



Qualified Dental Plan~~SADP~~ Issuer Recertification 2015
Renewal Application for Plan Year 2016

Information submitted in response to this application by the applicant will be held in confidence pursuant to Government Code Section 100508 or 6254(k) under the official information privilege, as applicable, unless the information submitted has already been made public. Throughout this application, any reference to the "Exchange" refers to the California Health Benefit Exchange, also known as Covered California.

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



Qualified Dental Plan ~~SADP~~ Issuer Recertification 2015
Renewal Application for Plan Year 2016

Check all applicable categories: SADP Individual¹; SADP SHOP²; Family Dental Plan Individual³; Family Dental Plan SHOP⁴

On behalf of the ~~SADP~~ Qualified Dental Plan 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 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~~ Qualified Dental Plan issuer stated above to the terms of this Recertification renewal Application.

QDP issuer agrees, through submission of this application, to negotiate a contract or contract amendment for 2016 in good faith with Covered California that will establish the terms and conditions of this business relationship.

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

¹ Standalone Dental Plan Individual means a plan providing limited scope dental benefits as defined in 26 U.S.C. 9832(c)(2)(A) including the pediatric dental benefits meeting the requirements of 42 U.S.C. 18022(b)(1)(J) offered by a dental plan issuer and has been certified by the Exchange offered in the individual Exchange.

² Standalone Dental Plan SHOP means a plan providing limited scope dental benefits as defined in 26 U.S.C. 9832(c)(2)(A) including the pediatric dental benefits meeting the requirements of 42 U.S.C. 18022(b)(1)(J) offered by a dental plan issuer and has been certified by the Exchange offered in the SHOP Exchange.

³ Family Dental Plan Individual means a approved specialized health plan providing limited scope dental benefits as defined in 26 U.S.C. 9832(c)(2)(A), including the pediatric dental benefits meeting the requirements of 42 U.S.C. 18022(b)(1)(J), which also includes coverage for certain benefits for adult enrollees, 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.

⁴ Family Dental Plan SHOP means a approved specialized health plan providing limited scope dental benefits as defined in 26 U.S.C. 9832(c)(2)(A), including the pediatric dental benefits meeting the requirements of 42 U.S.C. 18022(b)(1)(J), which also includes coverage for certain benefits for adult enrollees, 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.

~~SADP~~ Qualified Dental Plan Issuer Recertification Application for Plan Year 2016, 2015 Renewal
Application 2-19-14_12-15-14



Qualified Dental Plan ~~SADP~~ Issuer Recertification 2015
Renewal Application for Plan Year 2016

Recertification Requirements

I. Licensed and in Good Standing

1.1 Confirm that ~~SADP~~ Qualified Dental Plan (QDP) 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). Covered California, in its sole discretion and in consultation with the appropriate health insurance regulator, determines what constitutes a material violation for this purpose.

Yes

No

1.2 Are you seeking any material modification of an existing license from the California Department of Managed Health Care or certificate of authority from the California Department of Insurance 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

1.2.1 If yes, complete Attachment A (Regulatory Filings) to explain what modifications you are seeking and when those are anticipated to be approved.

1.2.2 Updates to Attachment A must be made on a continuous basis as Applicant files amended documents with the regulator.

~~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



Qualified Dental Plan SADP Issuer Recertification 2015
Renewal Application for Plan Year 2016

~~2.1 QDP issuer understands and agrees that provider network adequacy will be determined by the applicable state regulatory agency and verified by Covered California. 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-QDP issuer agrees to maintain a legally compliant provider network for each every product it offering (DPPO, DHMO, DEPO) which includes a sufficient number and types of providers to ensure access to that all medically necessary services are accessible in a timely fashion to its Covered California enrollees.~~

Yes

No

~~2.2 SADP-QDP issuer acknowledges that the contractually required quarterly provider data submissions previously supplied to Covered California may be used to conduct network review prior to recertification negotiations. 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-QDP issuer understands that provider network adequacy is directly related to enrollment and that membership growth may require network provider additions. Submit 2016 enrollment projections by product by region on Attachment B1 QDP Enrollment Projections (Individual) and Attachment B2 QDP Enrollment Projections (SHOP). 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~~



Qualified Dental Plan SADP Issuer Recertification 2015
Renewal Application for Plan Year 2016

~~completing and uploading through SERFF⁵ 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.~~

Yes

No

2.4 QDP products proposed for 2016 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 2016 and include any changes from your 2015 service area by completing and uploading the most current Service Area Template located at: <http://www.serff.com/>. This template must be submitted through SERFF, the System for Electronic Rate and Form Filing; developed and owned by the National Association of Insurance Commissioners.

Complete Attachment C Plan Type by Rating Region Individual & SHOP.

2.5 Is QDP issuer making any changes to 2015 service area? If yes, describe briefly.

Yes

No

2.6 Please indicate, by rating region, the total number of participating providers available by product, as of March 31, 2015, that will be available to Covered California enrollees. Provide your responses using Attachment D1 Recertification Provider Counts DPPO and Attachment D2 Recertification Provider Counts DHMO.

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

3.1 Describe how ~~SADP-QDP~~ issuer is continuing to meet or exceed Covered California's network contracting requirements as defined in ~~SADP-QDP~~ Contract Article 3.06 (See Appendix B Contracting with Providers Who Serve the Low-Income and Uninsured Population).

