



DENTAL TECHNICAL WORKGROUP

November 14, 2016

AGENDA

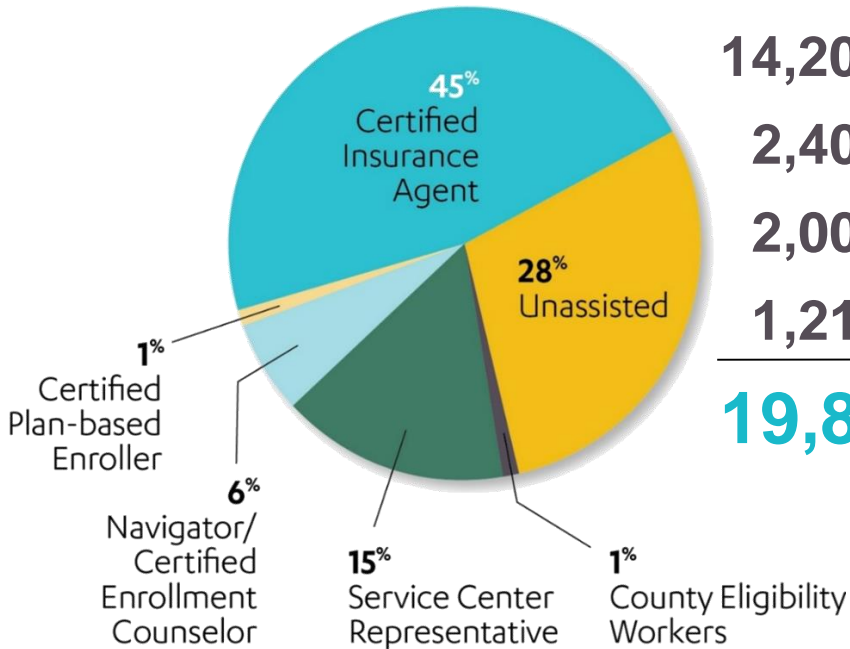
**Dental Technical Work Group
Meeting and Webinar
Monday November 14, 1:00 p.m. - 3:00 p.m.**

Agenda Items	Suggested Time
I. Welcome and Introductions	1:00 - 1:10 (10 min)
II. Program Updates	1:10 – 1:30 (20 min)
III. Workgroup Priorities Survey Results	1:30 – 1:45 (15 min)
IV. 2018 Standard Copay Plan Designs (Children’s & Adult Benefits)	1:45 - 2:10 (25 min)
V. 2018 Adult Dental Benefits Discussion	2:10 –2:30 (20 min)
VI. Covered California for Small Business Dental Benefit Plan Design	2:30 – 2:50 (20 min)
V. Next Steps	2:50 - 3:00 (10 min)

