



Connecticut's Health Insurance Marketplace

**Connecticut Health Insurance Exchange
dba**

Access Health CT:

**Solicitation to Stand-Alone Dental Plan Issuers for Participation in
the Individual and/or Small Business Health Options Program
(SHOP) Marketplace**

Release Date: March 17, 2014

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I. General Information and Background

The Connecticut Health Insurance Exchange (Exchange) d.b.a Access Health CT (AHCT) is soliciting applications from dental insurance issuers (“Issuers”) to market and sell Stand-Alone Dental Plans (“SADPs”) through the AHCT Marketplaces (Small Business and individual) beginning on November 15, 2014 with active coverage beginning on January 1, 2015 for all plans entered into by December 15, 2014. The Solicitation defines the requirements an Issuer must comply with to participate in the Individual Marketplace and/or the Small Business Health Options Program (SHOP) Marketplace.

The Patient Protection and Affordable Care Act of 2010 (ACA) and Connecticut’s Public Act 11-53, as amended by Public Act 12-1, provide the regulatory framework for defining the state’s SADP certification requirements and grant authority to the Exchange with respect to administering and managing exchange activity of the plans, certification of QHPs, compliance with federal and state laws and regulations that relate to exchange activities and well as this Solicitation and any related documents.

As outlined by the Public Health Service (PHS) Act section 2791(c)(2)(A), limited scope dental benefits are excepted benefits when provided under a separate policy, certificate, or contract of insurance, or when they are otherwise not an integral part of the plan. Accordingly, a stand-alone dental plan is not subject to the insurance market reform provisions of the ACA that amend the PHS Act, such as guaranteed availability and renewability of coverage. This applies to non-grandfathered health plans in the individual and group markets. Per the preamble to the Final Rule that established Exchanges (77 FR 18315), CMS considers a stand-alone dental plan providing the pediatric dental essential health benefit to be a type of ‘qualified health plan’ with some exceptions identified in 45 C.F.R. § 155.1065(a)(3). Accordingly, there are provisions of the ACA that generally apply to QHPs offered through an Exchange that are not applicable to SADPs because of the unique nature of the limited benefits they provide.

The Solicitation may be amended by addenda that describe supplemental information required of the Issuers. AHCT will post any amendments to this Solicitation on its website.

Issuers participating in the Individual Marketplace must agree to offer SADPs to any eligible consumer seeking to purchase such coverage for a term of up to twelve (12) months during the open enrollment period. The open enrollment period for the 2015 plan year is proposed to begin on November 15, 2014 and end on February 15, 2015. The Issuer will also agree to offer its SADPs during special enrollment periods to eligible enrollees, and their currently enrolled eligible co-beneficiaries where applicable, who may experience a valid change in circumstances as defined in 45 C.F.R. §155.420 when applicable to limited scope SADPs.

Issuers participating in the SHOP must permit a qualified employer to purchase coverage for its small group at any point during the year. The employer's plan year must consist of the 12-month period beginning with the qualified employer's effective date of coverage (45 C.F.R. §155.725(b).)

Issuers offering SADPs through SHOP must also charge the same contract rate for each month of the applicable small businesses' s policy year in accordance with 45 C.F.R. § 156.285(3).

Only dental plans certified as a SADP by AHCT for the plan year in question can be sold through the AHCT Marketplace. AHCT offers Issuers a state-wide Marketplace to make it easier for individuals and small employers and their employees to compare plans and buy health insurance.

To be certified, the Issuer and its SADPs must meet all federal and state statutory requirements, as well as the standards set by AHCT. AHCT is responsible for certifying SADPs and ensuring that plans remain compliant with the AHCT's SADP certification requirements.

The SADP certification process and requirements for the 2015 benefit year include close coordination and collaboration with the Connecticut Insurance Department (CID). This Solicitation reflects the criteria approved by the AHCT Board of Directors and that it deems are in the best interest of individuals and employers with a principal place of business or principal residence in the State of Connecticut.

In setting the criteria outlined in this Solicitation that AHCT will use to certify SADPs as "qualified," AHCT was guided by its mission to increase the number of insured residents in Connecticut and reduce health disparities by improving access to high quality dental care coverage.

Through this Solicitation AHCT looks specifically to the Issuers to be a cooperative partner with AHCT in reaching our common goal of providing quality health care coverage to Connecticut residents.

A. Regulatory Filings

In accordance with Connecticut state law, all fully insured products, except for small group indemnity, must have forms and rates approved by the CID in advance of an Issuer presenting the product to the market for sale.

Any determinations by AHCT to certify a SADP will be conditional upon the CID approving rate and form filings with respect to those plans to be offered on the exchange. A carrier will not be prevented from obtaining a QHP status due to filing issues alone as long as all of their AHCT standard plan offerings are approved by CID and are not otherwise in issue by AHCT or any other regulatory body.

AHCT reserves the right to require carriers offering SADPs through the AHCT Marketplace to use a template developed by AHCT and approved by the CID for the Schedule of Benefits form filings.

Concurrent to the CID's approval process, Issuers will be required to submit their SADP applications in accordance with this Solicitation to AHCT.

