State of California
Office of Administrative Law

In re:
California Health Benefit Exchange

Regulatory Action:

Title 10, California Code of Regulations

Adopt sections: 6424, 6440
Amend sections:
Repeal sections:

NOTICE OF APPROVAL OF EMERGENCY REGULATORY ACTION

Government Code Sections 11346.1 and 11349.6

OAL File No. 2014-0227-06 E

This emergency regulatory action adopts two new sections to Title 10 of the California Code of Regulations. One provision establishes the requirements for eligible applicants to request recertification as a Standalone Dental Plan for the plan year 2015 for the Individual Exchange and for the SHOP Exchange or for approval of proposed family dental plans for either the SHOP or individual Exchanges. The other provision establishes the requirements for eligible applicants to request certification as either a standalone dental plan or an issue of family dental plans in the individual Exchange and for the SHOP Exchange.

OAL approves this emergency regulatory action pursuant to sections 11346.1 and 11349.6 of the Government Code.

This emergency regulatory action is effective on 3/10/2014 and will expire on 9/9/2014. The Certificate of Compliance for this action is due no later than 9/8/2014.

Date: 3/10/2014

Thanh Huynh
Attorney

For: DEBRA M. CORNEZ
Director

Original: Peter Lee
Copy: Andrea Rosen

STATE OF CALIFORNIA–OFFICE OF ADMINISTRATIVE LAW

NOTICE PUBLICATION/REGULATIONS SUBMISSION

EMERGENCY (See instructions on reverse)

STD. 400 (REV. 01-2013)

For use by Secretary of State only

ENDORSED FILED IN THE OFFICE OF

2014 MAR 10 PM 4:47

Debra Bowen
DEBRA BOWEN
SECRETARY OF STATE

OAL FILE NUMBERS	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER
	Z-		2014-0227-06E

For use by Office of Administrative Law (OAL) only

2014 FEB 27 PM 5:04

OFFICE OF ADMINISTRATIVE LAW

NOTICE | REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY: California Health Benefit Exchange

AGENCY FILE NUMBER (If any):

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE

3. NOTICE TYPE	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
☐ Notice re Proposed Regulatory Action ☐ Other			

OAL USE ONLY	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER	PUBLICATION DATE
	☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/ Withdrawn		

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S): Dental Plan Recertification and New Entrant

1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S):

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)

ADOPT: 6424 and 6440

AMEND:

TITLE(S): 10

REPEAL:

3. TYPE OF FILING

- ☐ Regular Rulemaking (Gov. Code §11346)
- ☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)
- ☒ Emergency (Gov. Code, §11346.1(b))
- ☐ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.
- ☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)
- ☐ Emergency Readopt (Gov. Code, §11346.1(h))
- ☐ File & Print
- ☐ Other (Specify) _____
- ☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
- ☐ Print Only

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

- ☐ Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))
- ☒ Effective on filing with Secretary of State
- ☐ §100 Changes Without Regulatory Effect
- ☐ Effective other (Specify) _____

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

- ☐ Department of Finance (Form STD. 399) (SAM §6660)
- ☐ Fair Political Practices Commission
- ☐ State Fire Marshal
- ☐ Other (Specify) _____

7. CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional)
Andrea Rosen	(916) 228-8343		andrea.rosen@covered.ca.gov

8. **I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.**

SIGNATURE OF AGENCY HEAD OR DESIGNEE: [signature] DATE: 2/27/14

TYPED NAME AND TITLE OF SIGNATORY: Peter V. Lee, Executive Director

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

MAR 10 2014

Office of Administrative Law

Title 10, California Code of Regulations

Adopt Section 6424 to read:

Section 6424: Standalone Dental Plan (SADP) Issuer 2015 Renewal Application

The purpose of this section is to set forth the requirements for eligible applicants to request recertification as a SADP for the Plan Year 2015 for the individual Exchange and for the SHOP Exchange or for approval of proposed family dental plans for either the SHOP or Individual Exchanges. Applicants must complete the SADP Issuer 2015 Renewal Application Version 2-19-14, a form incorporated by reference, in order to request recertification of its SADP plan offerings as SADPs for 2015 Plan Year and to request approval of a proposed family dental plan. If an applicant meets the requirements for recertification as a SADP, that issuer will be certified to offer, market and sell certified SADPs through Covered California for the Plan Year 2015. If an applicant fails to meet the requirements for certification as a SADP for 2015, Covered California, in its sole discretion, may decline to recertify applicant's SADP. Covered California, in its sole discretion, shall determine if the applicant's proposal for a family dental plan in a given geographic service area, is necessary as described in Part 1.4 of the New Dental Plan Application for Plan Year 2015 Version 2-19-14 which is incorporated by reference in 10 CCR Section 6440.

(a) The definitions included in 10 CCR 6410 shall govern this section. Any other applicable terms not defined in Section 6410 are defined in subdivision (d).

(b) Applicants eligible to complete the Standalone Dental Plan (SADP) Issuer 2015 Renewal Application Version 2-19-14, a form incorporated by reference, to be certified to participate in the Individual Exchange and the SHOP Exchange in 2015 are limited to entities below:

1) Anthem Blue Cross Life and Health Insurance Company and Blue Cross of California (DBA Anthem Blue Cross)
2) California Physicians' Service, dba Blue Shield of California
3) Delta Dental of California
4) Guardian Life Insurance Company of America and Managed Dental Care of California
5) LIBERTY Dental Plan of California, Inc., a CA corporation
6) Metropolitan Life Insurance Company and Safeguard Health Plans, Inc
7) Premier Access Insurance Company and Access Dental Plan of California, Inc

(c) Submission Requirements: Entities eligible to apply for recertification to participate in the Individual or SHOP Exchange or who intend to submit a proposed family dental

plan must comply with the submission date and requirements in (c)(2) if the events in subdivision (c)(3) do not occur.

(1) Submit a notice to Covered California indicating intent to request recertification no later than 5:00 pm Pacific Time on March 17, 2014.
(2) Complete the application in subdivision (d) and submit to Covered California in its entirety no later than 5:00 pm Pacific Time on May 1, 2014.
(3) If the California Legislature amends Health and Safety Code §1399.849(c)(1) and Insurance Code § 10965.3 to set the start of open enrollment for the 2015 plan year as November 15, 2014 or any another date, applicants are required to complete the application in subdivision (d) and submit to Covered California in its entirety on or before 5:00pm Pacific Time on June 2, 2014.

(d) Standalone Dental Plan (SADP) Issuer 2015 Renewal Application: Applicants who are eligible to complete the Standalone Dental Plan (SADP) Issuer 2015 Renewal Application Version 2-19-14, a form incorporated by reference, for participation in the Individual or SHOP Exchange must complete the SADP Issuer 2015 Renewal Application Version 2-19-14, a form incorporated by reference

~~Authority cited: Sections 100502, 100504 and 100505, Government Code. Reference: Sections 100502 and 100505, Government Code.~~

Authority cited: Sections 100504,100505, Government Code.

Reference cited: Sections 100502,100503,100504,100505, Government Code.

Title 10, California Code of Regulations

Adopt Section 6440 to read:

Section 6440: Dental Plan New Entrant Application for Plan Year 2015

The purpose of this section is to set forth the requirements for eligible applicants to request certification as a either a standalone dental plan or an issuer of family dental plans in the individual Exchange and for the SHOP Exchange. Applicants must complete the Dental Plan New Entrant Application for Plan Year 2015 Version 2-19-14, a form incorporated by reference, in order to request certification of its plan offerings as either a standalone dental plan or family dental plan for the 2015 Plan Year. If an applicant meets the requirements for certification and if Covered California, in its sole discretion, determines that additional dental plans as proposed by the applicant meet the requirements and are necessary, some or all of that applicant's proposed plans may be certified as standalone dental plans or family dental plans for the Plan Year 2015. If an applicant fails to meet the requirements for certification as a standalone dental plan or a family dental plan for 2015 or if Covered California, in its sole discretion, determines that the applicant's offerings in a given geographic service area are not necessary, as described in Part 1.4 of the Dental Plan New Entrant Application for Plan Year 2015 Version 2-19-14, Covered California may decline to certify some or all of the applicant's proposed dental plans for 2015.

(a) The definitions included in 10 CCR 6410 shall govern this section. Any other applicable terms not defined in Section 6410 are defined in subdivision (d).

(b) Applicants eligible to complete the Dental Plan New Entrant Application for Plan Year 2015 Version 2-19-14, a form incorporated by reference, include any plan licensed to offer dental benefits in California in 2015 in either the individual or small group market.

(c) Submission Requirements: Entities eligible to apply for certification to participate in the Individual or SHOP Exchange must comply with the submission date and requirements in (c)(2) if the events in subdivision (c)(3) do not occur:

(1) Submit a notice to Covered California indicating intent to request certification no later than 5:00 pm Pacific Time on March 17, 2014.
(2) Complete the application in subdivision (d) and submit to Covered California in its entirety no later than 5:00 pm Pacific Time on May 1, 2014.
(3) If the California Legislature amends Health and Safety Code §1399.849(c)(1) and Insurance Code §10965.3 to set the start of open enrollment for the 2015 plan year as November 15, 2014 or any another date, applicants are required to

complete the application in subdivision (d) and submit to Covered California in its entirety on or before 5:00pm Pacific Time on June 2, 2014.

(d) Dental Plan New Entrant Application for Plan Year 2015: Applicants who are eligible to complete the Dental Plan New Entrant Application for Plan Year 2015 Version 2-19-14, a form incorporated by reference, for participation in the Individual or SHOP Exchange must complete the Dental Plan New Entrant Application for Plan Year 2015 Version 2-19-14, a form incorporated by reference.

~~Authority cited: Sections 100502, 100503, 100504 and 100505, Government Code. Reference: Sections 100502, 100503 and 100505, Government Code.~~

Authority cited:Sections 100504, 100505, Government Code.

Reference cited: Sections 100502, 100503,100504,100505, Government Code.

COVERED CALIFORNIA

SADP Issuer 2015 Renewal Application

The Exchange intends to make this entire application available electronically. Please complete the following:

Issuer Name	
NAIC Company Code	
NAIC Group Code	
Regulator(s)	
Federal Employer ID	
HIOS/Issuer ID	
Corporate Office Address	
City	
State	
ZIP	
Primary Contact Name	
Contact Title	
Contact Phone Number	
Contact E-mail	
Check all applicable categories: ☐SADP Individual; ☐SADP SHOP; ☐Family Dental Plan Individual[1]; ☐Family Dental Plan SHOP[2]	

On behalf of the SADP issuer stated above, I hereby attest that I meet the requirements in this Renewal Application and certify that the information provided on this Application and in any attachments hereto are true, complete, and accurate. I understand that

[1] Family Dental Plan Individual means an approved specialized health plan that covers specified adult dental services and specified pediatric dental services which include, at a minimum, the pediatric dental Essential Health Benefit as outlined in California Health and Safety Code Section 1367.005 and California Insurance Code 10112.27, offered in the Individual Exchange.