Send public comments to QHP@covered.ca.gov

OPEN ENROLLMENT 4

OUTREACH AND SALES: ENROLLMENT WORKFORCE



14,204 Certified Insurance Agents

2,406 Certified Application Counselors

2,002 Navigator/Certified Enrollment Counselors

1,215 Plan-Based Enrollers

19,827 Total

Storefronts

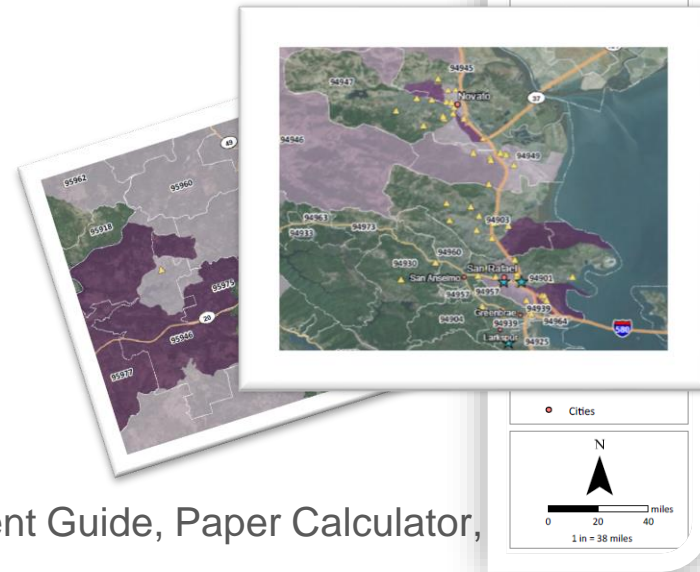
- 582 Approved Storefronts

Outreach

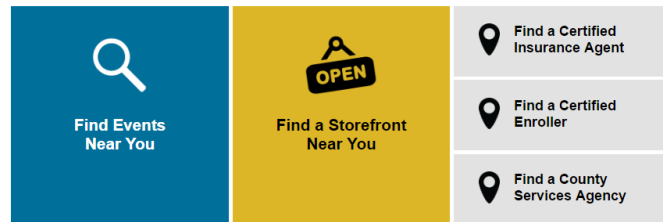
- 53% enrolled with Certified Partner

OUTREACH AND SALES: OPEN ENROLLMENT 4 STRATEGY PLAN

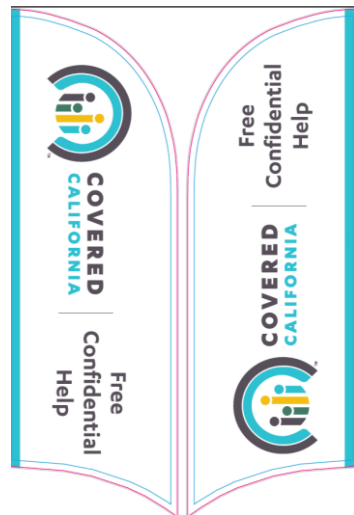
- Update **Tool Kits** for our Sales Partner
 - 2017 Health and Dental Plans Tool Kit
 - 2017 Plan Rates and Regional Data Sheets
 - **Renewal** (Job Aids and Sample Notices)
 - 2017 PCP Matching (Quick Guide)
 - 2016 Subsidy-Eligible Maps
 - **New Printable Materials for consumers** (Open Enrollment Guide, Paper Calculator, brochures, etc.)
- Email **News Briefs and Alerts** highlighting the latest news to our Sales Partners



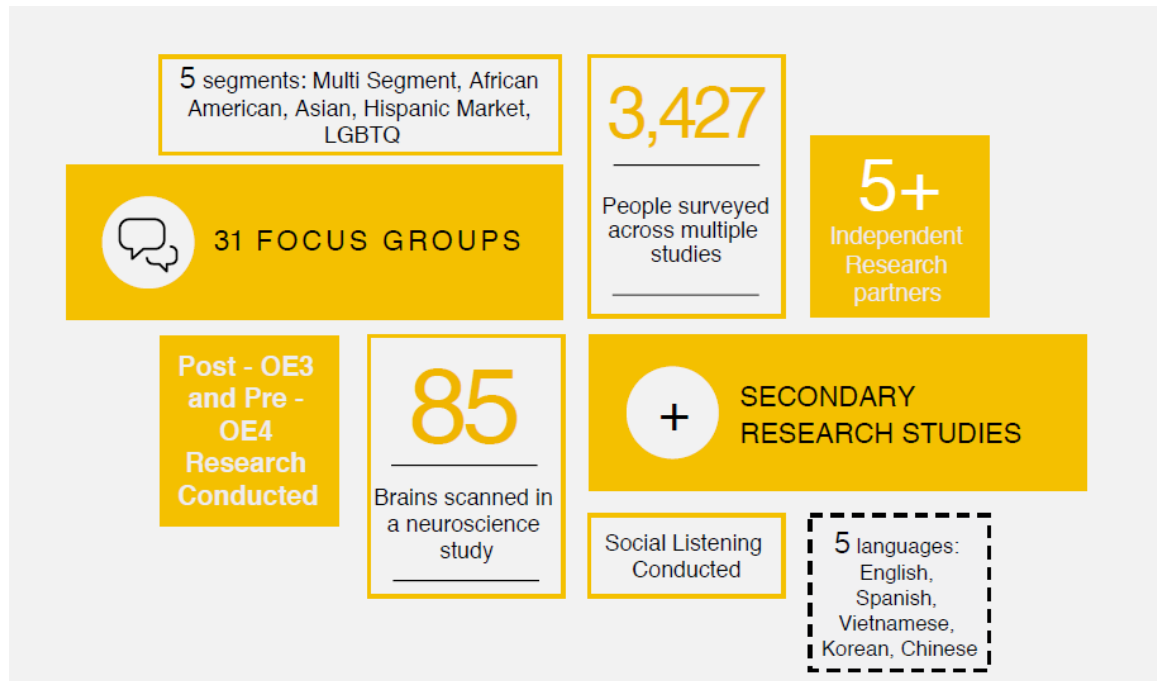
OUTREACH AND SALES: OPPORTUNITIES TO ENGAGE



- Covered California Website: “Find Local Help to Enroll” (582)
- Covered California Storefront Program
- Covered California Events Web Page (203)
- Covered California Sales Tools
- Covered California Collateral Materials



MARKETING: OE4 RESEARCH OVERVIEW



MARKETING: OE4 RESEARCH –KEY LEARNINGS

To help inform OE4 creative and planning, Covered California conducted qualitative and quantitative research with uninsured Californians in the Multi-Segment, African American, Hispanic, Asian and LGBTQ communities.

What we learned across all segments:

- The new **brand campaign**, “**It’s life care.**” which emotionally conveys the value of coverage, tested very well.
- **Remaining uninsured are harder to convince** and they have found ways to cope
- **Awareness of Covered California** is good, but there’s still confusion about what Covered California is, what we offer. Audiences want specifics.
- **Affordability** is, by far, offered as the #1 barrier
- Consumers feel overwhelmed. **Health insurance is complicated** and they face difficulties with the shopping and enrollment process.

Some nuances by segments emerged for Asian and LGBTQ communities. While African American and Latino segments were consistent with Multi-Segment group.