B. Solicitation Process and Timetable

The following schedule represents pertinent dates necessary for Issuer and SADP certification. Please note that the due dates are subject to change. Any subsequent updates will be communicated, within a reasonable time, directly to the individual identified in the Issuer Non-

Binding Notice of Intent and posted on the AHCT website at www.ct.gov/hix under the “Health Plans” section.

| Key Deliverables/Milestones | Target Dates <i>(dates are subject to change)</i> |
|---|---|
| Proposed HHS Notice of Benefit and Payment Parameters and AV Calculator Released by CMS | November 25, 2013 |
| Assess Proposed Regulations/Run Draft Model AV Calculator | February 1 – February 28, 2014 |
| Develop Proposed Standard Plan Designs/Review with Health Plan Benefits and Qualifications and Consumer Experience and Outreach Advisory Committees | February 1 – March 24, 2014 |
| Template to be used by Issuers for Schedule of Benefits (SOB) (standard and non-standard plans) Released | February 24, 2014 |
| Final AV Calculator Released | March 5, 2014 |
| CID Bulletin Release | March 10, 2014 |
| HHS Notice of Benefit and Payment Parameters for 2015 – Posted to the Federal Register | March 11, 2014 |
| Release Issuer Solicitation and Non-Binding Notice of Intent (for New Entrants & Existing Issuers Expanding into a New Market) | March 17, 2014 |
| Present Draft Standard Plan Designs and Actuarial Value (AV) of EHB Components at the Board of Directors (BOD) Meeting for Approval | March 27, 2014 |
| Refine Draft 2015 Standard Plan Designs | March 28 – April, 6, 2014 |
| Issuer Non-Binding Notice of Intent is due to AHCT | March 31, 2014 |
| Publish 2015 Standard Plan Designs | April 7, 2014 |
| Publish 2015 SADP Issuer Application | April 23, 2014 |
| SADP Issuers Prepare Federal QHP Data Templates | May 1 – May 30, 2014 |
| In person meetings w/ AHCT& each Issuer’s SME to Address/Resolve Federal QHP Data Template Questions & Concerns | May 1 – May 30, 2014 |
| Inquiries from Issuers on SADP Application Due to AHCT | May 7, 2014 |
| Responses to Issuer Questions Due from AHCT | May 21, 2014 |
| SADP Applications due to AHCT | May 30, 2014 |
| Form Filings Due to Connecticut Insurance Department (CID): Evidence of Coverage (EOC), Schedule of Benefits (SB), Rates | May 31, 2014 |
| AHCT Review of Issuer Federal QHP Data Template Submissions | June 3 – August 15, 2014 |
| In person meetings w/ AHCT, CID & each Issuer’s SME to resolve Federal Data Template Entries and Ensure All Source Materials Align. | June 3 – August 15, 2014 |
| CID Approvals Due for Issuer Submitted Rate & Form filings | August 30, 2014 |
| Certification of SADP Issuer Plan Submissions | July 30 – September 12, 2014 |
| Upload SADP Plan Data into AHCT Plan Management System | September 15, 2014 |
| AHCT/Issuer Preview | September 16 – October 9, 2014 |

| Key Deliverables/Milestones | Target Dates <i>(dates are subject to change)</i> |
|---|--|
| Refine/Approve Pre-Published SADP Plan Data | October 15 - November 1, 2014 |
| Certified Plan Data Made Available to CMS | October 15, 2014 |
| AHCT SADP Plan Data (uploaded) Published in Consumer Worker Portal | November 14, 2014 |
| Plan Year 2015 Open Enrollment Period | November – February 15, 2015 |

C. Non-Binding Notice of Intent (Pre-Requisite)

Following the release of Solicitation to Stand-Alone Dental Plan Issuers for Participation in the Individual Marketplace and/or Small Business Health Options Program (SHOP), potential Issuers must submit the **Non-Binding Notice of Intent (NOI) to Submit Stand-Alone Dental Plans** no later than 5:00 p.m. on March 31, 2014. An Issuer cannot apply without first submitting the NOI, unless exceedingly important, good faith circumstances exist and only as pre-approved by Access Health CT. Only those Issuers acknowledging interest in this Solicitation by submitting the NOI will continue to receive Solicitation related correspondence from AHCT.

Submission Instructions and Deadlines for Non-Binding Notice of Intent:

1. Please complete the form titled “**Non-Binding Notice of Intent to Submit Stand-Alone Dental Plan (NOI)**” included in the Exhibit 1 of the Solicitation.
2. Issuers should submit this form via email to the AHCT’s contact person identified in Section D no later than 5PM on March 31, 2014.
3. Please make sure the email subject line reads: “Non-Binding Notice of Intent to Submit Stand-Alone Dental Plans (NOI).”
4. The Issuer will receive a response confirming the submission.

D. Authorized AHCT Contact for Solicitation

AHCT’s authorized Contact Person for all matters concerning this Solicitation:

Name: Michele Barnett
E-Mail: CTHIX-Issuers@ct.gov

Mailing Address:
 Connecticut Health
 Insurance Exchange dba
 Access Health CT
 280 Trumbull Street
 Hartford, CT 06103

Phone: 860-757-6802

All questions to, and requests for information from AHCT concerning this Solicitation by a Prospective Responder or a Responder, or a representative or agent of a Prospective Responder or Responder, should be directed to the Authorized Contact Person. Please include "Access Health CT SADP Solicitation" in all correspondence.

