



COVERED
CALIFORNIA

DENTAL TECHNICAL WORKGROUP

January 12, 2017

AGENDA

Dental Technical Work Group
Meeting and Webinar
Thursday January 12, 10:30 a.m. - 12:00 p.m.

Agenda Items	Suggested Time
I. Welcome and Introductions	10:30 - 10:40 (10 min)
II. Program Updates	10:40 – 10:50 (10 min)
III. 2018 QDP Certification	10:50 – 11:00 (10 min)
IV. 2018 Standard Copay Plan Designs (Children’s & Adult Benefits)	11:00 - 11:20 (20 min)
V. 2018 Adult Dental Benefits Discussion	11:20 –11:35 (15 min)
VI. Covered California for Small Business Dental Benefit Plan Design	11:35 – 11:50 (15 min)
V. Next Steps	11:50 – 12:00 (10 min)

Send public comments to QHP@covered.ca.gov

PROGRAM UPDATES

2018 QDP CERTIFICATION

PROPOSED 2018 QHP CERTIFICATION MILESTONES

Release draft 2018 QHP & QDP Certification Applications	December 22, 2016
Draft application comment periods end	January 13, 2017
Plan Management Advisory: Benefit Design & Certification Policy recommendation	January 19, 2017
January Board Meeting: discussion of benefit design & certification policy recommendation	January 26, 2017
Letters of Intent Accepted	February 1 – 15, 2017
Final AV Calculator Released*	February 2017
Applicant Trainings (electronic submission software, SERFF submission and templates*)	February 22-24, 2017
March Board Meeting: anticipated approval of 2018 Standard Benefit Plan Designs & Certification Policy	March 2, 2017
QHP & QDP Applications Open	March 3, 2017
QDP Application Responses (Individual and CCSB) Due	April 3, 2017
Evaluation of QDP Responses & Negotiation Prep	April 2017
QDP Negotiations	April 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
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.

QDP CERTIFICATION APPLICATIONS

Draft applications posted for comment:

<http://hbex.coveredca.com/stakeholders/plan-management/>

The screenshot shows the website header with the logo "CALIFORNIA Health Benefit Exchange" and the tagline "Powering Covered California". Navigation links include HOME, ABOUT, BOARD, PROGRAMS, STAKEHOLDERS, AGENTS, SOLICITATIONS, GRANTS, RESOURCES, and JOBS. The "Plan Management" section is highlighted with a heart icon. The main content area features the heading "Plan Management & Delivery Systems Reform" and a sub-heading "December 22: Draft 2018 QHP/QDP Certification Applications". The text below explains that the comment deadline has been extended to Friday, January 13, 2017, and provides instructions for submitting applications. A list of attachments is provided, including B C1 C2 D2 D3, D1 Member Communication Calendar, and E QIS Run Charts. A "Resources" sidebar on the right lists links to Covered California Health Insurance Company Websites, 2017-18 Plan Management Advisory Nomination Form, Plan Management Advisory Group Proposed 2017 Dates, 2016 Plan Management Advisory Charter and Membership, and Proposed 2016 Plan Management Advisory Meeting Dates.

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Plan Management

Plan Management & Delivery Systems Reform

December 22: Draft 2018 QHP/QDP Certification Applications

Please note, Covered California has extended the comment deadline to close of business Friday January 13, 2017. Please use the comment template and submit to Taylor Priestley at taylor.priestley@covered.ca.gov. Please note, Applicants will ultimately complete applications electronically and questions will populate dynamically based on Applicant type (current QHP/QDP Issuer or New Entrant Applicant) as indicated in application documents.

- Draft QHP Certification Application for Plan Year 2018 Individual Marketplace
 - Attachments B C1 C2 D2 D3 – Individual QHP
 - Attachment D1 Member Communication Calendar – Individual QHP (word)
 - Attachment E QIS Run Charts – Individual QHP (excel)

Resources

- Links to Covered California Health Insurance Company Websites
- 2017-18 Plan Management Advisory Nomination Form
- Plan Management Advisory Group Proposed 2017 Dates
- 2016 Plan Management Advisory Charter and Membership
- Proposed 2016 Plan Management Advisory Meeting Dates

Deadline for comment Friday January 13, 2017.

2018 DENTAL BENEFIT DESIGN

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

2018 Dental Benefit Plan Design Discussion Topics:

- Copay Schedule
 - Alignment of pediatric copay schedule with benchmark plan
 - Current Dental Terminology (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
 - Benefit Design
 - Contribution and Participation Requirements

STANDARD COPAY SCHEDULE

Since issuers need to comply with both EHB and standard benefit plan design requirements, the pediatric copay schedule must not conflict with the benchmark plan.

All comments received unanimously recommended moving pediatric and adult schedules to current CDT version, reasons given included:

- HIPAA compliance
- System programming impacts
- Provider contracting
- Administrative burden of managing different benefit plans with different procedure codes

Staff Recommendation: Update copay schedules CDT version to CDT-17. Inclusion of CDT-17 codes in the pediatric copay schedule based on clinical interpretation of benchmark plan.