MARKETING: TOP PERFORMING MESSAGE TOPICS

The following are the top performing message topics that we will work into our creative across segments and channels:

- Preventive with specific examples
- Availability of dental coverage
- Health insurance at a lower cost
- Choice of plans including specific names of QHP's
- Free expert help

MARKETING: Applying the research learnings to OE 4 creative


To address the **need for more specific information** we are doing the following across segments and media channels:








Feature QHP logos to show that we offer a choice of quality brand name health plans.

Note: where media buying and budgets allow, QHP issuers are being promoted in their respective coverage areas.

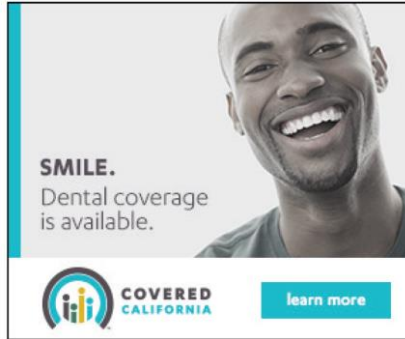
**BEING COVERED
IS THE
BEST PLAN.**

CoveredCA.com

 **COVERED
CALIFORNIA** | It's LIFE CARE.

MARKETING: DENTAL ASSETS



Digital banner 300x250



Digital banner 320x50

Digital banner 728x90 – still TBD



Pre-roll video: "Candy"

MARKETING: MEDIA PLAN- TARGET AUDIENCE

Retention & Renewal

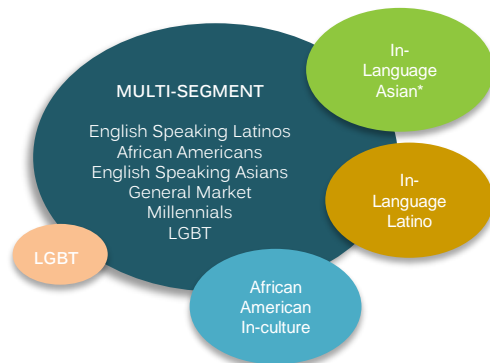
All current Covered California members



*Member communications & Social Media

Acquisition (Open Enrollment)

- **Remaining uninsured Californians**
 - Subsidy eligible (500k-615k)**
 - Non-subsidy eligible (460k)**
- **Age:** Media target A25-54
- **Income:** \$50k-\$130k
- **Segments:**



**Price Waterhouse Coopers Covered California 2016-2022 Market Analysis and Planning report

*Asian In-language: Primary – Chinese, Vietnamese, Korean; Secondary – Filipino (Tagalog), Hmong, Laotian, Cambodian

MARKETING: RETENTION AND RENEWAL

- Segment member base into message specific groups to address 2017 plan year changes i.e. rate increases, carrier exits, carrier expansion
- Primary message will be “Shop and Compare plan options to be sure you have the plan that provides you the best value in 2017”
- Messages will be focused around key dates and specific calls to action



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It's LIFE CARE.

Stay Covered in 2017,
Renew Your Health Coverage!

Dear **First_Name_default__Friend_1**

It's time to renew your health coverage for 2017!

Each year there are changes in rates, plan availability and eligibility for financial help. This year is no exception. With the recently announced increases in health coverage rates for 2017, and new additions to the plan options in your area, you could potentially save money by shopping for a new plan. Renewal is the perfect time to compare your current plan with others available in your area to find the best value for your 2017 coverage – it only takes a few minutes.

In the first weeks of October, you will receive an important renewal notice about your health coverage from Covered California. This notice will help you understand your choices for 2017, so it is important for you to review it carefully. If you take no action to actively renew or change plans, you will automatically be renewed, 30 days after the date on your renewal notice, into the same plan you had in 2016.

Shopping for Health Coverage for 2017 is Easy!

You have two options:

1) See what other options are available to you for 2017. You can compare rates and shop for a new health plan.

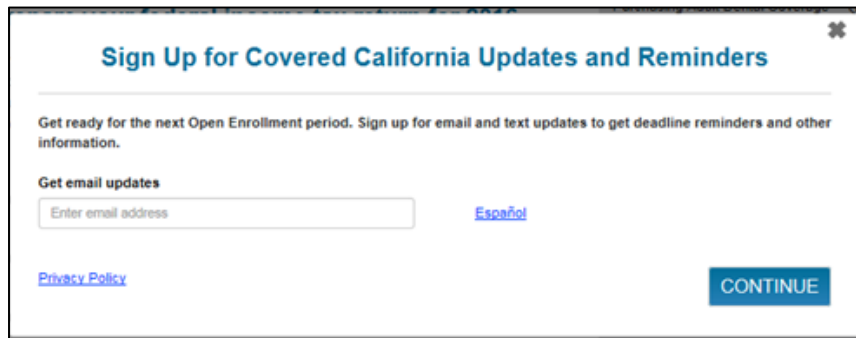
Your current plan will have a significant rate increase for 2017.