Questions should be in writing, and submitted by email. All answers to questions, and any Addenda to this Solicitation, will be made available to all Prospective Responders.

E. Eligibility and Enrollment

a. Individual Marketplace

AHCT is responsible for the enrollment of individuals and families as well as eligibility determinations. In addition, all eligibility changes need to be made through AHCT. Any change in an individual or family eligibility will result in re-determination of the eligibility which needs to be conducted through AHCT.

Primary verifications through the Federal Data Services Hub (FDSH) will capture changes not reported by the individual.

Please refer to the US Code of Federal Regulations for eligibility requirements. All eligibility determinations, re-determinations and changes will be made in accord with federal and state law and in accord with the terms of the Issuer Agreement and any related transactions between the Issuer and AHCT. AHCT will distribute an 834 Companion Guide to all participating Issuers, which will include the specifics with regard to transactions and the coding of transactions.

b. SHOP Marketplace

Currently, AHCT's SHOP vendor assists small employer groups, and the employees of those groups, with SADP plan selection and enrollment assistance. In addition, the SHOP vendor will interact with the licensed brokers and navigators to provide assistance to small employer groups in evaluating and obtaining coverage options.

AHCT's SHOP vendor transfers data electronically between the SHOP vendor and third parties (i.e., AHCT, Issuers). The SHOP vendor issues a single premium invoice to the small employer group for the total premium dollars due. The small employer group sends the premiums due (both employee and employer contributions) to the SHOP vendor. The SHOP vendor processes the small employer group payments by disbursing the applicable amount to the appropriate Issuers. The SHOP vendor is also responsible for sending aggregated broker commission payments to the individual brokers for enrolled members.

F. Qualifying Events and Special Enrollment

AHCT allows special enrollment periods for triggering events identified in 45 C.F.R. §155.420(d) for the Individual Market and 45 C.F.R. §155.725(j) for the SHOP.

Additionally, pursuant to Conn. Gen. Stat. Ann. § 38a-564, special enrollment in the SHOP is available when a court has ordered coverage be provided for a spouse or minor child under a covered employee's plan and request for enrollment is made within thirty days after issuance of such court order.

All special enrollment periods begin as of the date of the event triggering the new eligibility period, not as of the date reported to AHCT. It is from this triggering event date that the 30 day (SHOP) or 60 day (Individual and SHOP) special enrollment period will run.

G. Grace Periods

a. Individual Marketplace

Issuers offering SADPs in the Individual Marketplace must adhere to C.G.S.A. § 38a-483 and provide grace period for premium payment of no less than ten days. Carriers may mutually elect to extend such period; however, the grace period must be consistent among all participating carriers for policies written for exchange enrollees. Currently, the three carriers participating in the 2014 plan year have agreed to and are offering a grace period for 2014 whereby the carrier may not pend or suspend coverage during any point of the month that the beneficiary is in arrears. The account may be cancelled at the culmination of that one month grace period.

Because AHCT does not permit Qualified Health Plans to be offered via the Exchange without embedded pediatric dental coverage, Advanced Premium Tax Credit (APTC) will not be available to enrollees of a SADP for the pediatric essential health benefit portion of the plan; consequently, the requirement outlined in 45 CFR 156.270(e) does not apply.

b. SHOP Marketplace

AHCT has established a 30 day grace for employer groups that do not pay on time. To account for months without 30 days, the grace period extends to the end of the month.

H. Amendments to the Solicitation

AHCT reserves the right to amend this Solicitation. AHCT will post any amendments on its website (www.ct.gov/hix).

II. Application Components and Certification Requirements

This section outlines the various components that AHCT will require in the Issuer application for this Solicitation. The SADP Application and any associated guidance related to its submission, including the submission of any necessary (or optional) supporting documentation, will be provided to the individual identified by the Issuer in the Non-Binding Notice of Intent.

The SADP application is intended to cover the Issuer's participation in the Individual Marketplace and/or SHOP.

The SADP Application will collect both Issuer-level information and plan-level benefit and rate data, largely through standardized Federal data templates. Applicants will also be required to attest to adherence to pertinent state and federal regulations including those set forth in 45 C.F.R. parts 155 and 156, and AHCT requirements and provide requested supporting documentation. Based on the requirement set forth in 45 C.F.R. 156.340 that SADP Issuers maintain responsibility for the compliance of their delegated and downstream entities, these attestations will also reflect that vendors and contractors of the Issuer will adhere to applicable requirements.

Issuers are not required to submit the Unified Rate Review Template (URRT) to AHCT for SADPs.

A. Issuer General Information

The SADP Application will request the name and address of the legal entity that has obtained the Certificate of Authority to offer health insurance policies in the State of Connecticut. This information must match the information on file with the CID. Issuers will be required to provide AHCT with the following information:

- Company information;
- Primary contact for each Marketplace the Issuer applies to participate in;
- Market coverage (Individual, SHOP, or both);
- List of vendors directly involved in service delivery.

Additionally, as part of the SADP Application, issuers will be required to complete the Administrative Data template which contains further detail related to company information.

