



COVERED
CALIFORNIA

DENTAL TECHNICAL WORKGROUP

December 1, 2016

AGENDA

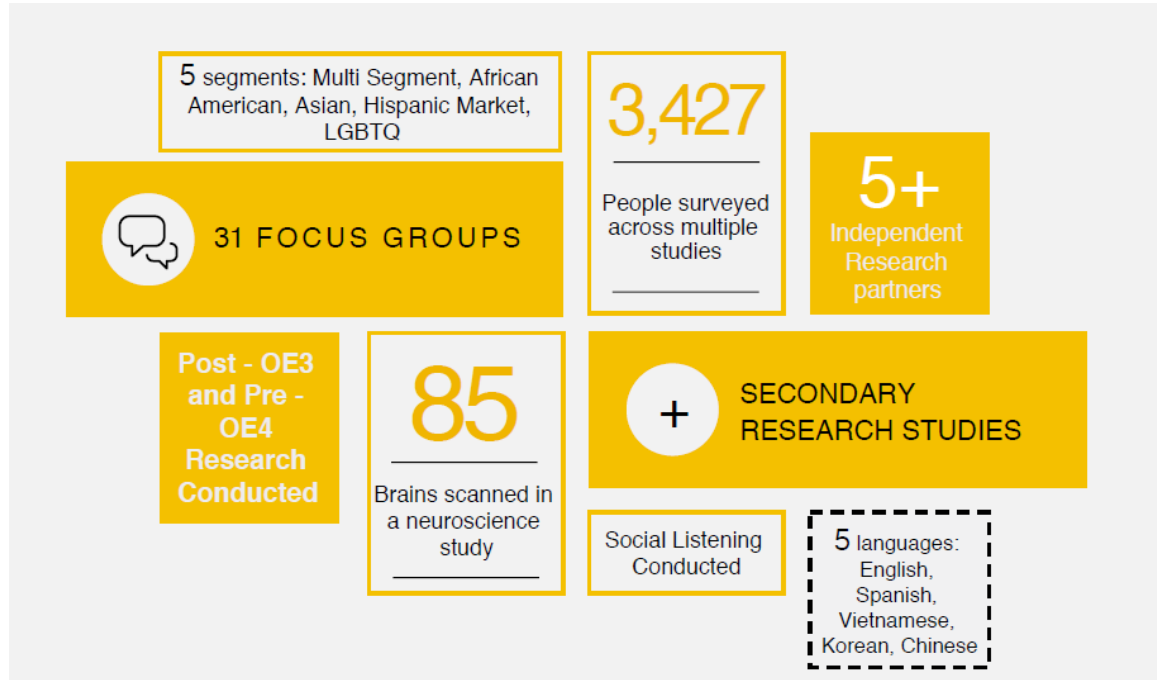
Dental Technical Work Group
Meeting and Webinar
Thursday December 1, 10:00 a.m. - 12:00 p.m.

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

Send public comments to QHP@covered.ca.gov

PROGRAM UPDATES

FOLLOW-UP: MARKETING OE4 RESEARCH OVERVIEW



FOLLOW-UP: 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

2018 QDP 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 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 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.

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

2018 Dental Benefit Plan Design Discussion Topics:

- Copay Schedule
 - Alignment 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 copay schedule must not conflict with the benchmark plan.

All comments received unanimously recommended moving 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 CDT version to CDT-17.

Existing discrepancies in the 2017 copay schedule will be eliminated by adding omitted procedure codes and removing those not in the benchmark plan

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

Mixed feedback regarding standardization of waiver conditions:

Waiver Condition	Responses
Maximum allowed lapse in coverage	No lapse permitted, <30 days, <60 days, 63 days and <90 days
Minimum duration of prior coverage	Agreement regarding no requirement
Type of prior coverage	General agreement regarding willingness to accept Individual/Group, On/Off-Exchange, DHMO/DPPO; one response indicates group only
Acceptable Documents	Wide variation among dental plans

Staff Recommendation: Standardize some waiver conditions:

- Any prior coverage will be accepted: Group/Individual, On/Off-Exchange, Any issuer
- No required minimum duration of prior coverage allowed.

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

ADULT COINSURANCE: EXEMPT DIAGNOSTIC & PREVENTIVE SERVICES FROM BENEFIT LIMIT

Responses Received:

- Universal agreement regarding premium impact
- Universal agreement regarding limited positive impact of change since few adults reach annual maximum
- Some plan systems can't accommodate this benefit design
- Some plans reported no administrative or operational barriers but additional cost resulting from required system changes

Staff Recommendation: Diagnostic and Preventive services will continue to accumulate to the annual limit in the coinsurance plan design in 2018.

Rationale: Commitment to maintain affordable premiums for consumers.

ADULT DENTAL BENEFITS: STANDARDIZATION OF EXCLUSIONS & LIMITATIONS

Responses Received:

- Universal agreement to exclude services without oral health benefit.
- Near universal agreement to continue the 2017 excluded services.

Staff Recommendation: Continue 2017 standard exclusions in 2018.

Benefit	Excluded in 2017	Excluded in 2018?
Tooth Whitening	✓	✓
Adult Orthodontia	✓	✓
Implants	✓	✓
Additional exclusions?		Consider exclusion of veneers

ADULT DENTAL BENEFITS: STANDARDIZATION OF EXCLUSIONS & LIMITATIONS

Frequency Limitation Details	Responses
Reasons for frequency limitations	<ul style="list-style-type: none">• To prevent fraud or gaming• To provide dental benefits that promote good oral health based on issuer's specific experience• To differentiate a benefit plan from plans offered by other issuers
Should frequency limitations differ by DHMO/DPPO?	<ul style="list-style-type: none">• Agreement differences currently exist by model<ul style="list-style-type: none">• Disagreement regarding whether differences by model should be permitted if standardized
If phased in, which benefits should be standardized first?	Agreement that frequency limitations for diagnostic and preventive services should be prioritized; oral exam, cleanings and x-rays recommended as first steps

Staff Recommendation: Pursue standard frequency limitations for the 2019 benefit year.

Rationale: Standard frequency limitations for commonly used services helps ensure consumers are selecting plans based on network, quality and value.

ADULT DENTAL BENEFITS: STANDARDIZATION OF EXCLUSIONS & LIMITATIONS

Some responses recommended improved communication of frequency limitations rather than standardization of limitations.

Continued efforts will be made to improve the Limitations and Exclusions consumer reference.



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 Planning	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.							
	TMI veneers	crown lengthening, posterior composites, bonding and veneers	crown lengthening, TMI	maxillofacial prosthetics	maxillofacial prosthetics, TMI, veneers		cosmetic dental care, maxillofacial prosthetics	TMI, 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.



EMPLOYER-SPONSORED DENTAL PLAN

Component	Responses
Plan Design	<ul style="list-style-type: none">• Elimination of waiting period for Major Services standard for benefit plan with minimum participation standards• Mixed response whether coverage of Periodontics and Endodontics as Basic Services is standard in group coverage• Agreement regarding premium impact of Periodontics and Endodontics included in Basic Services
Employer Contribution & Participation Requirements	<ul style="list-style-type: none">• Universal response that 100% premium contribution by employer likely to result in low take-up, particularly given premium impacts of benefit design• Several responses that previously suggested 50% premium contribution and 70% participation adequate
Questions	<ul style="list-style-type: none">• What are the requirements for dependents?• Would employers be limited to offering a single plan to employees?

Further discussion needed to resolve benefit design, participation and contribution requirements, regulatory changes and administrative process.

WRAP UP AND NEXT STEPS