



Standalone Dental Plan Issuer 2015 Renewal Application

Please complete the following:

Issuer Name	
NAIC Company Code	
NAIC Group Code	
Regulator(s)	
Federal Employer ID	
HIOS/Issuer ID	
Corporate Office Address	
City	
State	
ZIP	
Primary Contact Name	
Contact Title	
Contact Phone Number	
Contact E-mail	
Check all applicable categories: <input type="checkbox"/> SADP Individual; <input type="checkbox"/> SADP SHOP; <input type="checkbox"/> Family Dental Plan Individual; <input type="checkbox"/> Family Dental Plan SHOP	

On behalf of the SADP issuer stated above, I hereby attest that I meet the requirements in this Renewal Application and certify that the information provided on this Application and in any attachments hereto are true, complete, and accurate. I understand that Covered California may review the validity of my attestations and the information provided in response to this application and decertify Issuer's Standalone Dental Plans offered on the Exchange should the information provided is found to be inaccurate. I confirm that I have the capacity to bind the SADP issuer stated above to the terms of this renewal application.

Date: _____
Signature: _____
Printed Name: _____



Standalone Dental Plan Issuer 2015 Renewal Application

Title: _____

	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
I. Licensed and in Good Standing						
1.1	Confirm that SADP issuer possesses and maintains its license to offer health insurance and is in good standing with applicable state, and federal authorities. <i>Good standing means that the applicant has no material fines, no material penalties levied or material ongoing disputes with applicable licensing authorities in the last two years (See Appendix A – Definition of Good Standing)</i>	45 CFR §156.200(b)(4)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.2	Are you seeking any material modification of an existing license from the California Department of Managed Health Care for any commercial individual or small group products offered or proposed to be offered through Covered California? If yes, explain what modifications you are seeking and when those are anticipated to be approved?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.3	By submitting this application, SADP issuer agrees to negotiate a contract or contract amendment for 2015 in good faith with Covered California that will establish the terms and conditions of the business relationship.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
II. Provider Network Adequacy						
2.1	As a general requirement, SADP issuer must maintain continuing compliance with California provider network adequacy standards, laws & regulations established by the applicable regulatory agency. Applicant understands that provider network adequacy for its Covered California products will be determined by the applicable state regulatory agency and verified by Covered	45 CFR §156.230(a)(2)	Health and Safety Code §1367.03; 28 CCR §1300.67.2.2 and Ins Code §		<input type="checkbox"/> Yes <input type="checkbox"/> No	



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	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
	California. SADP issuer agrees to maintain a legally compliant provider network for each product offering (DPPO, DHMO, DEPO) which includes sufficient number and types of providers to ensure that all services are accessible in a timely fashion to its Covered California enrollees.		10133.5 and 10 CCR § 2240-2240.5			
2.2	SADP issuer agrees to maintain its provider network and continue to meet regulatory requirements based on SADP's 2015 Covered California projected and actual enrollment. Submit 2015 enrollment projections by product that SADP issuer intends to propose for 2015 by completing Attachment A (QHP 2015 Enrollment Projections).				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.3	SADP products proposed for 2015 must cover the entire geographic service area for which the issuer is licensed in a rating region. Provide an updated geographic service area by product type for 2015 by completing Attachment B1–SERFF Service Area Template (use SERFF ¹ template current at the date of submission), Attachment B2 - Plan Type by Rating Region (Individual), and/or Attachment B3 – Plan Type by Rating Region (SHOP)					
III. Contracting with Dental Providers Who Serve the Low Income and Uninsured Populations						
3.1	Describe how SADP issuer is continuing to meet or exceed Covered California's network contracting requirements as defined in SADP Contract Article 3.06.					
IV. Quality and Delivery System Reform						

¹ System for Electronic Rate and Form Filing; developed and owned by the National Association of Insurance Commissioners.



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	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
4.1	Describe SADP's process to ensure that SADP issuer can comply with SADP Contract Data Submission Requirements (as defined in Appendix C) to Covered California.					
4.2	SADP agrees to submit claims and encounter ² data in the requested format to a third party vendor selected by Covered California for the purpose of performing clinical analytics.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.3	Confirm that SADP will submit, upon request, to the Exchange dental utilization reporting to include the measure numerator, denominator, and rate for the required measures set in the SADP Contract Attachment 14 Chart 3.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
V. Operational Readiness and Capacity						
5.1	SADP issuer confirms that it can and will accurately, appropriately and timely populate and submit SERFF templates at the request of Covered California for: <ul style="list-style-type: none"> (1) Rates (Attachment D1 & D2) (2) Service Area (Attachment B1) (3) Plan/Benefit Designs (Attachment F) (4) Network (Attachment G) 				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.2	Demonstrate through existing SADP contract compliance or systems testing that SADP issuer operates systems which can accurately and timely report electronic data to Covered California using national standards for electronic transactions.					
5.3	Demonstrate, through submission of a March 2014 audit report or systems testing, as applicable, that SADP issuer can accept 834, 820 and other					

² Claims and encounter data reflect a health care visit by an enrollee to a provider of care or service.