B. SADP Issuer Compliance and Performance Oversight

AHCT will request Issuers to submit a compliance plan as part of the SADP Application. The compliance plan is intended to document the Issuer's efforts to ensure that appropriate policies and processes are in place to maintain adherence with Federal and State law as well as to prevent fraud, waste and abuse. AHCT expects an Issuer's compliance program to include the following elements:

- Designation of a compliance officer and compliance committee

- Written policies and procedures and documentation of proven adherence
- Effective communication among all levels of the company ensuring a shared responsibility to compliance
- A record retention policy, not less than 10 years
- Compliance education and an effective training program
- Compliance metrics as part of an employee performance appraisal process and compliance standards enforced through well-publicized disciplinary guidelines
- An internal audit process and the monitoring of such
- Corrective action plan initiatives to monitor and respond to detected offenses
- A statement of corporate philosophy and codes of conduct

Further, the Issuer will attest that its compliance plan adheres to all applicable laws, regulations, and guidance and that the compliance plan is implemented or ready to be implemented.

AHCT also intends to monitor and evaluate Issuers' performance using information received directly by AHCT as well as from other sources, including the CID, Office of Healthcare Advocate, consumers and providers. AHCT will utilize complaint data, Issuer self-reported problems, information related to consumer service and satisfaction, health care quality and outcomes, SADP Issuer operations, and network adequacy in its assessment of Issuers' performance in the Marketplace.

AHCT expects Issuers to thoroughly investigate and resolve consumer complaints received directly from members or forwarded to the Issuer by AHCT or any other individual or organization through the Issuer's internal customer service process and as required by state law. As part of compliance and performance monitoring, AHCT intends to require the Issuers to provide complaints reports at a frequency established by AHCT.

C. Licensure and Financial Condition

Consistent with 45 C.F.R. §156.200(b)(4), AHCT requires participating Issuers to be licensed by the CID as well as have a designation of good standing. The licensing and monitoring functions are the responsibility of the CID. The following are some examples of a designation of good standing:

- the CID has not restricted an Applicant's ability to underwrite new dental plans
- the issuer is not in hazardous financial condition
- the issuer is not under administrative supervision
- the issuer is not in receivership

AHCT will require Issuers to submit a State Certification Form. The Form will be provided to Issuers at a later date. The form must further include a certification from the CID that the Issuer is licensed and is in good standing in Connecticut, including meeting State solvency requirements. Issuers applying for SADP certification must be able to demonstrate State licensure by the date determined by AHCT.

D. Market Participation

- An Issuer may elect to participate in either the Individual Marketplace or the Small Business Health Options Program (SHOP), or both.
- Any Issuer meeting AHCT's certification standards will be granted a one-year certification for its SADPs.
- If a certified SADP Issuer ceases participation in AHCT's Marketplace, the Issuer may be denied re-entry until the next general solicitation which will take place in 2015 for the 2016 plan year.
- If participating in the SHOP, the Issuer must agree to fully participate in each of the AHCT's purchasing options. The four options are vertical choice, horizontal choice, a single plan option, or an employee choice model. Each choice model has been defined below:
 - **Vertical Choice:** Allows an eligible employer to offer their eligible employees plan options from all available "High / Low plans" from any one selected Issuer (i.e. any Issuer A plan in either plan tier)
 - **Horizontal Choice:** Allows an eligible employer to offer their eligible employees plan options from all of participating Issuers, across any one selected "metal tier" (i.e. any silver plan from any of the Issuers)
 - **Single Choice:** Allows an eligible employer to offer their eligible employees one plan design in any one metal tier from any one issuer for group offering. Employees must choose this exact plan design and will not have access to any other plan offerings.
 - **Employee choice:** Allows an eligible employer to offer their eligible employees plan options from all of participating Issuers, across all "metal tier" (i.e. any plan offered on the SHOP marketplace regardless of carrier or metal level)

E. Marketing Guidelines

AHCT does not currently allow co-branding. Specifically, participating Issuers are not allowed to use AHCT's name or logo in any of their marketing materials.

AHCT requires participating Issuers to provide AHCT with an opportunity to review and provide feedback on any marketing materials specific to SADPs offered on the AHCT's Marketplace. Issuers must allow up to five business days for AHCT's review and approval.

AHCT requires the Issuers' Plan Marketing Names to be consumer friendly; specifically, AHCT prohibits inclusion of an Issuer's internal coding in the Plan Marketing Names. Issuers will be allowed to include commonly used abbreviations such as "PPO" or "DMO" in the Plan Marketing Names. AHCT's current limit on the Plan Marketing Names is set at 75 characters.

F. Consumer Information

a. Enrollee Materials

Issuers will be required to submit to AHCT in English and Spanish:

- Certificate of Coverage (COC) / Evidence of Coverage (EOC): the document(s) for each SADP product the Issuer intends to offer on the Exchange for sale (eg, indemnity, PPO, DMO); and,
- Schedule of Benefits (SOB): the documents for each unique offering that depicts the cost-sharing for each metal tier.

The COC/EOC and SOB should be combined in portable document format (PDF) and submitted through the System for Electronic Rate and Form Filing (SERFF) Plan Management System. The SOB should appear first in the combined PDF. The reason for this requested formatted approach is to enhance the consumer shopping experience permitting the consumer to more easily review the cost sharing and contract by company and plan design.

SOB and EOC must be approved by the CID prior to Issuers' submission to AHCT.