[2] Family Dental Plan SHOP ~~Individual~~ means an approved specialized health plan that covers specified adult dental services and specified pediatric dental services which include, at a minimum, the pediatric dental Essential Health Benefit as outlined in California Health and Safety Code Section 1367.005 and California Insurance Code 10112.27, offered in the SHOP Exchange.

per agency request 3/10/14 JH

Covered California may review the validity of my attestations and the information provided in response to this application and decertify Issuer's Standalone Dental Plans offered on the Exchange should the information provided be found to be inaccurate. I confirm that I have the capacity to bind the SADP issuer stated above to the terms of this renewal application.

Date: _____

Signature: _____

Printed Name: _____

Title: _____

	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
I. Licensed and in Good Standing						
1.1	Confirm that SADP issuer possesses and maintains its license to offer health insurance and is in good standing with applicable state, and federal authorities. (See Appendix A – Definition of Good Standing)	45 CFR §156.200(b)(4)			☐Yes ☐No	
1.2	Are you seeking any material modification of an existing license from the California Department of Managed Health Care for any commercial individual or small group products offered or proposed to be offered through Covered California? If yes, complete Attachment A (Regulatory Filings) to explain what modifications you are seeking and when those are anticipated to be approved.				☐Yes ☐No	
1.3	By submitting this application, SADP issuer agrees to negotiate a contract or contract amendment for 2015 in good faith with Covered California that will establish the terms and conditions of the business relationship.				☐Yes ☐No	
II. Provider Network Adequacy						

	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
2.1	As a general requirement, SADP issuer must maintain continuing compliance with California provider network adequacy standards, laws & regulations established by the applicable regulatory agency. Applicant understands that provider network adequacy for its Covered California products will be determined by the applicable state regulatory agency and verified by Covered California. SADP issuer agrees to maintain a legally compliant provider network for each product offering (DPPO, DHMO, DEPO) which includes sufficient number and types of providers to ensure that all services are accessible in a timely fashion to its Covered California enrollees.	45 CFR §156.230(a)(2)	Health and Safety Code §1367.03; 28 CCR § 1300.67.2.2 and Ins Code § 10133.5 and 10 CCR § 2240-2240.5		☐Yes ☐No	
2.2	SADP issuer agrees to maintain its provider network and continue to meets regulatory requirements based on SADP's 2015 Covered California projected and actual enrollment. Submit 2015 enrollment projections by product that SADP issuer intends to propose for 2015 by completing Attachment B1 (SADP 2015 Enrollment Projections) and, if applicable, Attachment B2 (Family Dental Plan 2015 Enrollment Projections).				☐Yes ☐No	
2.3	SADP products proposed for 2015 must cover the entire geographic service area for which the issuer is licensed in a rating region. Provide an updated geographic service area by product type for 2015 and include any changes from your 2014 service area by completing and uploading through SERFF[3]				☐Yes ☐No	

[3] System for Electronic Rate and Form Filing; developed and owned by the National Association of Insurance Commissioners

	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
	the most current Service Area Template located at: http://www.serff.com/plan_management_data_templates.htm and Attachment C (Plan Type by Rating Region Individual & SHOP). Is Applicant making any changes to 2014 service area? If yes, describe briefly.					
III. Contracting with Dental Providers Who Serve the Low Income and Uninsured Populations						
3.1	Describe how SADP issuer is continuing to meet or exceed Covered California's network contracting requirements as defined in Appendix C Contracting with Dental Providers Who Serve the Low-Income and Uninsured Population.					
IV. Quality and Delivery System Reform						
4.1	Describe SADP's process to ensure that SADP issuer can comply with SADP Contract Data Submission Requirements (as defined in Appendix B) to Covered California.					
4.2	SADP agrees to submit claims and encounter[4] data in the requested format to a third party vendor selected by Covered California for the purpose of performing clinical analytics.				☐Yes ☐No	
4.3	Confirm that SADP will submit, upon request, to the Exchange dental utilization reporting to include the measure numerator, denominator, and rate for the required measures set in Appendix D Covered California SADP Performance Standards: Quality and Delivery System Standards.				☐Yes ☐No	
V. Operational Readiness and Capacity						
5.1	SADP issuer confirms that it can and will accurately, appropriately and timely populate and				☐Yes ☐No	

[4] Claims and encounter data reflect a health care visit by an enrollee to a provider of care or service.

	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
	submit SERFF templates at the request of Covered California for: (1) Rates (2) Service Area (3) Plan/Benefit Designs (4) Network					
5.2	Demonstrate through existing SADP contract compliance or systems testing that SADP issuer operates systems which can accurately and timely report electronic data to Covered California using federal legal standards for electronic transactions.	at 42 U.S.C. § 1320d *et seq* 45 C.F.R. Part 162				
5.3	Demonstrate, through submission of a March 2014 audit report or systems testing, as applicable, that SADP issuer can accept 834, 820 and other standard transaction electronic files for enrollment and premium remittance in an accurate, consistent and timely fashion and utilize the information for its intended purpose (see Attachments D1 & D2)					
5.4	Provider directory data for both Individual and SHOP Exchange products must be included in this submission.	45 CFR §156.230(b)			☐Yes ☐No	
5.5	Describe how SADP issuer's computer systems can accurately and timely maintain an electronic interface with CalHEERS. Unless applicant can demonstrate this requirement through contract compliance, applicant must be available for testing data interfaces with the Exchange no later than July 1, 2014. SADP issuer must maintain computer systems for testing any future modifications to the interface design and data interchange.					
5.6	Describe the SADP issuer's systems ability to generate invoices for new members, which must be					

	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
	fully operational no later than October 15, 2014.					
5.7	Describe SADP issuer's systems which must accept premium payments from members no later than October 15, 2014 made using paper checks, cashier's checks, money orders, EFT and all general purpose pre-paid debit cards and credit cards. If such systems are not currently in place, describe plans to implement such systems, including any potential vendors, if applicable, and an implementation work plan with timeline.					
5.8	Describe how SADP issuer will maintain sufficient staffing in the customer service center to meet contractual performance goals.					
5.9	Describe SADP issuer's plans that are in place for the purpose of detecting and reporting incidents of fraud, waste and abuse. Provide a description of such plans and their efficacy.					
5.10	Describe any education efforts SADP issuer provides to members to help them identify and report possible fraud scams. Describe SADP's procedures to report fraud scams to law enforcement.					
5.11	Describe SADP issuer's safeguards against Social Security/ identity fraud.					
5.12	SADP must comply with applicable federal and state privacy laws and regulations, and has appropriate procedures in place to detect and respond to privacy and security incidents.				☐Yes ☐No	
5.13	SADP issuer must adhere to Covered California naming conventions promulgated through a future administrative rulemaking by Covered California for 2015.					

	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
VI. Rates for 2015						
6.1	Submit premium rates for every proposed SADP by rating region for 2015 completing Attachment E1 SADP Rates Individual & SHOP. If applicable, submit premium rates for every proposed Family Dental Plan by completing Attachment E2 Family Dental Plan Rates Individual & SHOP.					
6.2	Provide information requested about documents required to be filed with the applicable regulator as outlined in Attachment A for 2015 products proposed to be offered through Covered California. Complete Attachment A and provide updates to this information as additional documents are submitted to the applicable regulator.					
VII. 2015 Standard Benefit Plan Design						
7.1	SADP issuer must adhere to 2015 standard benefit plan designs which will be adopted through a future administrative rulemaking.				☐Yes ☐No	
7.2	SADP issuer agrees to submit its proposed 2015 plans for its licensed geographic service area(s).				☐Yes ☐No	
7.3	Comply with California state benefit plan laws in effect for 2015, including those pertaining to plan design requirements.				☐Yes ☐No	

Appendix A: Definition of Good Standing

Definition of Good Standing	Regulatory Agency	Relevant To EHB	Relevant to Supplemental
Verification that issuer holds a state health care service plan license or insurance certificate of authority.			
• Approved for what lines of business (e.g. commercial, small group, individual)	DMHC	X	X
• Approved to operate in what geographic service areas	DMHC	X	X
• Most recent financial exam and medical survey report	DMHC	X	X
• Most recent market conduct exam reviewed	CDI	X	X
Affirmation of no material[5] statutory or regulatory violations, including penalties levied, in the past two years in relation to any of the following, where applicable:			
• Financial solvency and reserves reviewed	DMHC and CDI	X	X
• Administrative and organizational capacity	DMHC	X	X
• Benefit Design			
• State mandates (to cover and to offer)	DMHC and CDI	X	
• Essential health benefits[6] Pediatric Dental only	DMHC and CDI	X	
• Basic health care services	CDI	X	
• Copayments, deductibles, out-of-pocket maximums	DMHC and CDI	X	
• Actuarial value confirmation (using 2015 Actuarial Value Calculator)	DMHC and CDI	X	
• Network adequacy and accessibility standards	DMHC and CDI	X	
• Provider contracts	DMHC and CDI	X	
• Uniform disclosure (summary of benefits and coverage)	DMHC and CDI	X	
• Claims payment policies and practices	DMHC and CDI	X	X
• Provider complaints	DMHC and CDI	X	X
• Utilization review policies and practices	DMHC and CDI	X	X
• Quality assurance/management policies and practices	DMHC	X	
• Enrollee/Member grievances/complaints and appeals policies and practices	DMHC and CDI	X	X
• Independent medical review	DMHC and CDI	X	
• Marketing and advertising	DMHC and CDI	X	
• Guaranteed issue individual and small group	DMHC and CDI	X	X

[5] Covered California, in its sole discretion and in consultation with the appropriate health insurance regulator, determines what constitutes a material violation for this purpose.

Appendix B: SADP Contract Data Submission Requirements

SADP issuer shall provide to the Exchange information regarding SADP issuer's membership through the Exchange in a consistent manner to that which SADP issuer currently provides to its major purchasers. SADP issuer and the Exchange shall work together in good faith to further define mutually agreeable information and formats for SADP issuer to provide to the Exchange, in all cases to remain generally consistent with the information shared by SADP issuer with its major purchasers.

Appendix C: Contracting with Dental Providers Who Serve the Low-Income and Uninsured Population

SADP Issuer shall maintain a network that includes participation of dental providers with a history of serving uninsured and low income populations that are available through SADP to provide reasonable and timely access to Specialized Health Care Services to low-income populations in each geographic region where SADP Issuer's SADPs provide services to Enrollees.