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	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
	standard transaction electronic files for enrollment and premium remittance in an accurate, consistent and timely fashion and utilize the information for its intended purpose (see Attachment C1 & C2)					
5.4	SADP agrees to submit contracting or participating provider lists and related information in a format as required by Covered California and at intervals requested by Covered California for the purposes of populating the centralized provider directory and to permit Covered California to perform network analytics.	45 CFR §156.230(b)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.5	Describe how SADP issuer's computer systems can accurately and timely maintain an electronic interface with CalHEERS. Unless applicant can demonstrate this requirement through contract compliance, applicant must be available for testing data interfaces with the Exchange no later than July 1, 2014. SADP must maintain computer systems for testing any future modifications to the interface design and data interchange. SADP must maintain the service levels agreed to in the Trading Partner Agreement, as applicable. Covered California requires SADPs to sign a Trading Partner Agreement in order to participate in the required systems testing.					
5.6	Describe the SADP issuer's systems ability to generate invoices for new members, which must be fully operational no later than October 15, 2014.					
5.7	Describe SADP issuer's systems which must accept premium payments from members no later than October 15, 2014 made using paper checks, cashier's checks, money orders, EFT and all					



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	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
	general purpose pre-paid debit cards and credit cards. If such systems are not currently in place, describe plans to implement such systems, including any potential vendors, if applicable, and an implementation work plan with timeline.					
5.8	Describe how SADP issuer will maintain sufficient staffing in the customer service center to meet contractual performance goals.					
5.9	Describe SADP issuer's plans that are in place for the purpose of detecting and reporting incidents of fraud, waste and abuse. Provide a description of such plans and their efficacy.					
5.10	Describe any education efforts SADP issuer provides to members to help them identify and report possible fraud scams. Describe SADP's procedures to report fraud scams to law enforcement.					
5.11	Describe SADP issuer's safeguards against Social Security/ identity fraud.					
5.12	SADP must comply with applicable federal and state privacy laws and regulations, and has appropriate procedures in place to detect and respond to privacy and security incidents.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
VI. Rates for 2015						
6.1	Submit premium rates for every proposed SADP by rating region for 2015 completing Attachment D1 and D2 - SERFF Rates Template for Individual and/or SHOP (use SERFF template current at the date of submission)					
6.2	Provide information requested about documents required to be filed with the applicable regulator as outlined in Attachment E for 2015 products					



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	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
	proposed to be offered through Covered California. Complete Attachment E and provide updates to this information as additional documents are submitted to the applicable regulator.					
VII. 2015 Standard Benefit Plan Design						
7.1	SADP issuer must adhere to 2015 standard benefit plan designs and requirements.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.2	SADP issuer agrees to submit its proposed 2015 plans for its licensed geographic service area(s).				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.3	Comply with California state benefit plan laws in effect for 2015.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
VIII. Naming Convention Requirement						
8.1	SADP issuer must adhere to standard naming conventions adopted by Covered California for 2015.				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Contractor shall provide to the Exchange information regarding Contractor's membership through the Exchange in a consistent manner to that which Contractor currently provides to its major purchasers. Contractor and the Exchange shall work together in good faith to further define mutually agreeable information and formats for Contractor to provide to the Exchange, in all cases to remain generally consistent with the information shared by Contractor with its major purchasers.

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California Health Benefit Exchange
SADP Issuer 2015 Renewal Application
Attachment A - SADP 2015 Enrollment Projections

Issuer Name:
Product:
Market:

Please complete a separate enrollment projection for each product and market type.

