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Stand Alone Dental Plans Binder Training

Oregon Insurance Division
and Cover Oregon
June 2, 2014

Dental Binder Training Agenda

- Introductions
- What we know now
- Dental timelines
- What is the same as last year?
- SERFF Binder submission contents
- Helpful links
- Ask Cover Oregon
- Questions?
 - Online viewers send questions during the presentation to: insurance.video@state.or.us

What we know now...

- All of the information presented today will be what we know as of today and is the best of our current knowledge.
- Because of the complexity and many changes, it is possible we do not have the current answer. Please speak up if you believe any of this information may not be correct.
- All of the information and handouts presented are subject to change as we learn more.
- Any updates in information will be posted as soon as possible to our Training webpage at [http://www.oregon.gov/DCBS/insurance/insurers/ates-forms/Pages/training.aspx](http://www.oregon.gov/DCBS/insurance/insurers/rates-forms/Pages/training.aspx)

Recently updated documents

- **Dental binder product standards** (Form 440-4980)
- **Filing timelines** - As of now, filing timelines have not changed. We believe our current filing timelines will not change but will confirm this in the coming weeks as Cover Oregon and CMS conclude their negotiations.

The above documents are found on our Training website.

Stand Alone Dental Plans Timeline

- **Dental rates** (*individual only*) **and all dental forms** (*individual and small group*) were due **April 30**.
- **All dental binders** (*individual and small group*) are due **June 30**.
- **No reopening of filings allowed after:**
 - **September 30** for dental binders.
 - **October 31** for dental forms.

Stand Alone Dental Plans Timeline

- **Cover Oregon Certification of plans not sold inside the exchange:**
 - After SADPs have been reviewed and approved by the Oregon Insurance Division, carriers must send Cover Oregon a list of approved plans to be certified. List must include plan names and 17-digit SERFF ID.
 - List should be e-mailed to **Katie Button** at kbutton@coveroregon.com and **Jill McMahon** at jmcmahon@coveroregon.com by **August 15, 2014**.

Stand Alone Dental Plans Filing Requirements

- **What does “exchange certified pediatric dental” mean?**
 - Plans that meet all of Oregon’s pediatric dental essential health benefit requirements and are certified through Cover Oregon.
- **To become exchange certified, whether plans are sold inside or outside the exchange, it is a two or three step filing process, depending on market.**
 - Forms (for both individual and small group)
 - Rates (for individual only)
 - Binders (for both individual and small group)
- **To become exchange certified, carriers may not file paper filings. Form, rate, and binder filings must be done through SERFF.**

What is the same from last year?

- Cover Oregon is a State Based Exchange for the 2015 plan year.
- The process to file binders in SERFF.
- Certification by Cover Oregon.
- Actuarial Value for Stand Alone Dental Plans remain 70 percent (for low plans) and 85 percent (for high plans).

Plans tab

- The Plan Name, Metal Level, Availability, and Unique Plan Design indicator are imported from a successfully validated Plan and Benefits Template. If the template is revised and resubmitted, the fields will also be updated (if changed). If the fields are incorrect on the Plan and Benefits template, they will display incorrectly on the Plans tab.
- Once a binder is submitted, the number of plans in the binder is locked into place. Additions and deletions are not allowed or supported. If a change is necessary, a new binder filing will need to be completed and the previous binder filing withdrawn.
- Once a Binder has been submitted by the issuer, the Standard Component ID(s) will never change.
- Updatable fields on this tab: State Status, Network Adequacy (indicator), and Exchange Workflow Status.

Associate Schedule Items tab

- Each plan will have a number of associated documents, including policies, certificates (if applicable), rates, applications, benefit summaries, etc.
- **This year, please also associate your form product standards on this tab.**
- If an Associated Schedule Item is revised and submitted on the corresponding SERFF filing, only the current version of the item will appear on the SERFF Binder.
- All relevant rate, form, application, and endorsement filings must be referenced, complete with SERFF Tracking Number, Form Name, and Form Number.
- Issuers are not allowed to associate draft schedule items to SERFF Binders.

Templates tab

- **This tab consists of seven CMS templates:**
 - Administrative Data Template
 - Plan and Benefits Template
 - Network Template
 - Service Area Template
 - Essential Community Providers Template
 - Rate Data Template
 - Rating Business Rules Template
- All templates must be uploaded in both XML and Excel format.
- All 2015 templates may be downloaded from:
http://www.serff.com/plan_management_data_templates_2015.htm

Templates tab – **Administrative Data Template**

- This is a federal data collection template which collects general corporate, marketing, contact, and administrative information about the issuer.
- OID does not review this template; it is for exchange certification only.
- Required for exchange certification of all dental binders, regardless of exchange participation.

