

Connecticut Health Insurance Exchange

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Solicitation to Stand-Alone Dental Plan Issuers for Participation in the Individual and/or Small Business Health Options Program Marketplaces

Plan Year 2025
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I. General Information

A. Introduction

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 Individual and Small Business Health Option Plan (SHOP) marketplaces for the 2025 plan year. An Issuer may choose to participate in either the Individual marketplace, SHOP marketplace, or both. Issuers are permitted to market and sell SADPs through AHCT without marketing and selling Qualified Health Plans (QHPs) through AHCT.

This Solicitation defines the requirements an Issuer must comply with to participate in the AHCT Individual and/or the SHOP marketplaces. All requirements listed herein pertain to both the Individual and SHOP marketplaces, unless otherwise expressly noted.

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, an SADP 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. However, to support automatic re-enrollment, AHCT will apply a crosswalk process for SADPs.

AHCT offers Issuers a statewide marketplace to make it easier for individuals and small employers and their employees to compare plans and buy dental insurance. Only dental plans for which an application for “on-exchange” certification is submitted and is certified as an SADP by AHCT for the plan year can be sold through the AHCT marketplace.

To receive certification, an Issuer and its dental plans must meet all federal and state statutory requirements, as well as the standards set by AHCT. AHCT is responsible for certifying SADPs and ensuring that plans remain compliant with AHCT’s SADP certification requirements.

The SADP certification process and requirements for the 2025 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 certification requirements outlined in this Solicitation, 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 collaborative partner with AHCT in reaching our common goal of providing quality dental care coverage to Connecticut residents.

B. Solicitation Process and Timetable

The following schedule includes key dates and deliverables 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.

Deliverables/Milestones	Target Dates <i>(Dates are subject to change)</i>
AHCT Board of Directors Approve 2025 Plan Year Recommendations	March 4, 2024
AHCT Releases Issuer Solicitation Package and Non-Binding Notice of Intent	March 11, 2024
Issuer Non-Binding Notice of Intent Due to AHCT	March 25, 2024
AHCT Releases Issuer Application	March 28, 2024
Issuer Rate and Form Filings Due to Connecticut Insurance Department	June 1, 2024
Issuer Application, Templates and Supporting Documents Due to AHCT via SERFF	June 1, 2024
AHCT Commences Certification Process /Issuer Addresses AHCT Correspondence	June 3, 2024 – September 20, 2024
Issuer Reviews and Approves Data in Staging System	September 23, 2024 – October 18, 2024
AHCT Certifies Submitted Plans	October 31, 2024
Commence Plan Year Open Enrollment Period	November 1, 2024 – January 15, 2025

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

All Issuers seeking participation in the AHCT Individual marketplace and/or SHOP marketplace must submit the Non-Binding Notice of Intent (NBNOI). 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 2025 AHCT SADP Application.

Submission Instructions and Deadlines for NBNOI:

1. Complete the form titled “**Non-Binding Notice of Intent (NBNOI)**”. The form is available at: <https://agency.accesshealthct.com/healthplaninformation#one>
2. Issuers should submit this form via e-mail to the AHCT Contact identified in Section D no later than March 25, 2024.
3. Please make sure the e-mail subject line reflects, “Non-Binding Notice of Intent”.
4. The Issuer will receive a response confirming receipt of the submission.

D. Authorized AHCT Contact for Solicitation

AHCT’s authorized Contact for all matters concerning this Solicitation:

Name: AHCT Plan Management

E-Mail: CTHIX-Issuers@ct.gov

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 using the e-mail address above.

All answers to questions, and any Addenda to this Solicitation, will be made available to all prospective Issuers.

E. Amendment(s) to 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 amendment(s) to this Solicitation on its website, <https://agency.accesshealthct.com/healthplaninformation#one>

II. SADP Application Components and Certification Requirements

A. General Overview

This section outlines the various components that AHCT will require for Plan Year 2025 certification. The forthcoming SADP Application and any associated guidance related to its submission, including 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 and/or SHOP marketplaces.

The Application will collect Issuer information, as well as benefit information and rate data, largely through standardized Federal Data templates, AHCT specific 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 also adopted the requirements set forth in 45 C.F.R. §156.340, whereby Issuers maintain responsibility for the compliance of their delegated and downstream entities. Issuers will send all requested information via the System for Electronic Rate and Form Filing (SERFF) unless otherwise directed.

B. Non-Discrimination

Issuers must comply with the non-discrimination requirements outlined in 45 C.F.R § 156.

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:

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

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

D. 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 an SADP will be conditional upon the CID approving rate and form filings.

E. Accreditation

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

F. 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 for which the Issuer applies to participate
- Market coverage (Individual, SHOP, or both)
- List of vendors directly involved in service delivery

G. Issuer Compliance (New Issuers Only)

For Issuers looking to participate on the Individual or SHOP marketplace for the first time, AHCT will request Issuers submit a compliance plan and an organizational chart as part of the SADP Application. 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.

H. Performance Oversight

AHCT intends to monitor and evaluate an Issuer's performance using information received by AHCT from sources, such as but not limited to 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, 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.