(a) For purposes of this Section, "participation of dental providers with a history of serving uninsured and low income populations" shall be determined by the Exchange in its reasonable discretion in accordance with the following conditions: (i) Federally Qualified Health Centers (FQHC) providers plotted on a low-income population map by county and (ii) other providers who serve the low-income population, defined as those providers for whom at least 20% of patients served are low income, by county; and based on consideration of various factors, including, (i) the nature, type and distribution of SADP Issuer's contracting arrangements with FQHCs who provide dental services in each geographic region in which SADP issuer provides Specialized Health Care Services to Enrollees, (ii) the inclusion of a sufficient number of providers that participate or have participated with the Medi-Cal and/or Healthy Families program, and (iii) other factors as mutually agreed upon by the Exchange and the SADP Issuer regarding its ability to serve the low income population.

per agency request 3/10/14 TH

(b) "Low-income populations" shall be defined as families living at or below 200% of Federal poverty level.

(c) SADP Issuer shall notify the Exchange with respect to any material changes as of and throughout the term of this Agreement to its contracting arrangements with FQHCs that provide dental services and other information relating to contracting with providers who serve the low-income and uninsured populations.

Appendix D: Covered California SADP Performance Standards: Quality and Delivery System Standards

Utilization Measures	Covered California will work with SADP Issuers as appropriate to adjust measure sets where an SADP Issuer does not have all of the specific Utilization measures.		
Annual Preventive/Diagnostic Visit Measure includes all members ages 1 through 18 years of age as of December 31, 2014 (denominator) who had at least one preventive or diagnostic dental visit in 2014 (numerator) with no more than one gap in enrollment of up to 45 days during 2014.	Age Group	Expectation	Performance
	2-3	75%	
	4-6	75%	
	7-10	75%	
	11-14	75%	
	15-18	75%	
Annual Dental Visit (ADV) Measure includes all members ages 2 through 18 years as of December 31, 2014 (denominator) who had at least one dental visit in 2014 (numerator) with no more than one gap in enrollment of up to 45 days during 2014.	Age Group	Expectation	Performance
	2-3	75%	
	4-6	75%	
	7-10	75%	
	11-14	75%	
	15-18	75%	
Examinations/Oral Health Evaluations (OHE) Measure includes members enrolled for at least 11 of the 12 months of 2014 (denominator) who received comprehensive or periodic oral health evaluation (D1020 or D1050) in 2014 (numerator); members under the age of three not receiving service D1020 or D1050 are also included if they received an oral health evaluation and counseling with the primary care giver (D0145) in 2014.	Age Group	Expectation	Performance
	2-3	75%	
	4-6	75%	
	7-10	75%	
	11-14	75%	
	15-18	75%	

Preventive Dental Services (PDS).

Measure includes members enrolled for at least 11 of the 12 months in 2014 (denominator) who received any preventive dental service (D1000-D1999) in 2014 (numerator).

Age Group	Expectation	Performance
2-3	75%	
4-6	75%	
7-10	75%	
11-14	75%	
15-18	75%	

Continuity of Care (COC)

Measure includes members who continuously enrolled in the same plan for 2 years with no gap in coverage who received a comprehensive or periodic oral health evaluation (D1020, D1050) or a prophylaxis (D1110, D1120) in 2014 (denominator) and who received a comprehensive or periodic oral health evaluation (D0120, D1050) or a prophylaxis in 2015 (numerator).

Measurement begins 2014, first Reporting Year 2016

Age Group	Expectation	Performance
2-3	n/a	
4-6	75%	
7-10	75%	
11-14	75%	
15-18	75%	

Filling to Preventive Services Ratio (FPSR).

Measure includes members enrolled for at least 11 of the 12 months of 2014 who received one or more fillings (D2000-D2999) in 2014 (denominator) and who also received a topical fluoride (D1203, D1204, or D1206) a sealant application (D1351, D1352) or education to prevent caries (D1310 and D1330) in 2014 (numerator).

Age Group	Report in 2014	Set Performance Standards in 2015
2-3		
4-6		
7-10		
11-14		
15-18		

Use of Dental Treatment Services (UDTS).

Measure includes members enrolled for at least 11 of the 12 months of 2014 (denominator) who received any dental treatment other than diagnostic or preventive services (D2000-D9999) in 2014 (numerator).

Report only, monitor trends over time

Age Group	
2-3	
4-6	

	7-10		
	11-14		
	15-18		
Overall Utilization of Dental Services (OUDS). Measure includes members enrolled ~~in~~ in for at least 11 of the 12 months of 2014 (denominator) who received any dental service (D0100-D9999), including preventive services, during 2014 (numerator).	Age Group	Expectation	Performance
	2-3	75%	
	4-6	75%	
	7-10	75%	
	11-14	75%	
	15-18	75%	

Appendix B: SADP Contract Data Submission Requirements

SADP issuer shall provide to the Exchange information regarding SADP issuer's membership through the Exchange in a consistent manner to that which SADP issuer currently provides to its major purchasers. SADP issuer and the Exchange shall work together in good faith to further define mutually agreeable information and formats for SADP issuer to provide to the Exchange, in all cases to remain generally consistent with the information shared by SADP issuer with its major purchasers.

California Health Benefit Exchange
SADP Issuer 2015 Renewal Application
Attachment A- Regulatory Filings

Issuer Name:

Instructions:
Please provide the requested details associated with any Regulatory and/or Product filings necessary to obtain approval of products/plans that are to be submitted in response to this application.

Type of Filing	Regulatory Agency	Regulatory Filing Number (if applicable)	Product Filing Number (if applicable)	Date of Submission	Expected Date for Review / Approval	Amendment Number (If applicable)	Initial Filing Date (If applicable)	Comments

California Health Benefit Exchange
SADP Issuer 2015 Renewal Application
Attachment B1 - SADP 2015 Enrollment Projections

Issuer Name:
Product:
Market:

Please complete Attachment B1 enrollment projection for each product and market type. Enrollment projection should reflect anticipated enrollment January 1, 2015 through December 1, 2015

Rating Region	County	Product (DHMO/DPPO)	2015 SADP Enrollment Projections
Region 1	Alpine		
Region 1	Del Norte		
Region 1	Siskiyou		
Region 1	Modoc		
Region 1	Lassen		
Region 1	Shasta		
Region 1	Trinity		
Region 1	Humboldt		
Region 1	Tehama		
Region 1	Plumas		
Region 1	Nevada		
Region 1	Sierra		
Region 1	Mendocino		
Region 1	Lake		
Region 1	Butte		
Region 1	Glenn		
Region 1	Sutter		
Region 1	Yuba		
Region 1	Colusa		
Region 1	Amador		
Region 1	Calaveras		
Region 1	Tuolumne		
Region 2	Napa		
Region 2	Sonoma		
Region 2	Solano		
Region 2	Marin		
Region 3	Sacramento		
Region 3	Placer		
Region 3	El Dorado		
Region 3	Yolo		
Region 4	San Francisco		
Region 5	Contra Costa		
Region 6	Alameda		
Region 7	Santa Clara		
Region 8	San Mateo		
Region 9	Santa Cruz		
Region 9	Monterey		
Region 9	San Benito		
Region 10	San Joaquin		
Region 10	Stanislaus		

Rating Region	County	Product (DHMO/DPPO)	2015 SADP Enrollment Projections
Region 10	Merced		
Region 10	Mariposa		
Region 10	Tulare		
Region 11	Fresno		
Region 11	Kings		
Region 11	Madera		
Region 12	San Luis Obispo		
Region 12	Ventura		
Region 12	Santa Barbara		
Region 13	Mono		
Region 13	Inyo		
Region 13	Imperial		
Region 14	Kern		
Region 15	Los Angeles		
Region 16	Los Angeles		
Region 17	San Bernardino		
Region 17	Riverside		
Region 18	Orange		
Region 19	San Diego		

California Health Benefit Exchange
SADP Issuer 2015 Renewal Application
Attachment B2 - Family Dental Plan 2015 Enrollment Projections

Issuer Name:
Product:
Market:

Please complete Attachment B1 enrollment projection for each product and market type. Enrollment projection should reflect anticipated enrollment January 1, 2015 through December 1, 2015

Rating Region	County	Product (DHMO/DPPO)	2015 Family Dental Plan Enrollment Projections
Region 1	Alpine		
Region 1	Del Norte		
Region 1	Siskiyou		
Region 1	Modoc		
Region 1	Lassen		
Region 1	Shasta		
Region 1	Trinity		
Region 1	Humboldt		
Region 1	Tehama		
Region 1	Plumas		
Region 1	Nevada		
Region 1	Sierra		
Region 1	Mendocino		
Region 1	Lake		
Region 1	Butte		
Region 1	Glenn		
Region 1	Sutter		
Region 1	Yuba		
Region 1	Colusa		
Region 1	Amador		
Region 1	Calaveras		
Region 1	Tuolumne		
Region 2	Napa		
Region 2	Sonoma		
Region 2	Solano		
Region 2	Marin		
Region 3	Sacramento		
Region 3	Placer		
Region 3	El Dorado		
Region 3	Yolo		
Region 4	San Francisco		
Region 5	Contra Costa		
Region 6	Alameda		
Region 7	Santa Clara		
Region 8	San Mateo		
Region 9	Santa Cruz		
Region 9	Monterey		
Region 9	San Benito		
Region 10	San Joaquin		
Region 10	Stanislaus		

Rating Region	County	Product (DHMO/DPPO)	2015 Family Dental Plan Enrollment Projections
Region 10	Merced		
Region 10	Mariposa		
Region 10	Tulare		
Region 11	Fresno		
Region 11	Kings		
Region 11	Madera		
Region 12	San Luis Obispo		
Region 12	Ventura		
Region 12	Santa Barbara		
Region 13	Mono		
Region 13	Inyo		
Region 13	Imperial		
Region 14	Kern		
Region 15	Los Angeles		
Region 16	Los Angeles		
Region 17	San Bernardino		
Region 17	Riverside		
Region 18	Orange		
Region 19	San Diego		

California Health Benefit Exchange
SADP Issuer 2015 Renewal Application
Attachment C - Plan Type by Rating Region (Individual & SHOP)

Issuer Name:

Instructions:

Please indicate the products proposed with an "X." Note that Issuers are required to submit proposals that include their entire licensed service area for each product type on which they are bidding. Applicants are encouraged, but not required to bid on both SADP and Family Dental Plan, and may offer only their Individual or Small Group products.