Templates tab – **Plan and Benefits Template**

- This is a federal data collection template for high-level plan information, benefit information, and cost-sharing information.
- Required for exchange certification of all dental binders, regardless of exchange participation.
- OID reviews this template.

Templates tab – Plan and Benefits Template

- **Out of pocket maximum** - For 2015, the out-of-pocket maximum for pediatric dental essential health benefits is **\$350** for one child and **\$700** for two or more children. Forms, benefit summaries, and the Plan and Benefits Template should accurately reflect this.
- This is a national standard and is not specific to Oregon or Federally Facilitated Exchanges.

Templates tab – Plan and Benefits Template

Number of plans allowed to be certified for 2015:

- **Inside exchange only** – Carriers may submit up to three high plans and three low plans per market for certification.
 - Up to 12 plans total: 3 high (individual), 3 high (small group), 3 low (individual), 3 low (small group)
- **Outside exchange only** – Cover Oregon will certify 2015 Stand Alone Dental Plans (SADPs) offered by any licensed carriers, regardless of exchange participation. Carriers may submit up to 10 SADPs per market for certification. SADPs must contain the Oregon pediatric dental essential health benefits in order to receive certification.
 - Up to 20 plans total: 10 (individual), 10 (small group)

Templates tab – **Plan and Benefits Template**

- Cost Share Variance tabs should have cost shares (deductibles, copays, and coinsurance) that fall within the approved bracketed ranges on the benefit summaries approved in the form filing.
- On each Benefits Package tab, please list all appropriate quantity limits, visit limits, and exclusions.

Templates tab – Plan and Benefits Template

Note: Instructions released by Cover Oregon in March provided information on how to fill out templates in order for benefits to display correctly in Cover Oregon's system. As Cover Oregon is no longer using their own system, you may disregard these instructions, including the additional dental attributes. If you have followed these instructions as you have filled out your Plan and Benefits Templates, you do not need to change anything.

Templates tab – **Plan and Benefits Template**

- **Adult information (inside exchange only) -**
Carriers have to enter adult information on the template (for family plans with pediatric and adult).

Templates tab – **Network Template**

- This is a federal data collection template for information about the provider network name and URL for display to a consumer.
- Required for all dental binders, regardless of exchange participation.
- OID reviews this template.
- Please make sure the URL given is valid and accurate.

Templates tab – **Service Area Template**

- This is a federal data collection template which allows issuers to identify service areas by county and zip code. Service areas are used in combination with the rating engine when determining the plan availability and rates.
- Required for all dental binders, regardless of exchange participation.
- The information in this template must match what is entered on the Plan and Benefits Template.
- OID reviews this template.

Templates tab – **Essential Community Providers Template**

- This is a federal data collection template for provider and street address information about the Essential Community providers in issuer networks.
- OLD does not review this template; it is for exchange purposes only.
- Not required for binders with outside-exchange plans only.

Templates tab – Rate Data Template

- This is a federal data collection template which collects rate data for each plan and rating area to be offered.
- Required for all **individual** dental binders, regardless of exchange participation.
- OID reviews this template.
- Fill out information for all rating areas the carrier is in. *For example, if a carrier offers coverage statewide, please fill out information for all seven rating areas.*

Templates tab – **Rate Data Template**

- The rates that are pulled by the exchange are partitioned into the following age buckets:

[0-20] [21] [22] ... [62] [63] [64] [65+]

- In other words, the rates for plans to be sold to 20 year olds in the exchange are the same as for an 18 year old, 14 year old, 1 year old, etc. All other ages may have distinct premiums.

Templates tab – Rate Data Template

There are two types of plans certified by the exchange:

1. Plans offered to only 0-18 year olds

No problem: 0-18 is a subset of 0-20, so the issuer will simply input the 0-18 rate into the 0-20 bucket, while entering \$0 into all other buckets.

2. Plans offered to 0-64+ year olds

Problem: 19 and 20 year olds will be charged the same as 0-18 year olds. Below are two solutions.

Either:

- Enter the filed 0-18 rate into the 0-20 age band, or
- Enter the average of the filed 0-18 rate with the filed 19 and 20 rates.

If carriers fill out the rate template in a manner that is inconsistent with the rate filing, they must submit a correction of the rates in the rate filing for approval.