Existing discrepancies in the 2017 pediatric copay schedule have been eliminated by adding omitted procedure codes and removing those not in the benchmark plan.

DRAFT STANDARD COPAY SCHEDULES: CORRECTIONS

CDT Code	Nomenclature	Correction Made
D5863	Overdenture – Complete Maxillary	Added Code
D5864	Overdenture – Partial Maxillary	Added Code
D5865	Overdenture – Complete Mandibular	Added Code
D5866	Overdenture – Partial Mandibular	Added Code
D2752	crown - porcelain fused to noble metal	Removed from Pediatric Schedule
D2792	crown - full cast noble metal	Removed from Pediatric Schedule
D3353	apexification/recalcification - final visit	Removed from Pediatric Schedule
D2140	amalgam - one surface, primary or permanent	Corrected Nomenclature
D2150	amalgam - two surfaces, primary or permanent	Corrected Nomenclature
D2160	amalgam - three surfaces, primary or permanent	Corrected Nomenclature
D2161	amalgam - four or more surfaces, primary or permanent	Corrected Nomenclature
D3425	apicoectomy/periradicular surgery - molar (first root)	Corrected Nomenclature
D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	Corrected Nomenclature
D4211	gingivectomy or gingivoplasty – one to three contiguous teeth or tooth bounded spaces per quadrant	Corrected Nomenclature
D6980	fixed partial denture repair necessitated by restorative material failure	Corrected Nomenclature
D7111	extraction, coronal remnants - deciduous tooth	Corrected Nomenclature
D7250	surgical removal of residual tooth roots requiring cutting of soft tissue and bone and closure	Corrected Nomenclature
D7472	removal of torus palatinus	Corrected Nomenclature

DRAFT STANDARD COPAY SCHEDULE: NEW CDT-17 CODES

CDT Code	Nomenclature
D0171	re-evaluation – post-operative office visit
D1353	sealant repair – per tooth
D1575	distal shoe space maintainer – fixed – unilateral
D2921	reattachment of tooth fragment, incisal edge or cusp
D2941	interim therapeutic restoration – primary dentition
D2949	Restorative foundation for an indirect restoration
D3427	periradicular surgery without apicoectomy
D4283*	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site
D4285*	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D6011	second stage implant surgery
D6013	surgical placement of mini implant
D6052	semi-precision attachment abutment
D6081	scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure
D6085	provisional implant crown
D6549*	retainer – for resin bonded fixed prosthesis
D7881	occlusal orthotic device adjustment
D9943*	occlusal guard adjustment

*Covered benefit for adults only

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

ADULT COINSURANCE DESIGN: WAITING PERIOD WAIVER

Staff Recommendation:

The following waiver conditions will be standardized in the plan design:

- Any prior coverage will be accepted: Group/Individual/Medi-Cal, On/Off-Exchange, Any issuer
- No required minimum duration of prior coverage allowed; dental plans must reduce the six month waiting period for each month of prior coverage

The following waiver conditions will not be standardized in the plan design:

- Maximum allowed lapse in coverage
- Acceptable documents to provide proof of prior coverage

Rationale: Support continuous enrollment in dental insurance in an environment where plan choices can change.

ADULT DENTAL BENEFITS: STANDARDIZATION OF EXCLUSIONS & LIMITATIONS

Staff Recommendation: Continue 2017 standard exclusions in 2018 and add exclusion of veneers.

Rationale: Continued progress towards standardization of adult dental exclusions, following guiding principle of excluding services without oral health benefit.

Benefit	Excluded in 2017	Excluded in 2018
Tooth Whitening	✓	✓
Adult Orthodontia	✓	✓
Implants	✓	✓
Veneers		✓

CONSUMER COMMUNICATION AND EDUCATION

Based on workgroup feedback and survey of common questions and social media inquiries, staff proposes the following suggested goals and next steps to improve consumer communication and education related to dental benefits:

- Better use of coveredca.com dental page to orient consumers to dental plan shopping experience
- Make dental plan benefit documents more accessible prior to shopping
- Improve and standardize communication of frequency limitations
- Communicate importance of timely notification of prior coverage upon enrollment in new dental plan to waive six month waiting period, if applicable
- Pursue consumer testing and surveys to understand dental consumers' needs

EMPLOYER-SPONSORED DENTAL PLAN

Component	Staff Recommendation
Plan Design	<ul style="list-style-type: none">• No waiting period for Major Services
Employer Contribution & Participation Requirements	<ul style="list-style-type: none">• Employer must select a specific Group Dental Plan and contribute minimum 50% of premium• Minimum 70% employee participation• Employees remain free to select any dental plan for which they are eligible
Dependent Coverage	<ul style="list-style-type: none">• Dependent coverage completely voluntary

WRAP UP AND NEXT STEPS