		SADP								Family Dental Plan							
		Individual				SHOP				Individual				SHOP			
		DPPO		DHMO		DPPO		DHMO		DPPO		DHMO		DPPO		DHMO	
Rating Region	County	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region
Region 1	Alpine																
Region 1	Del Norte																
Region 1	Siskiyou																
Region 1	Modoc																
Region 1	Lassen																
Region 1	Shasta																
Region 1	Trinity																
Region 1	Humboldt																
Region 1	Tehama																
Region 1	Plumas																
Region 1	Nevada																
Region 1	Sierra																
Region 1	Mendocino																
Region 1	Lake																
Region 1	Butte																
Region 1	Glenn																
Region 1	Sutter																
Region 1	Yuba																
Region 1	Colusa																
Region 1	Amador																
Region 1	Calaveras																
Region 1	Tuolumne																
Region 2	Napa																
Region 2	Sonoma																

		SADP								Family Dental Plan							
		Individual				SHOP				Individual				SHOP			
		DPPO		DHMO		DPPO		DHMO		DPPO		DHMO		DPPO		DHMO	
Rating Region	County	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region
Region 2	Solano																
Region 2	Marin																
Region 3	Sacramento																
Region 3	Placer																
Region 3	El Dorado																
Region 3	Yolo																
Region 4	San Francisco																
Region 5	Contra Costa																
Region 6	Alameda																
Region 7	Santa Clara																
Region 8	San Mateo																
Region 9	Santa Cruz																
Region 9	Monterey																
Region 9	San Benito																
Region 10	San Joaquin																
Region 10	Stanislaus																
Region 10	Merced																
Region 10	Mariposa																
Region 10	Tulare																
Region 11	Fresno																
Region 11	Kings																
Region 11	Madera																
Region 12	San Luis Obispo																
Region 12	Ventura																
Region 12	Santa Barbara																
Region 13	Mono																
Region 13	Inyo																
Region 13	Imperial																
Region 14	Kern																
Region 15	Los Angeles																
Region 16	Los Angeles																
Region 17	San Bernardino																
Region 17	Riverside																
Region 18	Orange																
Region 19	San Diego																

Attachment C - Plan Type by Rating Region (Individual SHOP)

California Health Benefit Exchange
SADP Issuer 2015 Renewal Application
Attachment D1 - 834 Enrollment Files

March 2014 834 Enrollment File Error Listing				
834 Enrollment Files Sent to Carrier - File Names	**Number of Members in File**	**Carrier 999 Response File Sent to CalHEERS**	**No. of Rejected Files in 999 Response Due to Carrier Issues**	**Error Rate**
ex: TO_999999_IND_2014030515897.edi	500	ex: FROM_99999_IND_2014030565	4	0.8%

California Health Benefit Exchange
SADP Issuer 2015 Renewal Application
Attachment D2 - 834 Effectuation Files

March 2014 834 Effectuation File Error Listing				
834 Effectuation Files Sent from the Carrier - File Names	**Number of Members in File**	**CalHEERS 999 Response File Sent to CalHEERS**	**No. of Rejected Files in 999 Response Due to Carrier Issues**	**Error Rate**
ex: FROM_99999_IND_2014030515897.edi	500	ex:TO_99999_IND_201403056577899.edi	4	0.8%

California Health Benefit Exchange
SADP Issuer 2015 Renewal Application
Attachment E1 - SADP Rates Individual & SHOP

Issuer Name:

Product: DPPO
Network:

	Proposed Calendar Year 2015 Premiums											
	Individual - Low			Individual - High			SHOP - Low			SHOP - High		
	Coverage Tier			Coverage Tier			Coverage Tier			Coverage Tier		
Rating Region	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Child	2 Covered Children	3+ Covered Children
Region 1												
Region 2												
Region 3												
Region 4												
Region 5												
Region 6												
Region 7												
Region 8												
Region 9												
Region 10												
Region 11												
Region 12												
Region 13												
Region 14												
Region 15												
Region 16												
Region 17												
Region 18												
Region 19												

California Health Benefit Exchange
SADP Issuer 2015 Renewal Application
Attachment D - SADP Premium Individual & SHOP

Issuer Name:

Product: DHMO

Network:

	Proposed Calendar Year 2015 Premiums											
	Individual - Low			Individual - High			SHOP - Low			SHOP - High		
	Coverage Tier			Coverage Tier			Coverage Tier			Coverage Tier		
Rating Region	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Child	2 Covered Children	3+ Covered Children
Region 1												
Region 2												
Region 3												
Region 4												
Region 5												
Region 6												
Region 7												
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Region 16												
Region 17												
Region 18												
Region 19												

California Health Benefit Exchange
SADP Issuer 2015 Renewal Application
Attachment E2 - Family Dental Plan Rates Individual & SHOP

Issuer Name:

Product: DPPO
Network:

	Proposed Calendar Year 2015 Premiums															
	Individual - Low				Individual - High				SHOP - Low				SHOP - High			
	Coverage Tier				Coverage Tier				Coverage Tier				Coverage Tier			
Rating Region	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Adult	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Adult	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Adult	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Adult
Region 1																
Region 2																
Region 3																
Region 4																
Region 5																
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Region 13																
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Region 15																
Region 16																
Region 17																
Region 18																
Region 19																

California Health Benefit Exchange
SADP Issuer 2015 Renewal Application
Attachment D - SADP Premium Individual & SHOP

Issuer Name:

Product: DHMO
Network:

	Proposed Calendar Year 2015 Premiums															
	Individual - Low				Individual - High				SHOP - Low				SHOP - High			
	Coverage Tier				Coverage Tier				Coverage Tier				Coverage Tier			
Rating Region	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Adult	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Adult	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Adult	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Adult
Region 1																
Region 2																
Region 3																
Region 4																
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Region 18																
Region 19																

COVERED CALIFORNIA

Dental Plan New Entrant Application for Plan Year 2015

February 20, 2014

560 J Street, Suite 290, Sacramento, CA 95814
www.coveredca.com

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1. General Information and Background

1.1 ATTESTATION

Issuer Name	
NAIC Company Code	
NAIC Group Code	
Regulator(s)	
Federal Employer ID	
HIOS/Issuer ID	
Corporate Office Address	
City	
State	
ZIP	
Primary Contact Name	
Contact Title	
Contact Phone Number	
Contact E-mail	
Check applicable categories: ☐SADP Individual; ☐SADP SHOP; ☐Family Dental Plan Individual[1]; ☐Family Dental Plan SHOP[2]	

On behalf of the Applicant stated above, I hereby attest that I meet the requirements in this New Entrant Application and certify that the information provided on this Application and in any attachments hereto are true, complete, and accurate. I understand that Covered California may review the validity of my attestations and the information provided in response to this application and if Applicant is selected to offer SADPs and Family Dental Plans, may decertify those SADPs and Family Dental Plans should any material information provided be found to be inaccurate. I confirm that I have the capacity to bind the issuer stated above to the terms of this New Entrant application.

Date: _____
Signature: _____
Printed Name: _____
Title: _____

1.2 PURPOSE

The California Health Benefit Exchange (Exchange) is accepting applications from dental issuers[3] (Applicants) to submit proposals to offer, market, and sell dental plans through the Exchange

[1] Family Dental Plan Individual means an approved specialized health plan that covers specified adult dental services and specified pediatric dental services which include, at a minimum, the pediatric dental Essential Health Benefit as outlined in California Health and Safety Code Section 1367.005 and California Insurance Code 10112.27, offered in the Individual Exchange.

[2] Family Dental Plan SHOP ~~Individual~~ means an approved specialized health plan that covers specified adult dental services and specified pediatric dental services which include, at a minimum, the pediatric dental Essential Health Benefit as outlined in California Health and Safety Code Section 1367.005 and California Insurance Code 10112.27, offered in the SHOP Exchange.

per agency request 3/20/14 TH

beginning in 2015. The Exchange will exercise its statutory authority as an "active purchaser[4]" in reviewing submitted proposals and reserves the right to select or reject any Applicant or to cancel this Application at any time. This Application invites responses from vendors for both the Standalone Dental Plans (SADP) that will be considered for coverage of the Pediatric Dental Essential Health Benefits (EHB), and for Family Dental Plans[5] that combine coverage of the Pediatric Dental EHB and supplemental coverage and may be purchased on a voluntary basis. The Exchange seeks to award a limited number of contracts related to the SADP and to the Family Dental Plan for each geographic region, while ensuring that statewide coverage is available.

Applications will be accepted from any dental issuer that is licensed to sell dental plans regulated by the California Department of Managed Health Care or a dental insurance product licensed by the California Department of Insurance, including dental plans and health plans that offer dental coverage separate from medical coverage.

The Exchange requires dental issuers to submit proposals for both SADP and Family Dental Plan products. Applicants licensed in both the Individual and SHOP markets are encouraged to submit proposals for both market segments.

The matter contained in this document is strictly related to the 2015 year Issuer Dental Plan Application.

1.3 BACKGROUND

Soon after the passage of national health care reform through the Patient Protection and Affordable Care Act of 2010 (ACA), California became the first state to enact legislation to establish a qualified health benefit exchange. (California Government Code § 100500 et seq.; Chapter 655, Statutes of 2010-Perez and Chapter 659, Statutes of 2010-Alquist.) The California state law is referred to as the California Patient Protection and Affordable Care Act (CA-ACA).

Effective January 1, 2014, the California Health Benefit Exchange offers a statewide health insurance exchange to make it easier for individuals and small businesses to compare plans and buy health insurance in the private market. Although the focus of the Exchange is on individuals and small businesses who qualify for tax credits and subsidies under the ACA, the Exchange's goal is to make insurance available to all qualified individuals and to all California businesses with fewer than 50 employees.

The vision of the California Health Benefit Exchange is to improve the health of all Californians by assuring their access to affordable, high quality care coverage. The mission of the California Health Benefit Exchange is to increase the number of insured Californians, improve health care quality, lower costs, and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value.

The California Health Benefit Exchange is guided by the following values:

- **Consumer-Focused**: At the center of the Exchange's efforts are the people it serves, including patients and their families, and small business owners and their employees. The Exchange will offer a consumer-friendly experience that is accessible to all Californians, recognizing the diverse cultural, language, economic, educational and health status needs of those it serves.