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MARKETING: WEBSITE ENHANCEMENTS

- Email subscription form
 - Mobile and Desktop version
 - Option to subscribe to CoveredCA email updates



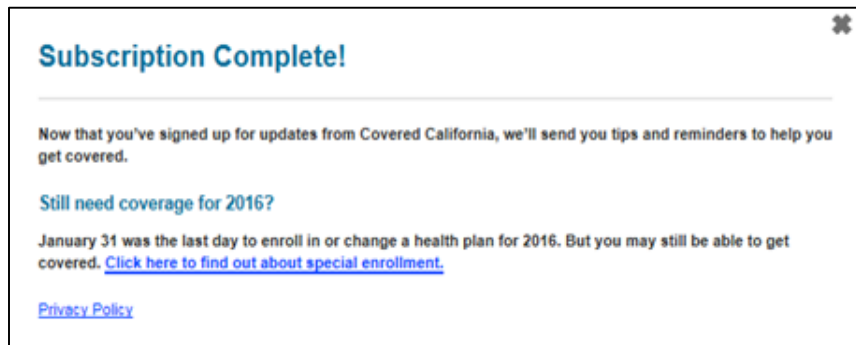
Sign Up for Covered California Updates and Reminders

Get ready for the next Open Enrollment period. Sign up for email and text updates to get deadline reminders and other information.

Get email updates

Enter email address [Español](#)

[Privacy Policy](#) **CONTINUE**



Subscription Complete!

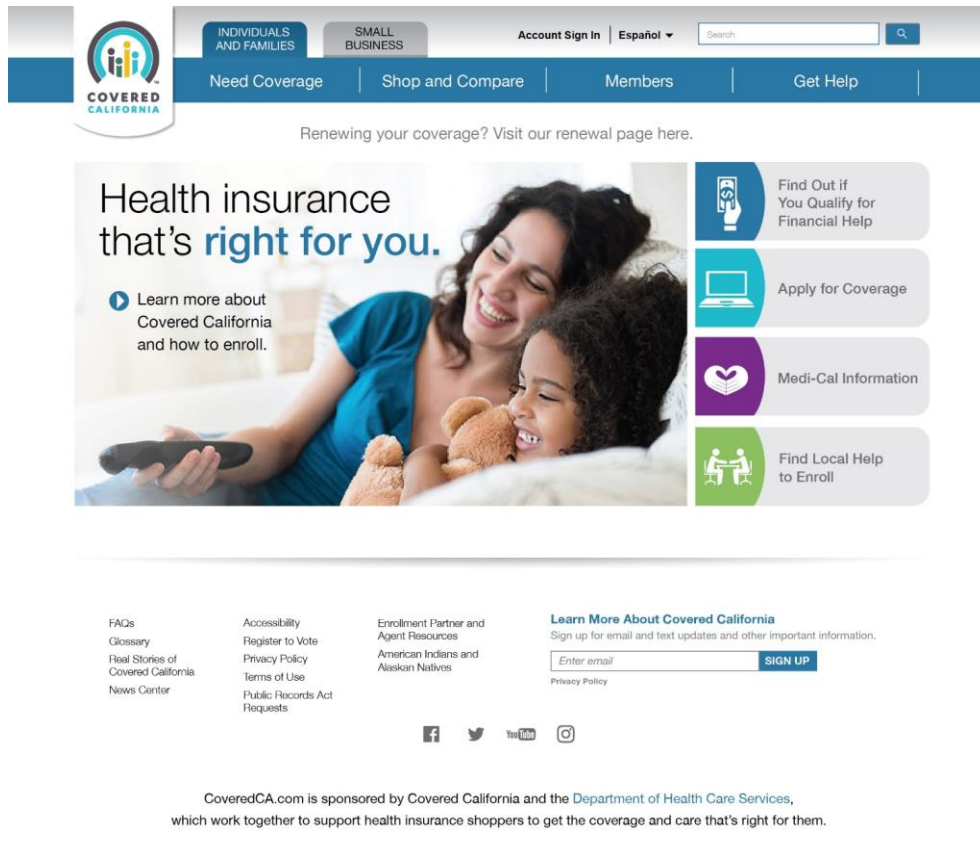
Now that you've signed up for updates from Covered California, we'll send you tips and reminders to help you get covered.

Still need coverage for 2016?