Rating Region	County	Partial County Yes/No	2015 Enrollment Projections
Region 1	Alpine		
Region 1	Del Norte		
Region 1	Siskiyou		
Region 1	Modoc		
Region 1	Lassen		
Region 1	Shasta		
Region 1	Trinity		
Region 1	Humboldt		
Region 1	Tehama		
Region 1	Plumas		
Region 1	Nevada		
Region 1	Sierra		
Region 1	Mendocino		
Region 1	Lake		
Region 1	Butte		
Region 1	Glenn		
Region 1	Sutter		
Region 1	Yuba		
Region 1	Colusa		
Region 1	Amador		
Region 1	Calaveras		
Region 1	Tuolumne		
Region 2	Napa		
Region 2	Sonoma		
Region 2	Solano		
Region 2	Marin		
Region 3	Sacramento		
Region 3	Placer		
Region 3	El Dorado		
Region 3	Yolo		
Region 4	San Francisco		
Region 5	Contra Costa		
Region 6	Alameda		
Region 7	Santa Clara		
Region 8	San Mateo		
Region 9	Santa Cruz		
Region 9	Monterey		
Region 9	San Benito		
Region 10	San Joaquin		
Region 10	Stanislaus		
Region 10	Merced		
Region 10	Mariposa		

Rating Region	County	Partial County Yes/No	2015 Enrollment Projections
Region 10	Tulare		
Region 11	Fresno		
Region 11	Kings		
Region 11	Madera		
Region 12	San Luis Obispo		
Region 12	Ventura		
Region 12	Santa Barbara		
Region 13	Mono		
Region 13	Inyo		
Region 13	Imperial		
Region 14	Kern		
Region 15	Los Angeles		
Region 16	Los Angeles		
Region 17	San Bernardino		
Region 17	Riverside		
Region 18	Orange		
Region 19	San Diego		

California Health Benefit Exchange
SADP Issuer 2015 Renewal Application
Attachment B1 - SERFF Service Area Template

Service Area v2.91				
<i>All fields with an asterisk (*) are required</i>				
<input type="button" value="Validate"/>		<i>To validate, press the Validate button or Ctrl + Shift + V. To finalize, press the Finalize button or Ctrl + Shift + F</i>		
<input type="button" value="Finalize"/>		<i>Click Create Service Area IDs button (or Ctrl + Shift + S) to create service area ids based on your state</i>		
<input type="button" value="Create Service Area IDs"/>		<i>Service Area IDs will populate in the drop-down box in Service Area ID column</i>		
<i>For each row, enter one County for that Service Area ID (unless the Service Area covers entire state)</i>				
HIOS Issuer ID:*				
Issuer State:*				
<input type="button" value="Create Service Area IDs"/>				
Service Area ID*	Service Area Name*	State*	County Name	Partial County
Required: Enter the Service Area ID	Required: Enter the Service Area Name	Required: Does this Service Area cover the entire state?	Required if State is "No": Select the County - FIPS this Service Area covers	Required if State is "No": Does this Service Area include a partial county?

California Health Benefit Exchange
SADP Issuer 2015 Renewal Application
Attachment B2 - Plan by Rate & Region Individual

If an Issuer currently sells Small Group and Individual, the Issuer must respond for SHOP in order to bid for Individual. Selecting a box below means Issuer will submit a QHP Bid for the selected rating region for the selected or all metal tiers and a catastrophic benefit design within that rating region. Issuer must offer a complete array of metal tiers and a catastrophic plan under either Standardized Plan 1 or 2, or the combined options, in order to submit an HSA Plan. The 19 regions, shown below, are defined based on recent California legislation. Two-Tier networks are allowed to overlay standard benefit plan designs. A Two-Tiered Network is defined as a benefit design with two in-network benefit levels.

INDIVIDUAL								
Rating Region	County	Partial County Yes/No	Platinum Plan	Gold Plan	Silver Plan	Bronze Plan	Catastrophic Plan	HSA Bronze Plan
Region 1	Alpine							
Region 1	Del Norte							
Region 1	Siskiyou							
Region 1	Modoc							
Region 1	Lassen							
Region 1	Shasta							
Region 1	Trinity							
Region 1	Humboldt							
Region 1	Tehama							
Region 1	Plumas							
Region 1	Nevada							
Region 1	Sierra							
Region 1	Mendocino							
Region 1	Lake							
Region 1	Butte							
Region 1	Glenn							
Region 1	Sutter							
Region 1	Yuba							
Region 1	Colusa							
Region 1	Amador							
Region 1	Calaveras							
Region 1	Tuolumne							
Region 2	Napa							
Region 2	Sonoma							