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[3] The term "dental issuer" used in this document refers to dental plans regulated by the California Department of Managed Health Care or the California Department of Insurance. It also refers to the company issuing dental coverage.
[4] California GC §100505 per AB 1602 §9
[5] Family Dental Plan means an approved specialized health plan that covers specified adult dental services and specified pediatric dental services which include, at a minimum, the pediatric dental Essential Health Benefit as outlined in California Health and Safety Code Section 1367.005 and California Insurance Code 10112.27

- **Affordability**: The Exchange will provide affordable health insurance while assuring quality and access.
- **Catalyst**: The Exchange will be a catalyst for change in California's health care system, using its market role to stimulate new strategies for providing high-quality, affordable healthcare, promoting prevention and wellness, and reducing health disparities.
- **Integrity**: The Exchange will earn the public's trust through its commitment to accountability, responsiveness, transparency, speed, agility, reliability, and cooperation.
- **Partnership**: The Exchange welcomes partnerships, and its efforts will be guided by working with consumers, providers, health plans, employers and other purchasers, government partners, and other stakeholders.
- **Results**: The impact of the Exchange will be measured by its contributions to expanding coverage and access, improving health care quality, promoting better health and health equity, and lowering costs for all Californians.

In addition to being guided by its mission and values, the Exchange's policies are derived from the Federal Affordable Care Act which calls upon Exchanges to advance "plan or coverage benefits and health care provider reimbursement structures" that improve health outcomes. The California Health Benefit Exchange seeks to improve the quality of care while moderating cost not only for the individuals enrolled in its plans, but also by being a catalyst for delivery system reform in partnership with plans, providers and consumers. With the Affordable Care Act and the range of insurance market reforms that are in the process of being implemented, the health insurance marketplace will be transformed from one that has focused on risk selection to achieve profitability to one that will reward better care, affordability, and prevention. The Exchange needs to address these issues for the millions of Californians who will enroll through it to get coverage, but also must be part of broader efforts to improve care, improve health, and control health care costs.

The California Health Benefit Exchange must operate within the federal standards in law and regulation. Beyond what is framed by the federal standards, California's legislature shapes the standards and defines how the new marketplace for individual and small group health insurance will operate in ways specific to their context. Within the requirements of the minimum Federal criteria and standards, the Exchange has the responsibility to "certify" the Qualified Plans and Standalone Dental Plans that will be offered in the Exchange for Essential Health Benefits.

The state legislation to establish the California Health Benefit Exchange directed it to "selectively contract with carriers so as to provide health care coverage choices that offer the optimal combination of choice, value, quality, and service" and to establish and use a competitive process to select the participating health plan Issuers.

These concepts, and the inherent trade-offs among the California Health Benefit Exchange values, must be balanced in the evaluation and selection of the Qualified Health Plans that will be offered on the Individual and the SHOP Exchanges.

This application has been designed consistent with the policies and strategies of the California Health Benefit Exchange Board which calls for the plan selection to influence how competitive the market will be, the cost of coverage, and how to add value through health care delivery system improvement.

1.4 Application Evaluation and Selection

While evaluating the dental plan proposals, the Exchange will consider the mix of dental plans that best meet the Exchange's goals of providing an appropriate range of high quality choice to

participants at the best available price, while promoting the broad goals described above. In consideration of the mission and values of the Exchange, there are a number of evaluation principles that will be applied. These include the following:

Promote affordability for the consumer and small employer – both in terms of premium and at point of care

The Exchange seeks to offer health and dental plans, plan designs and provider networks that are as affordable as possible to consumers in terms of premiums and at the point of care, while fostering competition and stable premiums. The Exchange will seek to offer health and dental plans, plan designs and provider networks that will attract maximum enrollment as part of the Exchange's effort to lower costs by spreading risk as broadly as possible.

Encourage "Value" Competition Based upon Quality, Service, and Price

While premium price and out-of-pocket costs will be a key consideration, contracts will be awarded based on determination of "best value" to the Exchange and its participants. The evaluation of issuer dental plan proposals will also focus on quality and service components, including past history of performance, reported quality and satisfaction metrics, and commitment to serve the Exchange population through cooperation with the Exchange operations, provider network adequacy, and cultural and linguistic competency. We expect that some necessary regulatory and rate filings may need to be completed after the due date for this dental plan application. The application responses, in conjunction with the approved filings, will be evaluated by Covered California and used as part of the selection criteria to offer issuers' products on the Exchange for the 2015 plan year.

Encourage Competition Based upon Meaningful Dental Plan Choice and Product Differentiation: Standard Benefit Plan Designs[6]

The Exchange is committed to fostering competition by offering dental plans with features that present clear choice and product differentiation. Dental plan applicants are required to propose at least one of the Exchange's adopted standardized benefit plan designs (DPPO, DHMO or DEPO), in each region for which they submit a proposal. Issuers must propose both SADP and Family Dental Plan products. To the extent possible, both DHMO and DPPO products will be offered. Within a given product design, the Exchange will look for differences in network providers. Under such criteria, the Exchange may choose not to contract with two plans with overlapping networks within a rating region.

Encourage Competition throughout the State

The Exchange must be statewide. Issuers are required to submit dental plan proposals in all geographic service areas in which they are licensed and have adequate networks, and preference will be given to issuers that develop dental plan proposals that meet quality and service criteria while offering coverage options that provide reasonable access to the geographically underserved areas of the state as well as the more densely populated areas.

Encourage Alignment with Providers and Delivery Systems that Serve the Low Income Population

Central to the Exchange's mission is its performing effective outreach, enrollment and retention of the low income and culturally diverse population that will be eligible for premium

[6] The 2015 Standard Benefit Designs will be promulgated through a future administrative rulemaking after the 2015 federal actuarial value calculator is finalized.

tax credits and cost sharing subsidies through the Exchange. Responses that demonstrate an ongoing commitment or the development of the capacity to serve the cultural, linguistic and dental care needs of the low income and uninsured populations, beyond the minimum requirements adopted by the Exchange, will receive additional consideration. Examples of demonstrated commitment may include contracting with Federally Qualified Health Centers, and support or investment in providers and networks that have historically served these populations in order to improve service delivery and integration.

Encourage Long Term Partnerships with Health Issuers

A goal of the Exchange is to reward early participation in the Exchange with contract features that offer a potential for market share and program stability. The Exchange encourages Issuer interest in multi-year contracts (plan year 2015 and 2016) and submitting rates at the most competitive position possible; fosters rate and plan stability and encourages SADP and Family Dental Plan investments in product design, network development, and quality improvement programs. Application responses that demonstrate an interest and commitment to the long-term success of the Exchange's mission are strongly encouraged, particularly those that that include underserved service areas, and that leverage Issuer efforts to provide better care, improve health, and lower cost.

1.5 Availability

The dental plan issuer must be available immediately upon certification as a dental plan to start working with the Exchange to establish all operational procedures necessary to integrate and interface with the Exchange information systems, and to provide additional information necessary for the Exchange to market, enroll members, and provide dental plan services effective January 1, 2015. Successful applicants will also be required to adhere to certain provisions through their contracts with the Exchange including but not limited to meeting data interface requirements with the California Healthcare Eligibility, Enrollment and Retention System (CalHEERS). The Exchange expects to negotiate and sign contracts prior to September 1, 2014. The successful applicants must be ready and able to accept enrollment as of October 15, 2014.

1.6 Intention to Submit a Response

Applicants interested in responding to this application should submit the completed Letter of Intent to Apply by March 17, 2014, indicating their interest in applying, their proposed products and service areas, and to ensure receipt of additional information. Only those Applicants acknowledging interest in this Application by submitting a notification of intention to apply will continue to receive Application-related correspondence throughout the application process.

The Applicant's notification letter will identify the contact person for the application process, along with contact information that includes an email address and a telephone number. Receipt of the non-binding letter of intent will be used to issue instructions and login and password information to gain access to the online portion of the Applicant submission of response to the Application.

An issuer's submission of an Intent to Apply will be considered confidential information and not available to the public; the Exchange reserves the right to release aggregate information about issuers' responses. Final Applicant information is not expected to be released until selected issuers and Dental Plan issuers are announced in late June 2014. Confidentiality is to be held by the Exchange; Applicant information will not be released to the public but may be shared with appropriate regulators as part of the cooperative arrangement between the Exchange and the regulators.

The Exchange will correspond with only one (1) contact person per Applicant. It shall be the Applicant's responsibility to immediately notify the Contact Person identified in this section, in

writing, regarding any revision to the contact information. The Exchange shall not be responsible for application correspondence not received by the Applicant if the Applicant fails to notify the Exchange, in writing, of any changes pertaining to the designated contact person.

Application Contact:

Pamela Power

Pamela.power@covered.ca.gov

(916) 228-8374

1.7 Application Library

Applicants may access the Application Library at:
https://www.coveredca.com/hbex/solicitations/Dental%20Plan%20New%20Entrant%20Application/

Applicants may access documents and information here that may be useful for developing their responses. As further documentation related to the application becomes available it will be posted here.

1.8 Key Action Dates

Listed below is a series of key actions related to this Application, along with the corresponding dates and times by which each key action must be taken or completed. If the Exchange finds it necessary to change any of these dates, such changes will be accomplished through addenda to this Application.

Action	Date/Time
Release of Final Application	March 10, 2014
Intent to Apply notifications due to Exchange	March 17, 2014
Completed New Entrant Applications Due (include 2015 Proposed Rates and Networks) subject to Section 6440(c)(3)	May 1, 2014
Negotiations between New Entrants and Covered California	Between June and July 2014
Final Dental Plan Recertification/Decertification/New Entrant Certification Decisions	Between August and October 2014
New Entrant Dental Plan Contract Execution	Between September and November 2014

2. Technical Requirements

Applicants are required to provide the information requested below. The responses must be provided through completion of the accompanying attachments.

2.1 Licensed and In Good Standing

In addition to holding all of the proper and required licenses to operate as a dental plan issuer as defined herein, the Applicant must demonstrate that it is in good standing with all appropriate local, state, and federal licensing authorities. Good standing means that the Applicant has had no material fines, penalties levied, citations, or ongoing disputes with applicable licensing authorities in the last two years.

If Applicant checks "No", you are indicating that you are not in good standing and will be disqualified from consideration.

☐ Yes, issuer is in good standing

☐ No (explain)

2.2 The Applicant must acknowledge any ongoing labor disputes, penalties, fines, or corrective action citations for federal or state workplace safety issues.

Does your organization have any ongoing labor disputes, penalties, fines, or corrective action citations for federal or state workplace safety issues?

If Applicant checks "Yes", please note whether these situations will be addressed by the date applications are due.

☐ Yes (provide further information)

☐ No

2.3 The Applicant must acknowledge whether it is seeking a certificate of authority or an amendment to an existing certificate of authority from the relevant regulatory agency in order to meet the requirements of individual and small group products to be offered on the California Health Benefit Exchange.

Has your organization submitted an application for a new license or material modification of a current license to the regulatory authorities or for a certificate of authority or an amendment as part of your organization's response to the Application?