I. Market Participation

An Issuer may elect to participate in either the Individual marketplace or SHOP marketplace, or both. Issuers are permitted to market and sell SAMP through AHCT without marketing and selling Qualified Health Plans (QHPs) through AHCT.

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

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 are defined below:

- **Issuer Bundle (Vertical Choice):** Allows an eligible employer to offer their eligible employees plan options from all available plans from any one selected Issuer.
- **Single Plan (Single Choice):** 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.

Note: AHCT reserves the right not to operationalize any of the options outlined above should there be an insufficient number of certified SAMPs offered via the SHOP marketplace.

J. Plan Options

Standardized plan designs promote transparency, ease, and simplicity for comparison shopping by enrollees. AHCT has developed a standardized plan design that contains defined in-network only cost sharing (e.g., deductible, annual out-of-pocket maximum for children, 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 SAMPs via AHCT for the 2025 Plan Year must submit the AHCT standardized SAMP, with the option to include out-of-network coverage at the choice of the Issuer. All Issuers are encouraged to submit up to three (3) non-standard optional SAMP designs, in each marketplace an issuer participates, subject to form filing approval by the Connecticut Insurance Department.

The standardized plan design for Plan Year 2025 can be found within the 'Health Plan Information' tab on AHCT's website, <https://agency.accesshealthct.com/healthplaninformation#one>. This standardized plan design applies to both the Individual and SHOP marketplaces.

Each SAMP must comply with the benefit standards required by the ACA, federal regulations, the State of Connecticut, and AHCT, including:

- Cost sharing limits
- Actuarial value ("AV") requirements
 - Each plan must have the actuarial value of coverage for pediatric dental essential health benefits certified by a member of the American Academy of Actuaries using generally accepted actuarial principles and reported to the Exchange.
- Federally approved State-specific Essential Health Benefits (EHB)
 - All SAMPs 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 "2017-2025 EHB Benchmark Plan Information" found at the following URL:
<https://www.cms.gov/ccio/resources/data-resources/ehb.html#Connecticut>

- 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 coverage and when the termination date is no more than 30 days prior to the coverage effective date.
- An Issuer must offer a child-only SADP option at the same level of coverage(s) as any SADP offered through the AHCT Individual and SHOP marketplaces in accordance with 45 C.F.R. §156.200(c)(2). An enrollee seeking child-only coverage may obtain that coverage through the purchase of a single SADP with applicable rating for child-only coverage.
- 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 required plans for Small Group market.

K. Marketing Guidelines

All Issuer 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.

a. Co-Branding

AHCT does not allow co-branding. Issuers are not allowed to use AHCT's name or logo in any of their marketing materials without express written prior approval from AHCT. 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.

b. Plan Marketing Names

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 Name.
- Issuers can include commonly used abbreviations such as "PPO" or "DMO" in the Plan Marketing Name.
- AHCT's Plan Marketing Names character limit is 75 characters.
- Plan Marketing Name must be consistent with those that appear on Issuer websites, marketing, and member materials.

c. Company Logo

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

L. Consumer Information

a. Enrollee Materials

Issuers will be required to submit the following draft documents to AHCT in English:

- Schedule of Benefits (SOB): the document(s) for each unique offering that depicts the cost sharing for each plan.
 - **New for 2025:** Issuers are required to utilize the AHCT Schedule of Benefits (SOB) template for all SADPs offered on the exchange. This is to ensure a consistent display of benefits to consumers. The template can be found within the 'Health Plan Information' tab on AHCT's website, <https://agency.accesshealthct.com/healthplaninformation#one>.
- Evidence of Coverage (EOC): the document(s) for each product the Issuer intends to offer on the Exchange for sale (e.g., indemnity, PPO, DMO).

Upon approval by the CID, Issuers must submit the final combined SOB/EOC (PDF) documents for individual plans to AHCT in English and Spanish.

For Small Group plans, combined documents are requested in English only and sent to AHCT as a URL, included within the Federal Data URL Template.

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. Provider Directory

Pursuant to 45 C.F.R. § 156.230, Issuers are required to supply their provider directories to AHCT for publication online by providing the URL to the Issuer's network directory in a format specified by AHCT (e.g., Microsoft Excel workbook).

The URL submitted 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) at the point when a consumer could access the AHCT shopping portal to review plan design options for a plan year. AHCT will not certify any SADP unless the URL is a direct link to the provider directory search tool for the specific SADP.

For each provider and regardless of specialty, 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. The Issuer is expected to update its provider network directory at least once a month.

AHCT may also require 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.

AHCT SADP Issuers are responsible for complying with the culturally and linguistically appropriate standards outlined at 45 C.F.R. §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 population served by each provider.

M. Rate Specifications and Details

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 2025 plan year is anticipated to begin on November 1, 2024, and end on January 15, 2025. AHCT reserves the right to modify the dates of this open enrollment period.

Issuers participating in the **SHOP** marketplace 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 as defined in 45 C.F.R. §155.726(b). Issuers offering SADPs through AHCT SHOP marketplace must also charge the same contract rate for each month of the applicable small group business's policy year in accordance with 45 C.F.R. §156.286(a)(3).