Templates tab – Rate Data Template

Excerpt from May 31, 2013 CMS QHP Dental Frequently Asked Questions at:

http://www.serff.com/documents/plan_management_data_templates_help_info_faqs.pdf

Q13: With respect to the Rates Template for QHP Application submission, how should stand-alone dental plans complete the tables for the pediatric under 19 rates? There appears to only be an option of 0-20 in the drop-down column for "Age".

A13: Stand-alone dental plans should enter their 0-18 rate in the 0-20 column of the rating tables. If the issuer chooses to indicate a guaranteed rate, the 0-18 rate will be the rate charged for 19 and 20-year olds as well. Note that the rates for 19 and 20 year olds can be averaged into the overall rate for that age band. In addition, there is no requirement to offer EHB coverage to individuals over 18 or the pediatric age set by your state, so while the rate will be encompassed in the age band the benefits can be different.

Templates tab – **Rating Business Rules Template**

- This is a federal data collection template for the issuer specific business rules to calculate rates based on various factors.
- Required for all individual dental binders, regardless of exchange participation.
- OID reviews this template.

Supporting Documentation tab

- This tab consists of several submission items:
 - 4980 Standard Provisions for Dental Binders
 - Binder Cover Letter
 - Certificate of Compliance
 - Partial County Service Area Justification
 - Plan Relativities
 - Essential Community Provider Supplemental Response Form
 - Program Attestations for SBE Issuers
 - Stand-Alone Dental Plan Actuarial Value Supporting Documentation and Justification
 - Stand-Alone Dental Plans-Disclosure of Attribution and Allocation Methods

Supporting Documentation tab – **4980 Standard Provisions for Dental Binders**

- Required for all carriers, regardless of exchange participation.
- OID reviews this document.

Supporting Documentation tab – Binder Cover Letter

- **The binder cover letter serves as the filing description and includes the following:**
 - List of all plans being filed, including the plan name, issuer plan identification number, actuarial value, and whether the plan will be sold inside the exchange only, inside and outside of the exchange, or outside the exchange only.
 - For previously-approved plans, a description of changes made to the plans and/or variations between proposed plans.
 - A description of differences between in-network and out-of-network cost sharing.
 - Include the names and contact information for at least two people in your company that can answer questions about this filing. If the contact people change during the course of the filing, issuers are required to submit a revised binder cover letter with updated information.
 - Required for all binders, regardless of exchange participation.

Supporting Documentation tab – **Partial County Service Area Justification**

- This document is required of any issuers that include partial counties in any of their service areas.
- If one or more of an issuer's service areas includes a partial county, the issuer must submit a detailed justification document describing why the entire county will not be served. For each requested exception, the justification must outline why the partial county is necessary, non-discriminatory, and in the best interest of potential enrollees, consistent with 45 CFR 155.1055.

Supporting Documentation tab - **Plan Relativities**

- The same number of plans should be listed on this document that is included in the binder filing. For example, if the binder includes five plans, then five plans should be listed on the Plan Relativities document.
- This should be the exact same document found in the corresponding rate filing.
- This document is required on **individual binders only**.

Supporting Documentation tab – **Essential Community Provider Supplemental Response Form**

- Follow the instructions given on the form.
- OID does not review this form; it is for exchange purposes only.
- Does not need to be submitted for binders with outside-exchange plans only.

Supporting Documentation tab – **Actuarial Value Supporting Documentation and Justification**

- Required for all binders, regardless of exchange participation.
- We need one document for high plans and one document for low plans (or one document if it covers both high and low) and has to say:
 - (1) Benefits were designed to achieve 70% (low) or 85% (high).
 - (2) The AV was calculated as the ratio of estimated claims cost paid by the plan to allow claims.
 - Also, this document must include an actuary certification and signature.

Supporting Documentation tab - **Stand-Alone Dental Plans- Disclosure of Attribution and Allocation Methods**

- Required for all binders, regardless of exchange participation.
- Complete the form as provided.
- Document must be signed by an actuary.

Company and Contact tab

- Company contact information may not be changed after submission. Please check all contact information for accuracy before submission.
- The phone number provided should be a direct line to the filer or a company contact familiar with the binder contents and process.
- This year, we are asking for contact information for two people at your company. Since only one contact may be listed on this tab, contact information for both individuals should be included in the Binder Cover Letter.
- In the event contact information changes, submit a revised binder cover letter and contact your OID analyst.