If Applicant checks "Yes", please refer to Attachment A to provide the requested details associated with this application.

☐ Yes

☐ No

Separate from the Applicant's response to this Application, an Applicant is responsible for submitting all required material to the California regulatory agency necessary to obtain approval of products/plans that are to be submitted in response to this application. Applicant must acknowledge that all such product filings have been submitted for regulatory review.

2.4 Have you submitted, for regulatory review, product filings for plan designs you intend to submit as dental plan proposals in response to this application?

☐ Yes

☐ No (explain)

Refer to Attachment A to provide the requested details associated with such product filings

2.5 The California Department of Managed Care (DMHC) and the California Department of Insurance (CDI) have primary responsibility for regulatory review and issuing preliminary recommendations to the Exchange of certain selection criteria listed below in the definition of good standing in addition to applying the minimum licensure requirements. Confirm you will be responsive to questions raised by the Exchange and the regulatory agencies in their review.

☐ Yes, confirmed

☐ No, not confirmed

See Appendix A Definition of Good Standing.

3. Plan or Policy Submission Requirements

Applicant must certify that for each rating region in which it submits a dental plan proposal it is submitting proposals for the required Standard Plan Designs for SADP and for Family Dental Plans. Applicants must adhere to the 2015 Standard Plan Designs which will be adopted in a future administrative rulemaking.

Applicants must submit a proposal for both the SADP and Family Dental Plan products.

3.1 Have you submitted actuarial value level(s) for each product/plan proposed in a rating region?

☐ Yes

☐ No (explain)

Applicants may submit DPPO and/or DHMO product proposals, but must adhere to the 2015 Standard Plan Designs for both the SADP and Family Dental Plan products. If Applicant checks "No", Application will be disqualified from consideration. If "Yes," please refer to Attachment B Plan Type by Rating Region (Individual & SHOP) to indicate the rating regions and number of plans for which you are submitting a dental plan proposal.

3.2 Applicants are required to submit product proposals that cover their entire licensed service area, and must certify that they have done so. Applicants may choose to submit proposals for only their Individual or Small Group licensed area, or may offer coverage in both markets. Applicants licensed in both the Individual and SHOP markets are encouraged to submit proposals for both market segments.

For each rating region for which you have submitted a dental plan proposal, does your proposal cover the entire geographic service area for which your organization is licensed within that rating region and for which your organization has an adequate provider network?

☐ Yes

☐ No

If Applicant checks "No", you will be disqualified from consideration. If "Yes," indicate which zip codes are within the licensed geographic service area by type of platform and proposed Exchange product by completing and uploading through the System for Electronic Rate and Form Filing (SERFF) the Service Area Template located at http://www.serff.com/plan_management_data_templates.htm.

3.3 Quality Improvement Strategy

Consistent with the Exchange's mission to promote better care, better health and lower cost as part of a Quality Improvement Strategy, please provide statements confirming your organization will:

3.3.1 Implement a quality assurance program in accordance with Title 2, CCR, Section 1300.70, for evaluating the appropriateness and quality of the covered services provided to members

☐ Yes, confirmed

☐ No, not confirmed (explain)

3.3.2 Maintain a system of accountability for quality improvement in accordance with all applicable statutes and regulations, monitoring, evaluating and taking effective action to address any needed improvements, as identified by the Exchange, in the quality of care delivered to members.

☐ Yes, confirmed

☐ No, not confirmed (explain)

4. Technical Specifications

These requests are organized into the following categories:

4.1 General

4.1.1 Provide your active dental membership, as of July 1, 2013, in the state of California. (Please define by market segment: Individual, Employer-sponsored vs. Voluntary, and Government, if applicable)

4.1.2 Briefly describe three attributes of your organization that you believe distinguish you from your competitors.

4.1.3 Describe up to three examples of your organization's successful innovations to improve service quality and reduce costs. Discuss scope of the innovation, targeted population, goals, outcomes (quality and cost), and scalability or plans for dissemination.

4.1.4 Do you offer discount programs related to non-covered services? If so, explain.

☐ Yes, explanation provided

☐ No

4.1.5 Please provide a brief description of any outside vendors that will be utilized.

4.1.6 Provide the physical location of all administrative teams (claims processing, member services, etc) that you propose to serve The Exchange.

4.2 Account Management Support

4.2.1 Describe whether the account team members (e.g. implementation manager, claims specialist, member services manager, etc.) will be dedicated to the Exchange. If the account team will have other responsibilities, how many other clients will they be responsible for and what percentage of their time will be committed to the Exchange?

4.2.2 Implementation: Confirm that a dedicated implementation manager will be assigned to lead and coordinate the implementation activities with the Exchange. If you cannot confirm, please explain.

4.2.3 Describe the services and support you will provide during the implementation process and what information/resources will be required of the Exchange. Be specific.

4.2.4 Should your organization be selected, explain how you plan to accommodate the additional membership (discuss anticipated hiring needs, staff reorganization, etc.):

- Member Services
- Claims
- Financial
- Administrative
- Information Technology
- Other (describe)

4.3 Account Administration

4.3.1 Confirm the Exchange will be provided a dedicated claims processing unit. If you cannot confirm, please explain.

4.3.2 Confirm that the Exchange will retain the right to annually audit/assess the plan administrator's compliance with the terms of the contract, including but not limited to a claims audit or audit for cause of irregular activity, either directly or through its authorized agents. Confirm you will provide 2 years' worth of claims experience with no limit on the number of claims that may be reviewed and that any audits will be completed with no additional cost to the Exchange.

4.3.3 Describe your claims administration procedures. Include how Reasonable & Customary expense allowance is determined and what Usual, Customary & Reasonable percentile is utilized to process dental claims.

4.3.4 What guarantees do you provide to ensure members will not be balance billed for in-network services?

4.3.5 How do you identify and address inappropriate patterns of dental treatment? Please provide details.

4.3.6 Describe your fraud & abuse program.

4.3.7 What steps do you take to protect patient privacy? How is Protected Health Information (PHI) handled?

4.4 Member Services

4.4.1 Confirm that the Exchange will be provided a dedicated member services unit. If you cannot confirm, please explain.

4.4.2 Confirm you will produce and distribute ID cards within 48 hours of receipt of clean eligibility data. If you cannot confirm, please explain.

4.4.3 Confirm you will provide a dedicated IVR (interactive voice response) member services number? If you cannot confirm, please explain.

4.4.4 Is there a mechanism for members to quickly reach a live member services representative? Please describe.

4.4.5 How are after-hours/holiday telephone inquiries handled? (Recorded message by Plan (i.e. Hours of operation and directors for emergency), Interactive Voice Response System (IVR), Live Response, Health Plan Internet Website, Other.)

4.4.6 Will you make the customer service line available to participants prior to the effective date?

4.4.7 Indicate which member services options are available via IVR, Phone Representative, and Internet (Select all that apply).

Option	IVR	Phone Rep	Website
Verify eligibility			
Enrollment changes			
Check claims status			
Request ID card			
Request benefit summary			
Review Explanation of Benefits			
Check status of deductibles, maximums, or limits			
Access customer service via email			
Obtain a history of dental claims			
Provider referrals			
Complete satisfaction survey			
Other (specify)			

4.4.8 Indicate the ways in which your member services organization is able to accommodate the special needs of enrollees. (Check all that apply)

- No special accommodations
- Have a TDD (Telecommunications Device for the Deaf) or other voice capability for the hear impaired
- Translation to non-English languages

Language	No Translation Available (check if appropriate)	Translation performed in-house (check if appropriate)	Translation Contracted (specify contracted organization's name)
Spanish			
Vietnamese			
Cantonese			
Mandarin			
Armenian			
Russian			
Tagalog			
Hmong			

Korean			
Farsi			
Arabic			
Cambodian			
Other (please specify)			

4.4.9 Confirm you will modify your Customer Service operations, as necessary, to meet the requirements of the Exchange with regard to the following:

- Operating hours (Exchange requires 8 am to 8 pm Monday - Friday; 8 am – 6 pm Saturday and Sunday during Open Enrollment for the Individual Exchange)
- Staffing requirements
- Training criteria

If you cannot confirm, please explain.

4.5 Care Management

4.5.1 Confirm that the following programs/services will be made available to Exchange enrollees in 2015.

- Risk Assessments
- Disease Management Programs
- Care Reminders

4.5.2 Selected issuers will be required to pro-actively reach out to Exchange enrollees eligible for Essential Health Benefits (EHB) to ensure that all preventive and diagnostic services are provided. Describe in detail your approach to ensuring that all enrollees eligible for EHB will receive these services within the plan year.

4.5.3 Outline your approach to use of a Health Assessment to pro-actively identify Exchange enrollees who are actively in need of covered dental services beyond the preventive and diagnostic dental services covered by the EHB. This will be a contract requirement as well as part of the evaluation of applications.

4.6 Communications & Education

4.6.1 Provide a description of your standard communications materials.

4.6.2 Will you draft and distribute introductory communications pieces prior to open enrollment?

4.6.3 Indicate which member tools and information you offer and how they may be accessed (IVR, Web, Member Services Representatives, etc.).

	Offered?	Access
Plan Design Information		

Personal Claim Information		
Explanation of Benefits		
Estimate Costs for Services		
Actual Cost of Services		
General Healthcare Information		
Health Library		
Provider Search		
Provider quality info		

Plan comparisons		
Frequently Asked Questions		
Other		

4.6.4 Please indicate which plan sponsor tools/information you offer and how they may be accessed (IVR, Web, Member Services Representatives, etc.).

	Offered?	Access
Enrollment Administration		
Eligibility Administration		
Provider Performance		
Plan Policies		
Plan Design		
Utilization Analysis		
Cost & Trend Analysis		
Provider Search		
Provider quality info		

Plan comparisons		
Frequently Asked Questions		
Other		

4.6.5 Confirm you will provide the plan sponsor training regarding use of the online tools. How will you approach this training?

4.6.6 Confirm the online tools provided by your organization for the Exchange program staff and members will be available 99.5 percent of the time, twenty-four (24) hours a day, seven (7) days a week? If you cannot confirm, describe level of guaranteed availability.

4.7 Provider Network

4.7.1 Use Attachment C1 2015 SADP Enrollment Projections and Attachment C2 2015 Family Dental Plan Enrollment Projections to submit enrollment projections by product that Applicant proposes for 2015. Enrollment projections for both Individual and SHOP Exchange products are reported in these attachments, if applicable.

4.7.2 Provider directory data for both Individual and SHOP Exchange products must be included in this submission.

4.7.3 Applicant must certify that for each rating region in which it submits a health plan proposal, the proposed products meet provider network adequacy standards established by the relevant regulatory agency. Provider network adequacy will be evaluated by the governing regulatory agency.