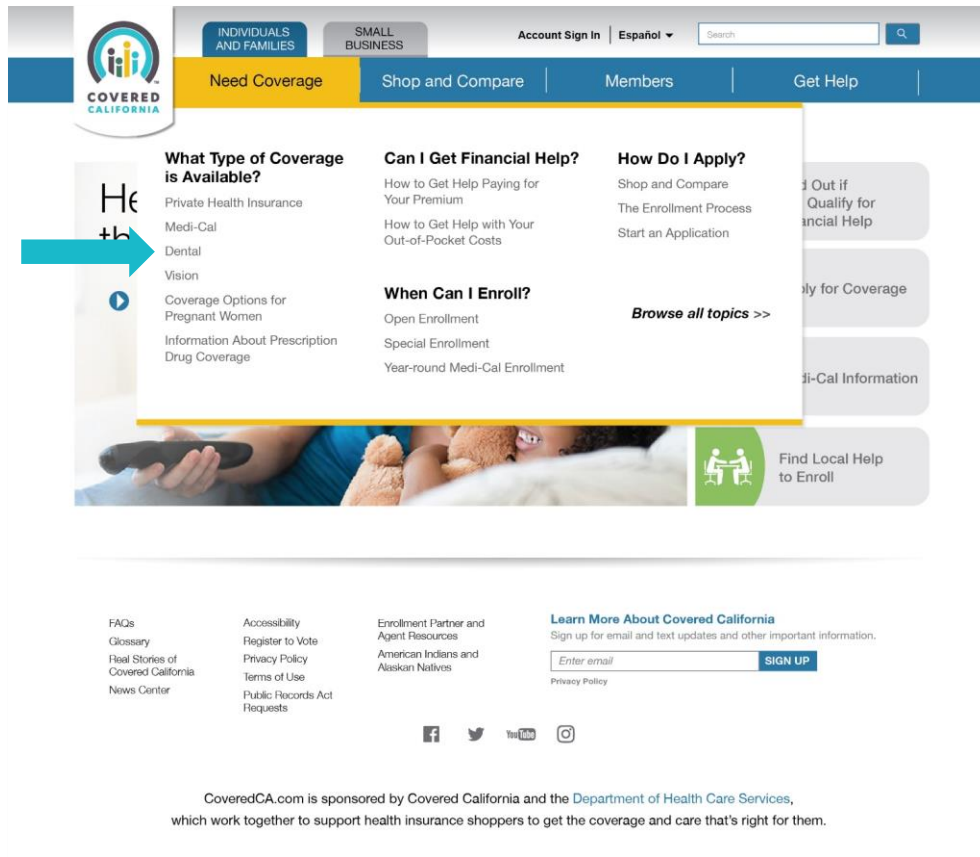
January 31 was the last day to enroll in or change a health plan for 2016. But you may still be able to get covered. [Click here to find out about special enrollment.](#)

[Privacy Policy](#)

COMMUNICATIONS: WEBSITE REFRESH



COMMUNICATIONS: WEBSITE REFRESH



COMMUNICATIONS: WEBSITE REFRESH

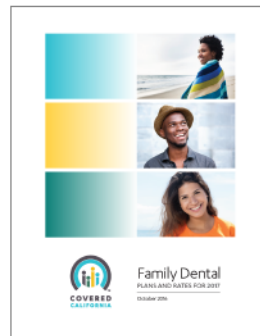
- There is no maximum out-of-pocket limit for enrolled adults, because adult dental benefits are not essential health benefits.
- There are two types of family dental plans: dental health maintenance organization (DHMO) plans and dental preferred provider organization (DPPO) plans. See below for specific information for each.

Family Dental HMO Specifics

- There is no deductible.
- There is no annual limit on what the plan will pay for a member's care.
- The costs for fillings, root canals, crowns and other major treatments and services are shared by the consumer and the plan, according to a defined set of **copayments** for services. (Check the details of each family dental plan's schedule of benefits for more information.)
- Costs for dental work performed by dental providers outside the plan's network are not covered.
- Premiums are typically lower for DHMO plans than for DPPO plans.
- Many services are plan-specific and must be researched individually. When shopping for a dental plan, check the plan's "evidence of coverage" or "certificate of insurance" documents for detailed information on benefits. Some member costs for common treatments and services are below:

DHMO — Enrollee Pays — Coverage Category

Coverage category	Adult	Child
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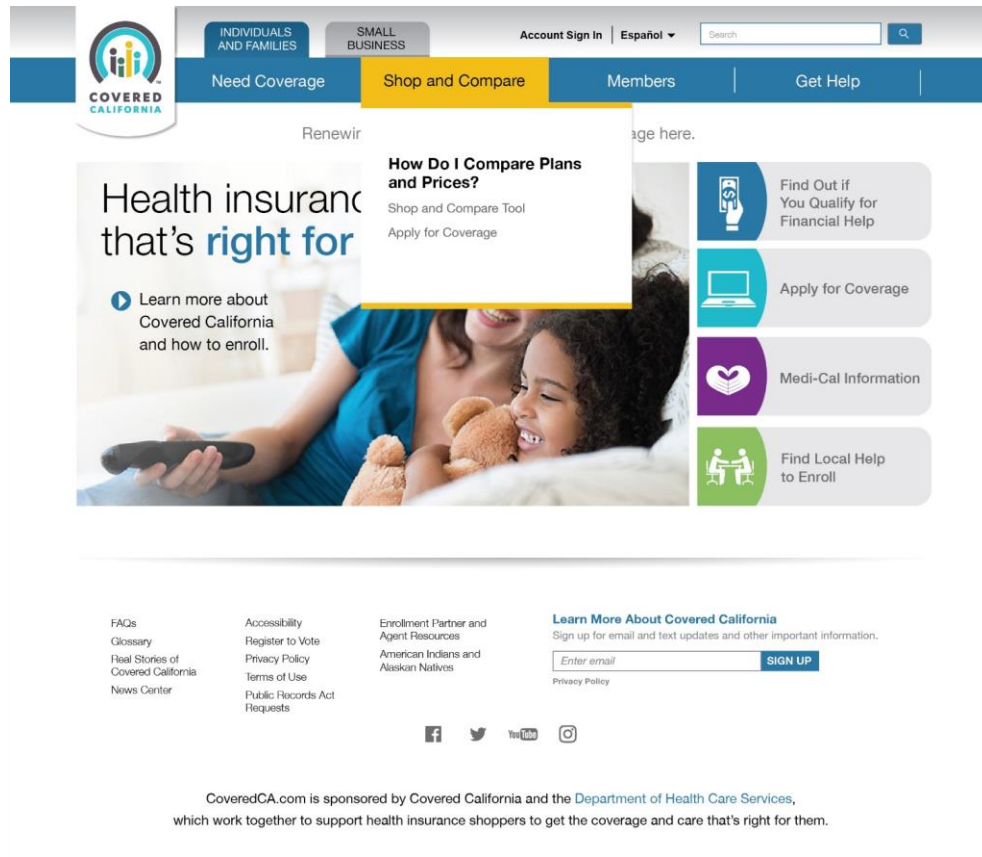