Rating Region	County	Partial County Yes/No	Platinum Plan	Gold Plan	Silver Plan	Bronze Plan	Catastrophic Plan	HSA Bronze Plan
Region 2	Solano							
Region 2	Marin							
Region 3	Sacramento							
Region 3	Placer							
Region 3	El Dorado							
Region 3	Yolo							
Region 4	San Francisco							
Region 5	Contra Costa							
Region 6	Alameda							
Region 7	Santa Clara							
Region 8	San Mateo							
Region 9	Santa Cruz							
Region 9	Monterey							
Region 9	San Benito							
Region 10	San Joaquin							
Region 10	Stanislaus							
Region 10	Merced							
Region 10	Mariposa							
Region 10	Tulare							
Region 11	Fresno							
Region 11	Kings							
Region 11	Madera							
Region 12	San Luis Obispo							
Region 12	Ventura							
Region 12	Santa Barbara							
Region 13	Mono							
Region 13	Inyo							
Region 13	Imperial							
Region 14	Kern							
Region 15	Los Angeles							
Region 16	Los Angeles							
Region 17	San Bernardino							
Region 17	Riverside							
Region 18	Orange							
Region 19	San Diego							

California Health Benefit Exchange
SADP Issuer 2015 Renewal Application
Attachment B3 - Plan by Rate & Region SHOP

If an Issuer currently sells Small Group and Individual, the Issuer must respond for SHOP in order to bid for Individual. Selecting a box below means Issuer will submit a QHP Bid for the selected rating region for the selected or all metal tiers and a catastrophic benefit design within that rating region. Issuer must offer a complete array of metal tiers and a catastrophic plan under either Standardized Plan 1 or 2, or the combined options, in order to submit an HSA Plan or propose an Alternate Plan. The 19 regions, shown below, are defined based on recent California legislation. Two-Tier networks are allowed to overlay standard benefit plan designs. A Two-Tiered Network is defined as a benefit design with two in-network benefit levels.

SHOP										
Rating Region	County	Partial County Yes/No	Platinum Plan	Gold Plan	Silver Plan	Bronze Plan	Catastrophic Plan	HSA Bronze Plan	HSA Silver Plan	Alternate Plan
Region 1	Alpine									
Region 1	Del Norte									
Region 1	Siskiyou									
Region 1	Modoc									
Region 1	Lassen									
Region 1	Shasta									
Region 1	Trinity									
Region 1	Humboldt									
Region 1	Tehama									
Region 1	Plumas									
Region 1	Nevada									
Region 1	Sierra									
Region 1	Mendocino									
Region 1	Lake									
Region 1	Butte									
Region 1	Glenn									
Region 1	Sutter									
Region 1	Yuba									
Region 1	Colusa									
Region 1	Amador									
Region 1	Calaveras									
Region 1	Tuolumne									
Region 2	Napa									
Region 2	Sonoma									
Region 2	Solano									
Region 2	Marin									
Region 3	Sacramento									
Region 3	Placer									
Region 3	El Dorado									

Rating Region	County	Partial County Yes/No	Platinum Plan	Gold Plan	Silver Plan	Bronze Plan	Catastrophic Plan	HSA Bronze Plan	HSA Silver Plan	Alternate Plan
Region 3	Yolo									
Region 4	San Francisco									
Region 5	Contra Costa									
Region 6	Alameda									
Region 7	Santa Clara									
Region 8	San Mateo									
Region 9	Santa Cruz									
Region 9	Monterey									
Region 9	San Benito									
Region 10	San Joaquin									
Region 10	Stanislaus									
Region 10	Merced									
Region 10	Mariposa									
Region 10	Tulare									
Region 11	Fresno									
Region 11	Kings									
Region 11	Madera									
Region 12	San Luis Obispo									
Region 12	Ventura									
Region 12	Santa Barbara									
Region 13	Mono									
Region 13	Inyo									
Region 13	Imperial									
Region 14	Kern									
Region 15	Los Angeles									
Region 16	Los Angeles									
Region 17	San Bernardino									
Region 17	Riverside									
Region 18	Orange									
Region 19	San Diego									

California Health Benefit Exchange
SADP Issuer 2015 Renewal Application
Attachment D2 - SERFF Rates Template SHOP

Rates Table Template v2.3				
<input type="button" value="Validate"/>		<i>To validate press Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.</i>		
<input type="button" value="Finalize"/>		<i>If you are a community rating state, select Family Option under Age and fill in all columns.</i>		
<input type="button" value="Add Sheet"/>		<i>If you are not community rating state, select 0-20 under Age and provide an Individual Rate for every age band.</i>		
<input type="button" value="Add Sheet"/>		<i>If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.</i>		
<input type="button" value="Add Sheet"/>		<i>To add a new sheet, press the Add Sheet button, or Ctrl + Shift + S. All plans must have the same dates on a sheet.</i>		
HIOS Issuer ID*				
Federal TIN*				
Rate Effective Date*				
Rate Expiration Date*				
<input type="button" value="Add Sheet"/>				
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non- Tobacco or No Preference enrollee on a plan