€ Yes, dental plan proposal meets relevant provider network adequacy standards

€ No

4.7.4 Do you own your provider networks or contract with other organizations? If you contract with other organizations, please provide those organizations' names.

4.7.5 Confirm your provider network directory is available online.

4.7.6 Confirm the following indicators are included for each provider within your directory:

- Accepting New Patients?
- Services Provided
- Specialties
- Board Accreditation
- Languages Spoken
- Hours of Operation
- Accept Credit Cards?
- Other - please describe

4.7.7 How often is your online directory updated? How often is your printed directory updated?

4.7.8 Please provide an indication of network access by completing the following tables for each rating region.

Rating Region		
Type of Dentist / Specialist	**Number of Providers**	**Number of Providers with Open Practices**
General / Family Dentist		
Endodontist		
Oral Surgeon		
Orthodontist		
Pediatric Dentist		
Periodontist		
Other (explain)		
Total		

4.7.9 Contracting with Dental Providers Who Serve the Low Income and Uninsured Populations

For SADPs, Applicants should demonstrate the extent to which their proposal includes participation of dental providers with a history of serving low-income and uninsured populations. Preference will be given to those Applicants that include providers with a history of serving the low-income and uninsured population.

Applicants shall use the county low-income population data to submit the following geo-maps of each county within the proposed geographic service area (county maps may be aggregated for the service area).

- FQHC providers plotted on a low-income population map, by county.
- Other providers that serve the low-income population, defined as those providers for whom at least 20% of patients served are low income, by county. Note that a proxy for low-income patients may be Medi-Cal or Healthy Families enrollees or individuals eligible for income-based fee consideration.

County data on distribution of the California Low-Income Population is available within the Application Library on the Exchange website. Low-income is defined as a family at or below 200% of Federal Poverty Level. The data supplied will allow Applicants to plot contracted FQHC locations on county maps which display the low-income population. Issuers will be responsible for mapping other low-income providers.

Confirm provider network maps are included with other supplemental materials listed in Section 8 Documentation.

4.8 Systems and Data Reporting Management

4.8.1 Confirm you will provide reporting as deemed necessary by the Exchange related to utilization, costs, quality, operations and agreed upon performance guarantees.

4.8.2 Confirm your organization will build all required data interface capabilities with the Exchange's eligibility and enrollment systems and will report on transactions as deemed necessary by the Exchange.

4.8.3 Applicant must be prepared and able to engage with the Exchange to develop data interfaces between the Issuer's systems and the Exchange's systems, including CalHEERS, as early as May

2014. Applicant must confirm it will implement systems in order to accept 834, 820 and other standard transaction electronic files for enrollment and premium remittance in an accurate, consistent and timely fashion and utilize information for its intended purpose.

4.8.4 Applicant must be able to accurately, appropriately, and timely populate and submit SERFF templates at the request of Covered California for:

- Rates
- Service Area
- Benefit Plan Design
- Network

4.8.5 Applicant must be able to submit provider data in a format as required by Covered California and at intervals requested by Covered California for the purposes of populating the centralized provider directory.

4.8.6 Applicant must confirm its agreement to submit claims and encounter data in the requested format to a third party vendor selected by Covered California for the purpose of performing clinical analytics.

4.8.7 Applicant must be available for testing data interfaces with the Exchange no later than July 1, 2014.

4.8.8 Please describe any concerns you have around reporting requirements The Exchange may develop.

5. Performance Measures (Quality)

Provide target and actual values for the performance indicators that follow. If you are applying for a region for which you do not have recent experience, provide your experience for California and note the reason that region specific experience is not available. If you do not have recent California experience provide your national experience and note the reason that California experience is not available.

	Performance Measure	Target	Actual (past 12 months)
Customer Service			
1.	Claim Turnaround Time: Percentage of clean claims processed within 30 calendar days of receipt		
2.	Financial Accuracy: Percentage of claim dollars paid accurately		
3.	Procedural Accuracy: Percentage of claims without any financial error		
4.	Percentage of callers who reach a live voice within 30 seconds		
5.	Percentage of callers whose issue is resolved on the initial call		
6.	Average speed to answer		

	Performance Measure	Target	Actual (past 12 months)
7.	Call abandonment rate		
8.	Percentage of Web site availability (defined on outages rectified within 1 hour)		
9.	Annual turn-over rate for member services staff		
Utilization			
1.	Percentage of membership that received any covered dental service		
2.	Percentage of membership that received a preventive/diagnostic dental service		
3.	Percentage of members receiving dental treatment services (excluding preventive and diagnostic services)		
4.	Percentage of members who received a treatment for caries or a caries-preventive procedure		
5.	Percentage of members with one (1) or more fillings in the past year who received a topical fluoride or sealant application		
6.	Percentage of pediatric membership (defined as under age 21) that received a preventive/diagnostic service		
7.	Percentage of members whom reached the plan's maximum annual benefit		
Rating			
1.	Target Loss Ratio to be calculated as: (incurred claims+ change in contract reserve + quality improvement expense) / (earned premiums - income taxes - premium tax)		
	QDP (Pediatric - Essential Health Benefits)		
	Statewide DPPO – Individual		
	Statewide DPPO – SHOP		
	Statewide DHMO – Individual		
	Statewide DHMO – SHOP		

5.1 What other metrics are in place to monitor the performance of member services? Provide examples.

6. Additional Questions and/or Requirements

These requests are organized into the following categories:

6.1 Agent Relations, Fees, and Commissions[7]

6.1.1 Do you currently provide agent-oriented marketing materials for the individual and small business market?

Individual ☐ Yes ☐ No

Small Group ☐ Yes ☐ No

If yes, please include sample materials or your broker kit as an attachment labeled "Broker Kit".

6.1.2 What initiatives is your organization undertaking to partner more effectively with the small business and agent communities?

6.1.3 What criteria do you use to appoint agents to sell Individual and Small Group products? How many active, appointed agents do you have?

6.1.4 Does your dental plan have relationships with general agents? If so, please list the general agents with whom you contract.

6.1.5 Describe your current dental plan agent compensation and override schedule for your individual and small group business. If known, provide this information for 2015 as well.

6.1.6 Describe any bonus program your company currently has in place for additional agent compensation. This may include cash bonuses or in-kind compensation programs.

6.2 Marketing and Outreach Activities

The Exchange is committed to working closely with SADPs and Family Dental Plans to maximize enrollment in the Exchange. The Exchange will support enrollment efforts through outreach and education, including statewide advertising efforts aimed at prospective and existing members of the Covered California Health Benefit Exchange. SADP and Family Dental Plans are required to develop and execute their own marketing plans promoting the enrollment in their respective Exchange plans. Contracted SADP and Family Dental Plans will adhere to the Covered California Brand Style Guidelines for specific requirements regarding an SADP's' or Family Dental Plans' use of the Exchange brand name, logo, and taglines.

In the questions that follow, please provide detailed information pertaining to the Applicant's plans for marketing and advertising for the individual and small group market. Where specific materials are requested, please be sure to label the attachments clearly.

6.2.1 Please describe any new positions proposed for your Exchange-related sales and marketing activities.

6.2.2 Please provide a copy of your most recent summary brochure as an attachment to the response to this Application labeled "Summary Brochure".

6.2.3 Please describe your plan to cooperate with Exchange marketing and outreach efforts, including internal and external training, collateral materials and other efforts.

[7] For SHOP Exchange Applicants only

6.2.4 Applicant must confirm it will comply with contractually-required co-branding of the ID card, premium invoices and termination notices. The Exchange retains the right to communicate with Exchange customers and members.

€ Yes, confirmed

€ No, not confirmed

6.2.5 Applicant must confirm it will adhere to Covered California naming conventions promulgated through a future administrative rulemaking by Covered California for 2015.

€ Yes, confirmed

€ No, not confirmed

7. Cost Proposal

Final negotiated and accepted premium proposals shall be in effect for the second full year of operation of the Exchange, effective January 1, 2015, or for the SHOP plan year. Premium proposals are considered preliminary and may be subject to negotiation as part of dental plan certification and selection.

Complete Attachment D1 SADP Rates Individual & SHOP to provide premium proposals for the SADP products. Complete Attachment D2 Family Dental Plan Rates Individual & SHOP to provide premium proposals for the Family Dental Plan products. Premium proposals for Individual and SHOP products can be submitted through completion of these attachments. For each dental plan product, enter preliminary premium for dental plan products to be offered in the Exchange. Premium may vary only by geography (rating region) by coverage tier, and by actuarial value level.

8. Documentation

Please confirm that you have provided the following documentation for the Exchange's review.

- An organizational chart of your California operations, including individual and small group line(s) of business
- An organizational chart for the team proposed to staff the Exchange account. Show lines of authority up to and including the executive management level. Include all functions such as account management, claims, member services, billing, individual and small group sales and marketing department etc.
- A listing of the individual(s) who will have primary responsibility for staffing the Exchange account. Please indicate where these individuals fit into the organizational chart requested above. Please include the following information and repeat as necessary.
    - Name
    - Title
    - Department
    - Primary responsibilities
    - Phone
    - Fax
    - E-mail
- An implementation project plan and timeline including all necessary steps and events (including testing), required to achieve full implementation by January 1, 2015.
- A sample ID card.
- Samples of the following standard member communications materials:
    - Introductory pre-open enrollment
    - Welcome package

  - Summary plan description (SPD)
  - Preventive reminders
  - Explanation of benefits (EOB)
  - A standard claims form and the associated claim submission instructions
  - A sample customer satisfaction survey
  - The most recent customer service survey results
  - The web address to access your online provider directory
- Provider network maps required in Section 4.7.9

Appendix A: Definition of Good Standing

Definition of Good Standing	Regulatory Agency	Relevant To EHB	Relevant to Supplemental
Verification that issuer holds a state health care service plan license or insurance certificate of authority.			
• Approved for what lines of business (e.g. commercial, small group, individual)	DMHC	X	X
• Approved to operate in what geographic service areas	DMHC	X	X
• Most recent financial exam and medical survey report	DMHC	X	X
• Most recent market conduct exam reviewed	CDI	X	X
Affirmation of no material[1] statutory or regulatory violations, including penalties levied, in the past two years in relation to any of the following, where applicable:			
• Financial solvency and reserves reviewed	DMHC and CDI	X	X
• Administrative and organizational capacity	DMHC	X	X
• Benefit Design			
• State mandates (to cover and to offer)	DMHC and CDI	X	
• Essential health benefits[2] Pediatric Dental only	DMHC and CDI	X	
• Basic health care services	CDI	X	
• Copayments, deductibles, out-of-pocket maximums	DMHC and CDI	X	
• Actuarial value confirmation (using 2015 Actuarial Value Calculator)	DMHC and CDI	X	
• Network adequacy and accessibility standards	DMHC and CDI	X	
• Provider contracts	DMHC and CDI	X	
• Uniform disclosure (summary of benefits and coverage)	DMHC and CDI	X	
• Claims payment policies and practices	DMHC and CDI	X	X
• Provider complaints	DMHC and CDI	X	X
• Utilization review policies and practices	DMHC and CDI	X	X
• Quality assurance/management policies and practices	DMHC	X	
• Enrollee/Member grievances/complaints and appeals policies and practices	DMHC and CDI	X	X
• Independent medical review	DMHC and CDI	X	
• Marketing and advertising	DMHC and CDI	X	
• Guaranteed issue individual and small group	DMHC and CDI	X	X

[1] Covered California, in its sole discretion and in consultation with the appropriate health insurance regulator, determines what constitutes a material violation for this purpose.