Correspondence tab

- **Differences for binders from regular SERFF:**
 - **Objection/Response Letter:** State users will not have the ability to create individual Objections to include within an Objection Letter. Therefore, Industry users will not have the ability to respond separately to individual Objections within a Response Letter.
 - **Revising Schedule Items:** Industry users must select 'Revise' to change Templates or Supporting Documentation items. This is a change from SERFF Filings where Industry users must select 'Change Schedule Item.'
 - **Objection Letters and Binder Notes** appear out of order.

Upcoming CMS training

- **6/5/14 1:00-2:30 p.m. (ET) – Dental Template Scenarios Demo and General Q&A for issuers**
- Sign-up for this Webinar at www.regtap.info
- Issuers should sign-up sooner than later, as it takes a couple of days to get your user PIN to access the Webinar
- OID staff will also be watching this Webinar

Helpful links

- **Oregon Insurance Division (OID) website:** www.insurance.oregon.gov
- **OID Rates and Forms page:**
<http://www.oregon.gov/DCBS/insurance/insurers/rates-forms/Pages/rates-forms.aspx>
- **Health filing requirements** (where product standards and other requirements are found): <http://www.oregon.gov/DCBS/insurance/insurers/rates-forms/filing/Pages/Health/health.aspx>
- **State CHIP plan checklist:** <http://www.oregon.gov/DCBS/insurance/insurers/rates-forms/Documents/pediatric-dental-checklist.pdf>
- **Covered and non-covered services (D code list):**
<http://www.dhs.state.or.us/policy/healthplan/guides/dental/cov-noncov0112.pdf>
- **2013 Oregon Revised Statutes:**
http://www.oregonlegislature.gov/bills_laws/Pages/ORS.aspx
- **Oregon Administrative Rules, Insurance Division, Chapter 836:**
<http://www.oregon.gov/DCBS/insurance/legal/laws/Pages/oars.aspx>

Helpful links

- **SADP Application instructions (CMS):**

http://www.serff.com/documents/plan_management_data_instructions_ch15_2015.pdf

- **SERFF Industry User Manual Appendix II:** <https://login.serff.com/Appendix%20II.pdf>

- **2015 Templates:**

http://www.serff.com/plan_management_data_templates_2015.htm

- **2015 Supporting Documentation and Instructions for Submissions:**

http://www.serff.com/plan_management_instructions_2015.htm

- **HHS Notice of Benefit and Payment Parameters for 2015 (3/11/14):**

<http://www.gpo.gov/fdsys/pkg/FR-2014-03-11/pdf/2014-05052.pdf>

- **CMS - RegTap (Registration for Technical Assistance Portal):**

www.regtap.info

- **OID E-Notify sign-up or to adjust subscriber preferences:**

<https://public.govdelivery.com/accounts/ORDCBS/subscriber/new?asp=276>

- **Rates and Forms Training website** (all materials from our trainings and archived training videos are found here): <http://www.oregon.gov/DCBS/insurance/insurers/rates-forms/Pages/training.aspx>

- **For HIOS/Template issues:**

- For questions specific to the HIOS system or the Excel templates, contact the CMS Help Desk directly at 855-267-1515 or CMS_FEPS@cms.hhs.gov.

Oregon Insurance Division and Cover Oregon

Carrier meetings

- This year, we're offering to hold meetings or conference calls with carriers pre-filing to answer any questions the carrier may have.
 - *We ask that the carrier also bring their binder filer at least. We have held a couple of these meetings so far with medical carriers and they have been highly successful.*
- In order to request a meeting, please contact your analyst directly.

Health analyst assignments for dental filings

Updated since 3/18/14 Training

- **Jenni Bertels, 503-947-7255, jennifer.bertels@state.or.us**
Ameritas Life, Companion Life, PacificSource, Reliance Standard, Standard, Trillium, Willamette Dental
- **Carolyn Hancock, 503-947-7214, carolyn.a.hancock@state.or.us**
Dentegra, Oregon Dental Service, Security Life
- **Tashia Sample, 503-947-7210, tashia.m.sample@state.or.us**
BEST Life and Health, Dental Health Services, Guardian Life, Kaiser, Kansas City Life, LifeWise, association filings
- **Daniel Khin, 503-947-7206, daniel.n.khin@state.or.us**
Ace American, Lincoln National Life, Principal Life, Renaissance Life & Health, United of Omaha

Ask Cover Oregon

Question and answer time with
Jill McMahan and Katie Button.

Questions?

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