[2017 Family Dental Rate Booklet](#)


[2016 Family Dental Rate Booklet](#)

[2017 Adult Dental Benefits, Limitations and Exclusions](#)

COMMUNICATIONS: WEBSITE REFRESH



COMMUNICATIONS: WEBSITE REFRESH

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FAQs

Live Chat

Call for help
1-800-787-6921

Find
Local Help

Log In | Español ▼

[◀ Back to preferences](#)

HEALTH PLANSDENTAL PLANSCART 0

Browse Dental Plans

8 plans for 1 adult in ZIP code 95820.
Coverage could start as early as 01/01/2017.

Sort By

Monthly Premium (low to high)▼

Filter By

Plan Type

☐ HMO

☐ PPO

Plan Tier

☐ Lower

☐ Higher

Yearly Deductible

☐ \$49 and under

☐ \$50 to \$99

☐ \$100 and over

Company

ADD TO CART

California Dental Network
A Liberty company

Family Dental HMO

	HIGH	HMO
Monthly Premium		\$8.23
Dental Checkup (Adult)		\$0
Dental Checkup (Child)		\$0
Yearly Deductible (Child)		Not Available

☐ COMPAREVIEW DETAIL

ADD TO CART

LIBERTY
Dental Plans of California

Family Dental HMO

	HIGH	HMO
Monthly Premium		\$8.31
Dental Checkup (Adult)		\$0
Dental Checkup (Child)		\$0
Yearly Deductible (Child)		Not Available

☐ COMPAREVIEW DETAIL

ADD TO CART

 **Dental Health Services**

Family Dental HMO

	HIGH	HMO
Monthly Premium		\$11.50
Dental Checkup (Adult)		\$0
Dental Checkup (Child)		\$0
Yearly Deductible (Child)		Not Available

☐ COMPAREVIEW DETAIL

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INTRODUCTION TO 2018 CERTIFICATION

Proposed 2018 QHP CERTIFICATION Milestones

Release draft 2018 QHP & QDP Certification Applications	December 2017
Plan Management Advisory: Benefit Design & Certification Policy recommendation	January 2017
Draft application comment periods end	January 2017
January Board Meeting: discussion of benefit design & certification policy recommendation	January 2017
Letters of Intent Accepted	February 2017
Final AV Calculator Released*	February 2017
Applicant Trainings (electronic submission software, SERFF submission and templates*)	February 2017
March Board Meeting: anticipated approval of 2018 Standard Benefit Plan Designs & Certification Policy	March 2, 2017
QHP & QDP Applications Open	March 3, 2017
QHP Application Responses (Individual and CCSB) Due	May 1, 2017
Evaluation of QHP Responses & Negotiation Prep	May - June 2017
QHP Negotiations	June 2017
QHP Preliminary Rates Announcement	July 2017
Regulatory Rate Review Begins (QHP Individual Marketplace)	July 2017
QDP Application Responses (Individual and CCSB) Due	→ April 3 or June 1, 2017
Evaluation of QDP Responses & Negotiation Prep	→ April of June – July 2017
QDP Negotiations	→ April or July 2017
CCSB QHP Rates Due	TBD
QDP Rates Announcement (no regulatory rate review)	August 2017
Public posting of proposed rates	TBD
Public posting of final rates	TBD

*Final AV Calculator and final SERFF Templates availability dependent on CMS release

TBD = dependent on CCIIO rate filing timeline requirements

QDP Individual & CCSB Marketplaces Principles

PY 2018 Certification Application open to:

- Issuers offering QDPs certified for 2017
- Issuers newly licensed since May 2, 2016

Certification application will be shortened for issuers contracted 2017-2019 and will focus on review and approval of:

- Contract compliance and performance review
- Rates
- Benefits
- Networks
- New products
- Updates to performance targets and requirements if needed

There will not be a separate “recertification” application for these returning applicants.