- Summary of Benefits and Coverage (SBC): is not required for SADPs in accordance with the Summary of Benefits and Coverage and Uniform Glossary Final Rule (77 FR 8670).

b. Company Logo

Issuers will be required to provide an electronic image of the Issuer's logo in order to differentiate the Issuer's products for display on the AHCT Marketplace shopping screens. The SADP Application/Instructions will include specifications as to acceptable file format and size for the logo.

c. Provider Directory

Pursuant to 45 C.F.R. 156.230(b), AHCT will require Issuers to make their provider directories, where applicable, available to AHCT for publication online by providing the URL link to their network directory in the Network Template.

AHCT also expects the URL link to direct consumers to an up-to-date provider directory where the consumer can view the provider network that is specific to a given SADP. If a provider incorrectly refuses to see a patient under the misunderstanding that they are not honoring or in-network for such coverage and where such provider is listed on the carrier's participating provider list, the Issuer shall ensure that the patient will receive specific performance (at in-network costs) on that visit with that provider.

The URL provided to AHCT as part of the SADP Application should link directly to the directory, such that consumers do not have to log on, enter a policy number, or otherwise navigate the issuer's website before locating the directory. If an issuer has multiple provider directories, it should be clear

to consumers which directory applies to which SADP(s). AHCT will not certify any SADPs unless the URL is direct to the provider directory search engine for the specific SADP.

Further, AHCT expects the directory, where applicable, to include location, contact information, specialty, and dental group, and whether the provider is accepting new patients. AHCT will require Issuers to include an option for consumers to search the directories by filtering those providers that are accepting new patients versus those that are not. Additionally, the provider directory, where applicable, should include an indicator for each provider that clearly states whether the provider is accepting new patients or not. Such information must be kept up-to-date.

AHCT encourages Issuers to include languages spoken, provider credentials, and whether the provider is an Indian Health Services provider. Directory information for Indian Health Service providers should describe the service population served by each provider, as some Indian Health Service providers may limit services to Indian beneficiaries, while others may choose to serve the general public as well.

AHCT requires Issuers to submit in-network provider directories for each SADP in a searchable PDF or excel format. Additionally, Issuers will be required to provide updates to AHCT electronically no less often than quarterly.

G. SADP Requirements

- Each SADP must comply with the benefit standards required by the ACA, including:
 - Cost sharing limits
 - Actuarial value (“AV”) requirements
 - Federally approved State-specific essential health benefits (“EHB”)
- The Issuer must set premium rates for its SADP for the entire benefit year.
- An Issuer must submit a justification for a rate increase prior to the implementation of the increase. A SADP Issuer must prominently post the justification on its Web site. AHCT will request a URL to the Issuer’s web site where the rate increase justification has been posted. To ensure consumer transparency, AHCT will provide access to such justification on the Marketplace website.
- Each plan must meet the specified AV requirements based on the cost-sharing features of the plan for pediatric essential health benefits as follows:
 - Low Level plan – AV of 70 percent
 - High Level plan – AV of 85 percent

A de minimis variation of +/- 2 percentage points from the above stated AV is allowable.

All SADPs offered through AHCT’s Marketplace must include, at a minimum, the Connecticut specific EHBs for pediatric oral care. No substitution of actuarially equivalent benefits will be allowed.

Please refer to Appendix 1.

Issuers must not employ market practices or benefit designs that will have the effect of discouraging the enrollment of individuals with significant health needs (see 45 C.F.R. 156.225). To ensure non-

discrimination in QHP benefit design, AHCT will perform an outlier analysis on QHP cost sharing (e.g., co-payments and co-insurance) for Issuer's plans as part of the QHP certification application process. SADPs identified as outliers may be given the opportunity to modify cost sharing for certain benefits if AHCT determines that the cost sharing structure of the plan that was submitted for certification could have the effect of discouraging the enrollment of individuals with significant health needs.

H. Plan Options

Standardized plan designs promote transparency, ease, and simplicity for comparison shopping by enrollees. AHCT is currently working on making revisions to its Standard Plan Designs for the 2015 benefit year to be in compliance with guidelines outlined in the 2015 CMS Payment Notice. The 2014 Standard Plan Designs are included in Appendix 4. It is anticipated that both a low option and a high option standard plan will be required for 2015. However, as a result of the reduction in the annual limit on cost sharing outlined in the CMS 2015 Payment Notice, it may be difficult to establish a plan design that includes an AV level of 70 percent, so this will be determined in the near future. The 2014 Standard Plan Designs can be found on AHCT's website at the URL that follows: <http://www.ct.gov/hix/cwp/view.asp?a=4295&q=532148>.

a. Individual Marketplace

To participate in the Individual AHCT Marketplace the following criteria must be met:

- An Issuer **must** submit the required AHCT standard SADPs.
- Section 1402(c)(5) of the Affordable Care Act excludes stand-alone dental plans from the cost-sharing reduction (CSR) requirements placed on medical QHP issuers (45 CFR. § 156.440(b)).
- An Issuer **must** offer a child-only SADP option at the same level of coverage(s) as any SADP offered through the AHCT Marketplace in accordance with 45 C.F.R. §156.200(c). An enrollee seeking child-only coverage may obtain that coverage through the purchase of a single SADP with applicable rating for child-only coverage. In other words, any SADP can be sold as a child-only plan. A stand-alone dental plan could enroll adults only in the plan.

