

## **Preliminary Recommendations for**

### **Qualified Dental Plans**

**Based on Discussion at September 5, 2012 Meeting**

#### **Introduction:**

Federal Exchange regulations require issuers and qualified health plans to meet certain criteria in order for an issuer's QHPs to be sold on the Exchange. Federal Exchange rules also stipulate that these certification criteria should apply to pediatric stand-alone dental plans unless an Exchange finds the criteria not able to be met due to the limited scope of coverage being offered.

This document is intended to reflect Subgroup discussion to date on which certification criteria are relevant to pediatric stand-alone dental plans and what those certification criteria should be. An updated and more formal version of this document will be produced for Subgroup review and feedback after the October 23 meeting.

#### Issuer Criteria

- Benefit Design – Federal requirements for pediatric EHB services are required as part of certification criteria.
- Licensure – Licensure requirements are already included in state law and should be part of certification criteria for stand-alone dental plans.
- Quality Improvement Reporting and Strategies – Subgroup members have a strong interest in supporting the development of quality measurement related to dental care. One recommendation is to ask the Measurement and Reporting Work Group to consider options related to measuring quality of dental care over a longer period of time.
- Risk Adjustment – this does not appear to apply to dental and does not need to be part of certification criteria for stand-alone dental plans.
- Non-discrimination – Non-discrimination requirements are already included in state law and should be part of certification criteria for stand-alone dental plans.
- Rating variation – Rating variation limitations are already included in state law and should be part of certification criteria for stand-alone dental plans.
- Marketing – Marketing requirements are already included in state law and should be part of certification criteria for stand-alone dental plans.
- Accreditation – there are no accreditation programs for stand-alone dental plans and this certification standard should not apply to stand-alone dental plans.

#### Qualified Health Plan Criteria

- Network adequacy – Minnesota does not currently have a network adequacy standard for stand-alone dental plans in the private market. Minnesota's Medicaid program does have a network adequacy standard of a maximum of 60 miles/60 minutes transport time for dental

care. Subgroup members expressed support for using the Medicaid program standard in order to establish basic network adequacy standards.

- Essential community providers – State law is stronger than the federal requirements for ECPs and should be the basis of certification criteria for stand-alone dental plans.
- Enrollment and termination requirements – no recommendations beyond federal requirements.
- Rating information – State law already requires issuers to obtain prior approval for rates for stand-alone dental plans. This should be included in certification criteria for stand-alone dental plans.
- Service area – Federal rules require a minimum geographical area that is at least an entire county unless the Exchange determines that serving a smaller area is necessary, non-discriminatory, and in the best interest of enrollees. This should be included in certification criteria for stand-alone dental plans.

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