WORKGROUP PRIORITIES SURVEY

2017 WORKGROUP PRIORITIES SURVEY RESULTS

Priority	Topic	2017 QDP Issuer Model Contract Reference
1	Determining Health Status, Health and Wellness Use of Health Risk Assessment Defining At-Risk Enrollees	Attachment 7, Article 3, Sections 3.01 Attachment 14, Group 5, 5.2, 5.3, 5.4 Attachment 7, Section 4.03
2	Network Adequacy and Access	Contract Section 3.3.2
3	Data Submission Requirements	Attachment 7, Section 2, Sections 2.01, 2.02 Attachment 14
4	Patient and Consumer Information and Communication	Contract Section 3.12 Attachment 7, Article 5, Sections 5.01, 5.02, 5.03 Attachment 14, Group 5, 5.8 and 5.9
5	Benefit Design	Contract Section 3.2

2018 DENTAL BENEFIT DESIGN

2018 DENTAL BENEFIT PLAN DESIGN TIMELINE

Date	Event	Description
August 11	Plan Advisory Meeting	Discuss potential issues to address for designing 2018 benefits
September 8	Plan Advisory Meeting	Planning and stakeholder input on process for designing 2018 benefits
October – December	 Dental Technical Workgroup 2018 Dental Benefit Design	Align pediatric copay schedule with benchmark plan, explore potential revisions to adult exclusions and limitations, edit endnotes as necessary
	2018 Benefit Design Workgroup	Make changes to meet AV requirements, edits to endnotes as necessary
January 2017	Board Meeting	Present proposed 2018 plan designs for Board discussion
February 2017	Board Meeting	Present proposed 2018 plan designs for Board approval, pending final AVC and payment parameters
March-April 2017	Final changes	Make final changes as necessary per final AVC and payment parameters

STRATEGY FOR PATIENT-CENTERED BENEFIT PLAN DESIGNS

Organizational Goal

Covered California should have benefit designs that are standardized, promote access to care, and are easy for consumers to understand = **PATIENT-CENTERED**.



Principles

- Multi-year progressive strategy with consideration for market dynamics: changes in benefits should be considered annually based on consumer experience related to access and cost
- Adhere to principles of value-based insurance design by setting cost shares that consider cost and value while prioritizing primary care and frequently needed care.

COVERED CALIFORNIA DENTAL PLAN DESIGN

Federal Pediatric Essential Health Benefit Design Requirements

- Must meet actuarial value (AV) of 70% or 85%
- Must adhere to benchmark plan
 - Effective 1/1/2017, benchmark plan is the 2014 Medi-Cal pediatric dental benefits

Covered California Guiding Principles & Policy Decisions

- Pediatric dental EHB will meet 85% actuarial value requirement
- No member cost share for adult or children's preventive and diagnostic services
- Keep pediatric dental benefits the same whether embedded in health plan or delivered through standalone dental plans
 - Exceptions for actuarial value reasons: out-of-pocket maximum, medically necessary orthodontia cost share
- Annual benefit limit and waiting period for major services allowed for adult coinsurance benefits in order to keep premiums affordable
- Qualified Dental Plan enrollment available only during Open Enrollment and Special Enrollment for qualified individuals

COVERED CALIFORNIA DENTAL PLAN DESIGN

2018 Dental Benefit Plan Design Discussion Topics:

- Copay Schedule
 - Alignment with benchmark plan
 - CDT Update
- Adult Dental Benefits
 - Waiting Period Waiver
 - Exempt Preventive and Diagnostic services from Annual Benefit Limit
 - Standardization of Exclusions and Limitations
- Employer-Sponsored Plan

STANDARD COPAY SCHEDULE

In the process of fully standardizing the copay schedule for 2017 and transitioning to the new benchmark plan, unintended discrepancies were created between the copay schedule and benchmark plan.

Since issuers need to comply with both EHB and standard benefit plan design requirements, the copay schedule must match the benchmark plan.

For 2018:

- Discrepancies will be eliminated by adding omitted procedure codes and removing those not in the benchmark plan
- *Discussion:* update Current Dental Terminology (CDT) version?

ADULT COINSURANCE DESIGN: WAITING PERIOD WAIVER

Current Adult Coinsurance Plan Design includes six month waiting period for major services, waived with proof of prior coverage.

Issuers currently define conditions for waiving the waiting period and there is significant variation between issuers.

The Exchange receives questions related to the waiting period and the waiver from both consumers and agents.

The application does not currently ask consumers if they have prior dental coverage at the time of enrollment.

ADULT COINSURANCE DESIGN: WAITING PERIOD WAIVER

Discussion:

Standardize some or all waiver conditions:

- Type of prior coverage:
 - Group/Individual
 - On/Off-Exchange
 - Same issuer
- Minimum duration of prior coverage
- Maximum allowed lapse in coverage

ADULT COINSURANCE: EXEMPT DIAGNOSTIC & PREVENTIVE SERVICES FROM BENEFIT LIMIT

In 2017, the Workgroup considered exemption of diagnostic and preventive services from annual benefit limit. Ultimately no changes were made to the application of the annual benefit limit in 2017 due to limited availability of enrollment and utilization data.