Issuers are encouraged to submit additional non-standard stand-alone dental plan designs that comply with the actuarial value requirements not to exceed two variations for each different actuarial value level.

b. SHOP Marketplace

Please note that the Standard Plan Designs for the SHOP Marketplace may differ from the Standard Plan Designs in the Individual Marketplace. To participate in the SHOP, an Issuer must offer the following combination of Standard plans:

- One Standard High Option Plan
- One Standard Low Option Plan

In addition, Issuers are encouraged to submit any combination of the following plans:

- Up to two Non-Standard High Option Plans
- Up to two Non-Standard Low Option Plans

I. Federal QHP Data Templates for SADP

The Federal QHP data templates must be completed and submitted via SERFF. The templates listed below illustrate the data requirements for an Issuer to obtain SADP Certification for each plan design intended for sale on the AHCT Marketplace. The templates are located on the SERFF website and contain Issuer and Plan information required to effectively evaluate the Issuers SADP submissions.

The data templates can be found on the SERFF website at the following UR:
http://www.serff.com/plan_management_data_templates.htm. AHCT intends to extract information from these Templates to optimize the consumer shopping experience screens.

AHCT anticipates requiring Issuers to provide the following templates, as part of SADP Application:

- Administrative Data - General Company Contact Information.
- Plans and Benefits Template & Add-In – Plan and Benefit Data.
- Network Template - Provider network information; URL to company directory.
- Service Area Template - Geographic service area information.
- Rates Table Template – Premium information by Plan for each age band.
- Business Rules Template - Supporting business rules.
- Provider Directory Template – Network Adequacy information.

AHCT does not intend to require Issuers to submit the Federal ECP Template, unless there are system limitations that require this Template to be submitted.

Additional information regarding completion of the templates will be included in the AHCT Stand-Alone Dental Application and Application Instructions. AHCT expects to create a benefits template to collect data that can be used for consumers to compare both adult and pediatric plan information via the AHCT web portal since deductible, out-of-pocket and plan maximums entered into the Plans and Benefits Template are specific to the pediatric dental portion of the benefit.

J. Rating

SADPs are defined as excepted benefits within the meaning of section 2791(c) of the Public Health Service Act. Consequently, issuers of SADPs are not required to follow the rating standards set forth in the final Market Reform Rule for purposes of pricing stand-alone dental coverage.

As the CID is responsible for rate and form filings and approval, AHCT does not provide direction specific to rating factors for SADPs.

K. Accreditation

Consistent with the approach used for Federally Facilitated Marketplaces (FFMs), SADP issuers will not be reviewed for accreditation status.

L. Reporting Requirements

As part of SADP Application, Issuers will be required to provide attestations regarding compliance with providing the following to CMS and/or AHCT:

- Information on claims payment policies and practices;
- Periodic financial disclosures;
- Data on enrollment;
- Data on disenrollment;
- Data on the number of claims that are denied;
- Data on rating practices;
- Information on cost-sharing and payments with respect to any out-of-network coverage;
- Information on enrollee rights under title I of the Affordable Care Act, and
- Specific quality disclosure, reporting, and implementation requirements of 45 CFR §156.200(b)(5) as will be detailed in future guidance.

M. Network Adequacy

Pursuant to 45 C.F.R. § 156.230(a)(2), an Issuer of a SADP that has a provider network must maintain a network that is sufficient in number and types of providers, to assure that all services will be accessible to enrollees without unreasonable delay. Issuers will need to attest that they meet this standard as part of the certification/recertification process.

In addition to the attestation, AHCT requires Issuer's provider network for each SADP based on an AHCT standard plan design to be substantially the same as the provider network available to the Issuer's largest plan (representing a similar product) offered outside of the Marketplace with the addition of the inclusion of Essential Community Providers (ECPs). AHCT determines whether an Issuer meets the "substantially the same" requirement. AHCT will consider the networks to be "substantially the same" when an Issuer's networks for SADPs based on the standard plan designs offered through AHCT Marketplace includes at least 85% of those unique providers and facilities that are in the Issuer's provider network outside of the Marketplace for the same product type. Issuers' networks for all SADPs will need to adhere to AHCT's reasonable access standards.

In order to determine whether the Issuer's provider network(s) meet the "substantially the same" requirement, AHCT will periodically request provider network information for both, SADP networks and Issuer's network available to the largest plan (representing a similar product) outside of the Marketplace.

AHCT is currently evaluating the requirements for the 2015 benefit year. AHCT's intention is to develop reasonable access standards for 2015 and implement specific geographical access standards for dental providers. Issuers will be required to submit provider network information in a format specified by AHCT.

Issuers are also required to meet specific standards approved by the AHCT Board of Directors for the inclusion of ECPs within their SADP provider networks. To qualify as an ECP, a health care provider must be a 501(c)(3) entity, or a state or city owned or operated entity. The ECP must provide services that are considered covered health services under the currently adopted definition of Essential Health Benefits to individuals at disparate risk for inadequate access to healthcare.

ECP Network Adequacy standards are as follows:

- By January 1, 2015 carriers must contract with 90% of the Federally Qualified Health Centers (FQHCs) for the dental services provided in Connecticut.
- By January 1, 2015, carriers must contract with 75% of the non-FQHC dental providers on the ECP list that was published in May 2013.