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. However, AHCT requires SADPs to adopt the rating area and premium

development methodology for medical QHP plans in Connecticut for consistency. Issuers should refer to the CID for guidance on rate filing for the Individual and SHOP markets.

- **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. 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)(1).
- **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.
- **Guaranteed Rates** - In accordance with 45 C.F.R. 156.210(d)(2), AHCT will require Issuers to submit guaranteed rates for both the Individual and SHOP marketplaces.
- **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

N. 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 45 C.F.R. part 155 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 regarding transactions and the coding of transactions.

b. SHOP Marketplace

AHCT and state 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.

O. Qualifying Events and Special Enrollment Periods

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. §155.726(c) for the SHOP marketplace.

AHCT follows federal and state regulations with regards to Special Enrollment Periods (SEP). The length of the SEP and the effective dates of coverage vary based on the type of qualifying life event (QLE) and the date the individual attests to having experienced the QLE and enrolls in a plan.

P. Grace Periods

AHCT will require Issuers to comply with a 30-day grace period for enrollees on both the Individual and SHOP marketplaces. To account for months with less than 30 days, the grace period extends to the end of the month.

Q. Federal Data Templates and Supporting Materials

AHCT requires Issuers to complete various data templates and provide supporting documentation via the System for Electronic Rate and Form Filing (SERFF). The templates listed below contain Issuer and plan information required to effectively evaluate Issuer SADP submissions. Additionally, data elements will be extracted from the templates to optimize the consumer shopping experience on the AHCT portal.

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

Federal Data Template	Individual	SHOP	Purpose
Plan & Benefits	✓	✓	Collects plan, benefit, and cost-sharing information for each plan to be offered via the marketplace.
Network	✓	✓	Collects the provider network ID for each provider network.
Service Area	✓	✓	Collects information on the Service Areas available for each plan to be offered via the marketplace.
Rate Data	✓	✓	Collects rate data for each plan to be offered via the marketplace.
Rating Business Rules	✓	✓	Collects certain enrollee eligibility information.
Plan Crosswalk		✓	Collects renewal activity for plans offered via the marketplace.
URL		✓	Collects Carrier specific URLs for display to a consumer within the shopping portal. URL template may be submitted prior to activation of the URL. A date in which the URL is required to be activated will be communicated in the SADP Application.

Information and instruction guidance on the Federal Data templates and related materials can be found at the following URL: <https://www.qhpcertification.cms.gov/s/Application%20Materials>

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

AHCT Template	Individual	SHOP	Purpose
URL Submission	✓		Collects the provider network URL for display to a consumer within the shopping portal. URL template may be submitted prior to activation of the URL. A date in which the URL is required to be activated will be communicated in the SADP Application.

AHCT Template	Individual	SHOP	Purpose
AHCT Plan ID Crosswalk	✓		Identifies by HIOS number, each renewing, discontinued, modified, and/or new plans for the upcoming plan year.
Essential Community Provider (ECP)	✓	✓	Collects information on the ECPs included in the issuer's provider network and is used to assess compliance with AHCT contracting standards.

AHCT will also require Issuers to provide additional information via supporting documentation that will be outlined in the 2025 AHCT SADP Application.

R. 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.

- Issuers must complete the State-based Marketplace (SBM) Issuer Attestations and the Connecticut Required Attestations as part of the SADP application submission.
- Attestation language will include the minimum certification standards required by CMS, the State and/or AHCT.
- 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. §147.136).
- Attestations will largely fall into the following general categories under which Issuers must comply:
 - General Issuer Attestations
 - Data Submission Attestations
 - Network Adequacy & Service Area Attestations
 - Enrollment Attestations
 - SHOP Attestations
 - Stand-Alone Dental Attestations
 - Compliance Plan Attestations
 - Operational Attestations
 - EHB, Cost Sharing and Plan Attestations
 - Rate Attestations
 - Financial Management Attestations
 - Reporting Requirements Attestations
 - Issuer Accountability Attestations
 - Organizational Chart Attestations

S. 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

Transparency in Coverage requirements are outlined in federal regulations at 45 C.F.R. 155.1040(a) and 156.220. Currently, the reporting collection requirements do not apply to issuers of SADPs in state-based exchanges.

T. Network Adequacy

a. General Requirements

Pursuant to 45 C.F.R. §156.230(a)(2), an Issuer of an 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 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.

b. Essential Community Provider (ECP) Network Contracting Standards

Issuers are also required to meet specific standards 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.

AHCT ECP Network Adequacy standards as approved by the AHCT Board of Directors follow:

- 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 semi-annual basis. AHCT will provide Issuers with due dates for ECP data submissions within the SADP Application. The AHCT ECP List will then be provided after the release of SADP Application. If an Issuer does not meet the standard(s) at the time of semi-annual 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 meeting the AHCT contracting standards.

U. User Fees/Market Assessment

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

V. Broker Commissions

AHCT will require participating Issuers to pay commissions to an insurance producer or broker who assists an individual or small employer in enrolling in a dental plan through AHCT.

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 coverage level (e.g., covered services include Preventive, Basic, Major and Dentally Necessary Orthodontia for children).
- 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.