Discussion: should adult diagnostic and preventive services be exempt from the annual limit in the coinsurance plan design?

ADULT DENTAL BENEFITS: STANDARDIZATION OF EXCLUSIONS & LIMITATIONS

In 2017, some exclusions were standardized in an effort to keep premiums affordable for consumers.

Discussion: continue 2017 standard exclusions? Standardize additional services?

Benefit	Excluded in 2017	Continue Exclusion in 2018?
Tooth Whitening	✓	
Adult Orthodontia	✓	
Implants	✓	
Additional exclusions?		

ADULT DENTAL BENEFITS: STANDARDIZATION OF EXCLUSIONS & LIMITATIONS

For 2018, Exchange will pursue standardization of frequency limitations for commonly used services to ensure consumers are selecting plans based on network, quality and value.



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Family Dental Plans | 2017 ADULT DENTAL BENEFITS, LIMITATIONS AND EXCLUSIONS

Product also available to Covered California for Small Business (CCSB)

Covered Service by frequency	Access Dental DHMO	Anthem DPPPO	California Dental Network DHMO	Delta Dental DHMO	Delta Dental DPPPO	Dental Health Services DHMO	Liberty Dental Plan DHMO	Premier Access DPPPO
Oral Exam	2 in 12 months	2 in calendar year	No frequency limitation	2 in calendar year	2 in calendar year	1 in 6 months	1 in 6 months	1 in 6 months
Prophylaxis (cleaning)	2 in 1 year	2 in calendar year	1 in 6 months	2 in 1 year	2 in calendar year	1 in 12 months	1 in 6 months	1 in 6 months
Full Mouth X-Rays	1 in 2 years	1 in 5 years	1 in 24 Months	1 in 2 years	1 in 5 years	1 in 3 years	1 in 36 months	1 in 5 years
Bitewing X-Rays	2 in 1 year	1 in 2 years	1 in 12 Months	1 in 6 months	1 in calendar year	1 in 6 months	1 in 6 months	1 in 1 year
Periodontal Maintenance (gum maintenance)	2 in 12 months	2 in calendar year with cleanings	1 in 6 months	2 in 1 year following active treatment (in lieu of prophylaxis)	2 in calendar year following active treatment (in lieu of prophylaxis)	1 in a calendar quarter	1 in 6 months (in lieu of prophylaxis)	1 in 6 months following active treatment (in lieu of prophylaxis)
Periodontal Scaling and Root Planing	5 quadrants in 1 year	1 in 3 years	1 per quadrant in 12 months	4 quadrants during any 12 consecutive months	1 per quadrant every 24 months	1 per quadrant every 24 months	1 per site quadrant in 24 months	1 per quadrant in 2 years
Filling per tooth surface	No frequency limitation	1 per tooth surface in 2 years	No frequency limitation	No frequency limitation	No frequency limitation	1 in 36 months	1 in 36 months	1 per tooth surface in 36 months
Replacement of a Crown	1 in 5 years	1 per 7 years	1 in 5 years	1 in 5 years	1 in 5 years	1 in 5 years	1 in 5 years	1 in 5 years
Root Canal per tooth	1 in 2 years, same tooth	1 per lifetime	No frequency limitation	No frequency limitation	No frequency limitation	once per tooth	No frequency limitation	1 in 2 years, same tooth, same provider
Extraction per tooth	No frequency limitation	1 per lifetime	No frequency limitation	No frequency limitation	1 per lifetime	once per tooth	No frequency limitation	No frequency limitation
Fixed Bridge Procedures	Replacement 1 in 5 years	1 per 7 years	Replacement 1 in 5 years	1 in 5 years	1 in 5 years	1 in 5 years	1 in 5 years	Replacement 1 in 5 years
Partial Dentures	Replacement 1 in 5 years	1 per 7 years	Replacement 1 in 3 years	1 in 5 years	1 in 5 years	1 in 5 years	1 per arch in 5 years	Replacement 1 in 5 years
Complete Dentures	1 in 5 years	1 per 7 years	1 in 5 years	1 in 5 years	1 in 5 years	Replacement 1 in 5 years	1 per arch in 5 years	Replacement 1 in 5 years
Excluded Services	Implants, tooth whitening and adult orthodontics are excluded in all plans.							
	TML veneers	crown lengthening, posterior composites, bonding and veneers	crown lengthening, TML	maxillofacial prosthetics	maxillofacial prosthetics, TML veneers		cosmetic dental care, maxillofacial prosthetics	TML, veneers

This is a summary of limitations and exclusions. Please see the plan's Schedule of Benefits and Evidence of Coverage documents for complete information on covered services, limitations and excluded services.



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EMPLOYER-SPONSORED DENTAL PLAN

For 2017, a new plan design was created to provide employers in Covered California for Small Business an option for enriched dental benefits.

Enrollment will be subject to additional participation and contribution requirements.

2017 Benefit Plan Details:

- No Waiting Period for Major Services
- Adult Periodontics (other than maintenance) included in Basic Services
- Adult Endodontics included in Basic Services

WRAP UP AND NEXT STEPS