To determine whether an Issuer is meeting the ECP standards, AHCT will require the Issuer to complete “ECP List” on a quarterly basis. AHCT will provide Issuers that submit the Non-Binding Notice of Intent with the ECP list/template for ECP data submission. AHCT intends to implement ECP contracting standards and monitor progress from the time of the SADP Application submission through January 1, 2015 when the standards should be met. If an Issuer does not meet the standard(s) at the time of quarterly submission of ECP data to AHCT, the Issuer will be required to provide AHCT with a demonstration of a good faith effort as described in Appendix 2.

N. Attestations

Consistent with the ACA, the Issuer must agree to comply with the minimum certification standards with respect to each SADP on an ongoing basis.

- Attestations will be required in the SADP application.
- The attestation language will cover the minimum certification standards and will include specific attestations as outlined in the other sections of this Solicitation and required by CMS or AHCT.
- Attestations will cover Issuer’s existing operations as well as any contractual commitments needed to meet AHCT requirements on an ongoing basis.
- Issuer will attest that it has in place an effective internal claims and appeals process and agrees to comply with all requirements for an external review process with respect to SADP enrollees, consistent with state and federal law. (45 C.F.R. § 147)

O. User Fees/Market Assessment

Attestation language will be included in the SADP application that commits the Issuer to pay user fee and /or carrier assessments, as applicable.

Appendix 1 - Connecticut's Essential Health Benefits

The State has selected a benchmark plan that is pending approval by HHS and will set the essential health benefits package for 2014 and 2015. All plans in the individual and small employer group markets both inside and outside of the exchange are required to provide at minimum coverage for the essential health benefits. A QHP's essential health benefits will form the basis for calculating the actuarial value of the QHP.

| SERVICE | LIMIT |
|--|---|
| Outpatient Services | |
| PCP Office Visits (non-preventive) | |
| Specialist Office Visits | |
| Outpatient Surgery Physician/Surgical Services | |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center) | |
| Home Health Care Services | 100 visits/year |
| Emergency Services | |
| Emergency Room | |
| Emergency Transportation/Ambulance | per state mandate* |
| Walk-in/Urgent Care Centers | |
| Hospitalization | |
| Inpatient Hospital (Facility & Provider Services) | |
| Skilled Nursing/Rehabilitation Facility | 90 days/year |
| Hospice | life expectancy of 6 months or less |
| Residential Treatment Facilities | |
| Mental Health and Substance Use Disorder Services | |
| Mental/Nervous and Substance Abuse Services | same as any other illness |
| Rehabilitative and Habilitative Services and Devices | |
| Outpatient Rehabilitation Services (PT/OT/ST) | 40 visits (combined)/year |
| Cardiac Rehabilitation | |
| Chiropractic Visits | 20 visits/year |
| Durable Medical Equipment | |
| Prosthetics | |
| Ostomy Appliances and Supplies | per state mandate* |
| Diabetic Equipment and Supplies | |
| Wound care supplies | per state mandate* |
| Disposable Medical Supplies | |
| Hearing Aids | for children under 12; 1/every 24 months |
| Surgically Implanted Hearing Devices | |
| Wigs | per state mandate* |
| Birth to Three | per state mandate* |
| Prescription Drugs | |
| Laboratory and Imaging Services | |
| Laboratory Services | |
| Non-advanced Radiology | |
| Advanced Imaging (includes MRI, PET, CAT, Nuclear Cardiology) | |
| Preventive and Wellness Services and Chronic Disease | |
| Adult Physical Exam | every 1-3 years for ages 22-49; 1/year for age 50+ as recommended by physician |
| Preventive Services | based on USPSTF A and B recommendation |
| Prenatal and Postnatal Care | |
| Infant/Pediatric Physical Exam | in accordance with national guidelines |
| Routine Immunizations | in accordance with national guidelines |
| Routine Gynecological Exam | 1/year |
| Screening for Gestational Diabetes | for pregnant women between 24 and 28 weeks of gestation and at first prenatal visit for high risk of diabetes |
| Human Papillomavirus Testing | for women aged 30+; 1/every 3 years |
| Counseling for Sexually Transmitted Infections | for women 1/year |
| Counseling and Screening for HIV | for women 1/year |
| Contraceptive Methods and Counseling | for women |
| Breastfeeding Support, Supplies and Counseling | for women |
| Screening and Counseling for Interpersonal and Domestic Violence | for women 1/year |
| Preventive Lab Services | complete blood count & urinalysis, 1/year |
| Baseline Routine Mammography | 1 between ages 35-39 ; 1/year for age 40+ |

