHOP vendor transfers data electronically between the SHOP vendor and Issuers. The SHOP

vendor produces a single premium invoice to the small employer for the total premium dollars due. The small employer 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 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 that occur outside of Open Enrollment 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.

Per federal regulation, Special Enrollment Periods of sixty (60) days begin on the date of the qualifying life event or, in the case of a future loss of coverage, the Special Enrollment Period can begin sixty (60) days prior to the end date of coverage. Effective dates of coverage are assigned according to federal regulation and are based on the date which an individual attests to having experienced a qualifying life event (QLE) and enrolls in a plan unless in the case of a future loss of coverage for which the coverage effective date is the first day of the month following the end date of the coverage.

G. Grace Periods

a. Individual Marketplace

AHCT will require Issuers to comply with a 30-day grace period for 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 with less than 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 at the following URL:

<http://agency.accesshealthct.com/plan-designs-resources#one> .

II. Application Components and Certification Requirements

This section outlines the various components that AHCT will require for Plan Year 2018 certification. The forthcoming SADP Application and any associated guidance related to its submission, including the submission of any 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 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.

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 procedures 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 reserves the right to require Issuers to provide information pertaining to complaints.

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 Issuer'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

Issuers applying for SADP certification must be able to demonstrate State licensure 90 days prior to the beginning of the annual open enrollment period. AHCT will obtain information regarding Issuer licensure and good standing directly from the CID.

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 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 three options available are Issuer Bundle, Plan Type Bundle and Single Plan option. Each choice model is 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 participating Issuers, across any one selected plan type (e.g., any "high" actuarial value plan from any of the Issuers)
 - **Single Plan:** Allows an eligible employer to offer their eligible employees one plan design in any one plan type 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 fifteen (15) business days for AHCT's review and approval prior to the materials being published and/or released.

AHCT does not currently 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", "AHCT 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 the following draft documents to AHCT in English:

- 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 (e.g., indemnity, PPO, DMO); and,
- Schedule of Benefits (SOB): the documents for each unique offering that depicts the cost-sharing for each SADP.

Issuers must submit the final COC/EOC and SOB documents to AHCT in both English and in Spanish upon approval by the CID. Each final, approved 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. Additional submission instructions, such as file naming conventions, will be provided in the forthcoming 2018 AHCT SADP Application.

The 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) released on Tuesday, February 14, 2012.

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 requires 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 SADP Issuers are responsible for complying with the culturally and linguistically appropriate standards outlined in the 2018 Payment Notice Final Rule which establishes language access requirements at 45 CFR § 155.205(c) regarding oral interpretation, written translations, taglines, and website translations. 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 up-to-date, accurate, and complete in-network provider directories to AHCT for each SADP in a searchable PDF or in an unprotected excel format upon request.

G. SADP Requirements

- Each SADP must comply with the benefit standards required by the ACA, including:
 - Cost sharing limits
 - Actuarial value (“AV”) requirements
 - 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.
 - Federally approved State-specific Essential Health Benefits (“EHB”)
 - 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. To view these benefits, please refer to the Connecticut exhibit entitled “2017 EHB Benchmark Plan Information” found at the following CMS URL:
<https://www.cms.gov/ccio/resources/data-resources/ehb.html#Connecticut> .
- The Issuer must set premium rates for its SADP for the entire benefit year.
- 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 having potentially discriminatory benefit/cost-sharing structures may be given the opportunity to modify such cost sharing prior to the rate and form filing approvals by the CID.

- 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 2018.

H. Plan Options

Standardized plan designs promote transparency, ease, and simplicity for comparison shopping by enrollees. AHCT has developed a standardized plan design for the “High” AV option. This plan design contains defined in-network only cost sharing (e.g., deductible, annual out-of-pocket maximum for children under age 19, cost sharing for a specified set of benefits for adults and children) as well as waiting period and plan maximum for adults for the Individual and Small Group markets.

Issuers interested in offering SADPs via AHCT for the 2018 Plan Year must submit the AHCT standardized SADP using one of two options based on the product type submitted, including:

- the standardized plan with out-of-network coverage designed by the Issuer or,
- for licensed dental health care centers, the standardized plan without out-of-network coverage.

These standardized plan design options for Plan Year 2018 can be found on AHCT’s website at the following URL: <http://agency.accesshealthct.com/plan-designs-resources#one> .

Note that AHCT requires medical Issuers participating in the health insurance marketplace to embed pediatric dental benefits in the AHCT standardized medical plan designs for the Individual market and in a specified number of non-standard plans for the Small Group market.

a. Individual Marketplace

To participate in the Individual marketplace, the following criteria must be met:

- An Issuer must submit the required standardized 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 only adults in the plan.

Issuers are encouraged to submit up to three (3) 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 standardized SADP option.

Issuers are encouraged to submit up to three (3) non-standard low and/or high option SADPs that comply with the actuarial value requirements.

I. Data Submission

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
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:

<https://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/ghp.html>

AHCT will require Issuers to complete and submit an AHCT specific Essential Community Provider(ECP) data template for Plan Year 2018, not the Federal ECP/Network Adequacy Template.

AHCT Issuers will also be required to complete/update and submit the 2016 Administrative template version for data importation purposes. For newly participating Issuers, please note this template is no longer required by CMS, however, it will be made available to those Issuers who are required to continue its use in a given state.

In addition, AHCT will require Issuers to provide other information via supporting documentation that will be outlined in the 2018 AHCT SADP Application.

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 SADPs to adopt the rating area and premium development methodology for medical QHP plans in Connecticut for consistency. Specifically, the following components detailed 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.
 - Dependent Age Limit. AHCT will require Issuers to cover eligible dependent children through the end of the plan year in which he or she attains the age of twenty-six.
- Rating Area. The CID received approval from CMS to establish eight rating areas by county for both the individual and small group markets. AHCT currently requires Issuers to offer SADPs in all counties identified below:

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

- AHCT will require Issuers to submit guaranteed rates for both the Individual and SHOP marketplaces. SADPs submitted with 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.

AHCT will follow CMS guidance outlined in the “Final 2018 Letter to Issuers in the Federally-facilitated Marketplaces” regarding not subjecting SADPs to Quality Reporting and Quality Improvement Strategy 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.

Issuers will also be required to adhere to the CID guidance pertaining to Network Adequacy.

AHCT reserves the right to require Issuers to submit information 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 50% of the Federally Qualified Health Centers (FQHCs) for the dental services provided in Connecticut.
- Issuers must contract with 50% 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 and due dates 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.

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 as part of 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).
- Attestations will largely fall into the following general categories under which Issuers must comply:
 - General Issuer Attestations
 - Compliance Plan Attestations
 - Organizational Chart Attestations
 - Operational Attestations
 - Data Submission Attestations
 - EHB, Cost Sharing and Plan Attestations
 - Stand-Alone Dental Attestations
 - Network Adequacy & Service Area Attestations
 - Rate Attestations
 - Enrollment Attestations

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. Broker Commissions

AHCT will require participating Issuers to pay broker commissions as follows:

Commissions on the exchange must be “similar” to an Issuer’s commission off exchange.

Commissions will be deemed similar if the following conditions are met:

- A commission is payable on the exchange for a plan if the Issuer pays a commission for a comparable plan and service functions off exchange. A comparable plan is one at the same plan type (i.e., “high” or “low” actuarial value plan).
- If an Issuer does not offer plans off exchange, a commission shall be payable based upon a comparable plan of an affiliate. In the case where there is not an affiliate, a commission shall be payable based upon a comparable plan of other Issuers participating on the exchange.