California Health Benefit Exchange
Dental Plan New Entrant Application
Attachment A Regulatory Filings

Issuer Name:

Instructions:
Please provide the requested details associated with any Regulatory and/or Product filings necessary to obtain approval of products/plans that are to be submitted in response to this application.

Type of Filing	Regulatory Agency	Regulatory Filing Number (if applicable)	Product Filing Number (if applicable)	Date of Submission	Expected Date for Review / Approval	Amendment Number (If applicable)	Initial Filing Date (If applicable)	Comments

California Health Benefit Exchange
Dental Plan New Entrant Application
Attachment B Plan Type by Rating Region (Individual & SHOP)

Issuer Name:

Instructions:
Please indicate the products proposed with an "X." Note that Issuers are required to submit proposals that include their entire licensed service area for each product type which they are proposing. Applicants are required to propose both SADP and Family Dental Plan products, and may offer only their Individual or Small Group products.

		SADP								Family Dental Plan							
		Individual				SHOP				Individual				SHOP			
		DPPO		DHMO		DPPO		DHMO		DPPO		DHMO		DPPO		DHMO	
Rating Region	County	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region
Region 1	Alpine																
Region 1	Del Norte																
Region 1	Siskiyou																
Region 1	Modoc																
Region 1	Lassen																
Region 1	Shasta																
Region 1	Trinity																
Region 1	Humboldt																
Region 1	Tehama																
Region 1	Plumas																
Region 1	Nevada																
Region 1	Sierra																
Region 1	Mendocino																
Region 1	Lake																
Region 1	Butte																
Region 1	Glenn																
Region 1	Sutter																
Region 1	Yuba																
Region 1	Colusa																
Region 1	Amador																
Region 1	Calaveras																
Region 1	Tuolumne																
Region 2	Napa																
Region 2	Sonoma																
Region 2	Solano																
Region 2	Marin																
Region 3	Sacramento																
Region 3	Placer																
Region 3	El Dorado																
Region 3	Yolo																
Region 4	San Francisco																

		SADP								Family Dental Plan							
		Individual				SHOP				Individual				SHOP			
		DPPO		DHMO		DPPO		DHMO		DPPO		DHMO		DPPO		DHMO	
Rating Region	County	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region
Region 5	Contra Costa																
Region 6	Alameda																
Region 7	Santa Clara																
Region 8	San Mateo																
Region 9	Santa Cruz																
Region 9	Monterey																
Region 9	San Benito																
Region 10	San Joaquin																
Region 10	Stanislaus																
Region 10	Merced																
Region 10	Mariposa																
Region 10	Tulare																
Region 11	Fresno																
Region 11	Kings																
Region 11	Madera																
Region 12	San Luis Obispo																
Region 12	Ventura																
Region 12	Santa Barbara																
Region 13	Mono																
Region 13	Inyo																
Region 13	Imperial																
Region 14	Kern																
Region 15	Los Angeles																
Region 16	Los Angeles																
Region 17	San Bernardino																
Region 17	Riverside																
Region 18	Orange																
Region 19	San Diego																

Attachment B Plan Type by Rating Region (Individual SHOP)

California Health Benefit Exchange
Dental Plan New Entrant Application
Attachment C1 2015 SADP Enrollment Projections

Issuer Name:
Product:
Market:

Please complete Attachment C1 enrollment projection for each product and market type. Enrollment projection should reflect anticipated enrollment January 1, 2015 through December 1, 2015

Rating Region	County	Product (DHMO/DPPO)	2015 SADP Enrollment Projections
Region 1	Alpine		
Region 1	Del Norte		
Region 1	Siskiyou		
Region 1	Modoc		
Region 1	Lassen		
Region 1	Shasta		
Region 1	Trinity		
Region 1	Humboldt		
Region 1	Tehama		
Region 1	Plumas		
Region 1	Nevada		
Region 1	Sierra		
Region 1	Mendocino		
Region 1	Lake		
Region 1	Butte		
Region 1	Glenn		
Region 1	Sutter		
Region 1	Yuba		
Region 1	Colusa		
Region 1	Amador		
Region 1	Calaveras		
Region 1	Tuolumne		
Region 2	Napa		
Region 2	Sonoma		
Region 2	Solano		
Region 2	Marin		
Region 3	Sacramento		
Region 3	Placer		
Region 3	El Dorado		
Region 3	Yolo		
Region 4	San Francisco		
Region 5	Contra Costa		
Region 6	Alameda		
Region 7	Santa Clara		
Region 8	San Mateo		
Region 9	Santa Cruz		
Region 9	Monterey		
Region 9	San Benito		
Region 10	San Joaquin		
Region 10	Stanislaus		
Region 10	Merced		
Region 10	Mariposa		
Region 10	Tulare		
Region 11	Fresno		
Region 11	Kings		
Region 11	Madera		
Region 12	San Luis Obispo		
Region 12	Ventura		
Region 12	Santa Barbara		
Region 13	Mono		
Region 13	Inyo		
Region 13	Imperial		
Region 14	Kern		
Region 15	Los Angeles		
Region 16	Los Angeles		
Region 17	San Bernardino		
Region 17	Riverside		
Region 18	Orange		
Region 19	San Diego		

California Health Benefit Exchange
Dental Plan New Entrant Application
Attachment C2 2015 Family Dental Plan Enrollment Projections

Issuer Name:
Product:
Market:

Please complete Attachment C2 enrollment projection for each product and market type. Enrollment projection should reflect anticipated enrollment January 1, 2015 through December 1, 2015

Rating Region	County	Product (DHMO/DPPO)	2015 Family Dental Plan Enrollment Projections
Region 1	Alpine		
Region 1	Del Norte		
Region 1	Siskiyou		
Region 1	Modoc		
Region 1	Lassen		
Region 1	Shasta		
Region 1	Trinity		
Region 1	Humboldt		
Region 1	Tehama		
Region 1	Plumas		
Region 1	Nevada		
Region 1	Sierra		
Region 1	Mendocino		
Region 1	Lake		
Region 1	Butte		
Region 1	Glenn		
Region 1	Sutter		
Region 1	Yuba		
Region 1	Colusa		
Region 1	Amador		
Region 1	Calaveras		
Region 1	Tuolumne		
Region 2	Napa		
Region 2	Sonoma		
Region 2	Solano		
Region 2	Marin		
Region 3	Sacramento		
Region 3	Placer		
Region 3	El Dorado		
Region 3	Yolo		
Region 4	San Francisco		
Region 5	Contra Costa		
Region 6	Alameda		
Region 7	Santa Clara		
Region 8	San Mateo		
Region 9	Santa Cruz		
Region 9	Monterey		
Region 9	San Benito		
Region 10	San Joaquin		
Region 10	Stanislaus		
Region 10	Merced		
Region 10	Mariposa		
Region 10	Tulare		
Region 11	Fresno		
Region 11	Kings		
Region 11	Madera		
Region 12	San Luis Obispo		
Region 12	Ventura		
Region 12	Santa Barbara		
Region 13	Mono		
Region 13	Inyo		
Region 13	Imperial		
Region 14	Kern		
Region 15	Los Angeles		
Region 16	Los Angeles		
Region 17	San Bernardino		
Region 17	Riverside		
Region 18	Orange		
Region 19	San Diego		

California Health Benefit Exchange
Dental Plan New Entrant Application
Attachment D1 SADP Rates Individual & SHOP

Issuer Name:

Product: DPPO
Network:

	Proposed Calendar Year 2015 Premiums											
	Individual - Low			Individual - High			SHOP - Low			SHOP - High		
	Coverage Tier			Coverage Tier			Coverage Tier			Coverage Tier		
Rating Region	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Child	2 Covered Children	3+ Covered Children
Region 1												
Region 2												
Region 3												
Region 4												
Region 5												
Region 6												
Region 7												
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Region 15												
Region 16												
Region 17												
Region 18												
Region 19												

California Health Benefit Exchange
Dental Plan New Entrant Application
Attachment D1 SADP Rates Individual & SHOP

Issuer Name:

Product: DHMO

Network:

	Proposed Calendar Year 2015 Premiums											
	Individual - Low			Individual - High			SHOP - Low			SHOP - High		
	Coverage Tier			Coverage Tier			Coverage Tier			Coverage Tier		
Rating Region	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Child	2 Covered Children	3+ Covered Children
Region 1												
Region 2												
Region 3												
Region 4												
Region 5												
Region 6												
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Region 15												
Region 16												
Region 17												
Region 18												
Region 19												

California Health Benefit Exchange
Dental Plan New Entrant Application
Attachment D2 Family Dental Plan Rates Individual & SHOP

Issuer Name:

Product: DPPO
Network:

	Proposed Calendar Year 2015 Premiums															
	Individual - Low				Individual - High				SHOP - Low				SHOP - High			
	Coverage Tier				Coverage Tier				Coverage Tier				Coverage Tier			
Rating Region	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Adult	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Adult	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Adult	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Adult
Region 1																
Region 2																
Region 3																
Region 4																
Region 5																
Region 6																
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Region 15																
Region 16																
Region 17																
Region 18																
Region 19																

California Health Benefit Exchange
Dental Plan New Entrant Application
Attachment D2 Family Dental Plan Rates Individual & SHOP

Issuer Name:

Product: DHMO
Network:

	Proposed Calendar Year 2015 Premiums															
	Individual - Low Coverage Tier				Individual - High Coverage Tier				SHOP - Low Coverage Tier				SHOP - High Coverage Tier			
Rating Region	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Adult	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Adult	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Adult	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Adult
Region 1																
Region 2																
Region 3																
Region 4																
Region 5																
Region 6																
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Region 19																