Appendix 1 - Connecticut's Essential Health Benefits

| SERVICE | LIMIT |
|---|---|
| Routine Cancer Screenings | in accordance with national guidelines |
| Blood Lead Screening and Risk Assessment | per state mandate* |
| Bone Density | 1/every 23 months |
| Pediatric Hearing Screening | under age 19 as part of physical |
| Other Services | |
| Craniofacial Disorders | per state mandate* |
| Oral Surgery for Treatment of Tumors, Cysts, Injuries, Treatments of Fractures Including TMJ and TMD | TMJ for demonstrable joint disease only |
| Dental Anesthesia | per state mandate* |
| Reconstructive Surgery | to correct serious disfigurement or deformity resulting from illness or injury, surgical removal of tumor, or treatment of leukemia; for correction of congenital anomaly restoring physical or mechanical function |
| Maternity Coverage | |
| Mastectomy | per state mandate* |
| Breast Reconstructive Surgery after Mastectomy Including on Non-diseased Breast to Produce a Symmetrical Appearance | per state mandate* |
| Breast prosthetics | per state mandate* |
| Breast Implant Removal | per state mandate* |
| Autism Coverage | per state mandate* |
| Clinical Trials | per state mandate* |
| Solid Organ and Bone Marrow Transplants | |
| Medically Necessary Donor Expenses and Tests | |
| Transportation, Lodging and Meal Expense for Transplants | up to \$10,000 per episode (initial evaluation until sooner of discharge or cleared to return home) |
| Lyme Disease Treatment | per state mandate* |
| Allergy Testing | up to \$315 every 2 years |
| Diabetes Education | per state mandate* |
| Sterilization | |
| Casts and Dressings | |
| Renal Dialysis | |
| Sleep Studies | 1 complete study/lifetime |
| Pain Management | per state mandate* |
| Neuropsychological Testing | per state mandate* |
| Accidental Ingestion of a Controlled Drug | per state mandate* |
| Diseases and Abnormalities of the Eye | annual retina exams for members with glaucoma or diabetic retinopathy |
| Corneal Pachymetry | 1 complete test/lifetime |
| Infertility | per state mandate* |
| Genetic Testing | for members who have or are suspected of having a clinical genetic disorder |
| Specialized Formula | per state mandate* |
| Nutritional Counseling | 2 visits/year |
| Enteral or Intravenous Nutritional Therapy | |
| Modified Food Products for Inherited Metabolic Disease | per state mandate* |
| Pediatric Vision Care | |
| Routine Eye Exam | 1 exam/year |
| Lenses | 1 pair/year |
| Frames | 1 frame/year |
| Contact lenses | 1 fitting and set of lenses/year |
| Pediatric Oral Care | |
| Exams | 1 every 6 months |
| Bitewings | 1 time/year |
| Other X-rays | |
| Sealants | on premolar and molar teeth |
| Fluoride treatments including topical therapeutic fluoride varnish application | for clients with moderate to high risk of dental decay |
| Access for Baby Care Early Dental Examination and Fluoride Varnish where an oral health screen, oral health education and fluoride varnish are applied to children's teeth during well child examinations | up to 4 years of age |
| Medically Necessary Orthodontia (under age of 19) | |
| Replacement Retainer | limited to 1 replacement/lifetime |
| Amalgam and Composite Restorations (Fillings) | |

Appendix 1 - Connecticut's Essential Health Benefits

| SERVICE | LIMIT |
|--|-------|
| Fixed Prosthodontics: Crowns, Inlays and Onlays | |
| Re-cementing Bridges, Crowns Inlays & Space Maintainers | |
| Removable Prosthodontics: Full or Partial Dentures | |
| Repair, Relining and Rebasing Dentures | |
| Intermediate Endodontic Services | |
| Major Endodontic Services: Root Canal Treatment, Retreatment of root canal therapy; apicoectomy; apexification | |
| Oral Surgery: Surgical Extraction, including Impacted Teeth | |
| Non-surgical Extraction | |
| Periodontal Surgery and Services | |
| Space Maintainers | |
| General Anesthesia and Sedation | |
| Miscellaneous Adjunctive Procedures | |

Note:

*Since PPACA prohibits annual dollar limits, any dollar limits in state mandates no longer apply.

Appendix 2 – Supplementary Response: Inclusion of ECPs

Demonstration of Good Faith Effort Instructions

If the carrier cannot meet the contracting standard, carrier will provide a narrative describing the reason why the Connecticut ECP contracting standards cannot be achieved by January 1, 2015. The response should address the carrier's current and planned efforts to contract with additional ECPs and shall reference the provider information and contract offer dates, as well as why those efforts have been unsuccessful.

Be as specific as possible in your responses. For example, the carrier shall indicate whether contract negotiations are still in progress or the extent to which the carrier was not able to agree on contract terms with the ECP (and if so, specify which terms).

The carrier shall provide a narrative describing its strategy as to how the carrier will increase ECP participation in its provider networks in the future to comply with the contracting requirements. For example, the carrier shall describe plans to offer contracts to additional ECPs or to modify current contract terms.

Carriers shall specifically address the following questions in their responses:

- How does the carrier's current network provide an adequate access to care for individuals with HIV/AIDS (including those with co-morbid behavioral health conditions)?
- How does the carrier's current network provide an adequate access to care for American Indians and Alaska Natives?
- How does the carrier's current network provide an adequate access to care for low-income and underserved individuals seeking women's health and reproductive health services?
- How does the carrier's current mental health network meet the State and federal requirement for mental health parity, specifically addressing the full continuum of care? If the current network does not meet the parity requirements, what is the carrier's corrective action plan?
- What steps has the carrier taken to contract with the School-Based Health Centers (SBHCs)?
- The carrier may provide additional information that demonstrates good faith effort to meet the Connecticut standards for ECP contracting.
- The carrier shall provide additional documentation as requested by Access Health CT to demonstrate its contracting efforts to meet Connecticut's ECP standards, within 5 business days upon written request.