⁵ System for Electronic Rate and Form Filing; developed and owned by the National Association of Insurance Commissioners
~~SADP-Qualified Dental Plan Issuer Recertification Application for Plan Year 2016. 2015 Renewal Application 2-19-14~~ 12-15-14



IV. Quality and Delivery System Reform

4.1 Describe ~~SADP's QDP's~~ process to ensure that ~~SADP-QDP~~ issuer can comply with ~~SADP-QDP~~ Contract Data Submission Requirements (as defined in Appendix C QDP Contract Data Submission Requirements) to Covered California.

4.2 ~~SADP-QDP~~ agrees to submit claims and encounter⁶ 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-QDP~~ will submit, upon request, to the Exchange dental utilization reporting to include the measure numerator, denominator, and rate for the required measures set in the ~~SADP-QDP~~ Contract Attachment 14 Chart Group 3 as defined in Appendix D Covered California QDP Performance Standards: Quality and Delivery System Standards.

Yes

No

V. Operational Readiness and Capacity

5.1 ~~SADP-QDP~~ issuer confirms that it can and will ~~accurately, appropriately and timely~~ populate and submit SERFF templates in an accurate, appropriate, and timely fashion at the request of Covered California for:

- Administrative Information
- Rates
- Service Area
- Network
- Benefit Plan Designs

Yes

⁶ Claims and encounter data reflect a health care visit by an enrollee to a provider of care or service. ~~SADP-Qualified Dental Plan~~ Issuer Recertification Application for Plan Year 2016. 2015-Renewal Application 2-19-14 12-15-14



Qualified Dental Plan SADP Issuer Recertification 2015
Renewal Application for Plan Year 2016

No

5.1.1 QDP issuer confirms that QDP will submit and upload corrections to SERFF within 72 hours of notification by Covered California.

5.1.2 Applicant may not make any changes to its SERFF templates once submitted to Covered California without providing prior written notice to Covered California and until Covered California agrees with the proposed changes.

5.2 Demonstrate through existing SADP-QDP contract compliance or systems testing that SADP-QDP issuer operates systems which can accurately and timely report electronic data in an accurate and timely fashion to Covered California using national standards for electronic transactions.

5.3 Demonstrate, through submission of a March 2014-2015 audit report or systems testing, as applicable, that SADP-QDP issuer can accept and generate 834, 820, 999 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 ED1 834 Enrollment Error Listing & Attachment ED2 834 Effectuation Error Listing).

5.4 QDP issuer must confirm it will implement systems in order to accept and generate TA1 and 999 acknowledgement files and other standard format electronic files in an accurate, consistent and timely fashion, and utilize the information for its intended purpose. QDP issuer must confirm that it has the capability to accept and complete non-electronic enrollment submissions and changes. Provider directory data for both Individual and SHOP Exchange products must be included in this submission.

Yes

No

5.5 Describe how SADP-QDP issuer's computer systems can accurately and timely maintain an electronic interface with CalHEERS and/or Pinnacle HCMS in an accurate and timely fashion. 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. QDP issuer must be prepared and able to conduct testing of data interfaces with the Exchange no later than July 1, 2015 and confirms it will plan and implement testing jointly with Covered California in order to meet system release schedules. QDP SADP issuer must maintain computer systems for testing any future



Qualified Dental Plan ~~SADP~~ Issuer Recertification 2015
Renewal Application for Plan Year 2016

modifications to the interface design and data interchange. Covered California requires ~~SADP~~QDPs to sign an industry-standard agreement which establishes electronic information exchange standards in order to participate in the required systems testing.

5.6 Describe the ~~SADP~~QDP issuer's systems ability to generate invoices for new members, which must be fully operational no later than October 15, ~~2014~~2015.

5.7 Describe ~~SADP~~QDP issuer's systems which must accept premium payments from members no later than October 15, ~~2014~~2015 made using paper checks, cashier's checks, money orders, EFT, web-based payment, 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 the use of potential~~ vendors for any functions related to premium payment, if applicable, and an implementation work plan with timeline.

5.8 Describe how QDP issuer complies with the federal requirement to serve the unbanked, specifying the forms of payment available for this population for binder and ongoing payments for both on-Exchange and off-Exchange lines of business.

5.9 QDP issuer must confirm it can provide detailed documentation, including member level detail, to substantiate each per-member per-month (PMPM) payment in a format that is compatible with Covered California's systems.

5.10 QDP issuer agrees not to impose any fees or charges on any members who request paper invoices for premiums due for any individual products sold by issuer in California.

~~5.115~~8 Describe how ~~SADP~~QDP issuer will maintain sufficient staffing in the customer service center to meet contractual performance goals.

~~5.125~~9 Describe ~~SADP~~QDP 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.~~1310~~ Describe any education efforts ~~SADP~~QDP issuer provides to members to help them identify and report possible fraud scams. Describe ~~SADP's~~QDP's procedures to report fraud scams to law enforcement.

5.~~1411~~ Describe ~~SADP~~QDP issuer's safeguards against Social Security and/ identity fraud.



Qualified Dental Plan SADP Issuer Recertification 2015
Renewal Application for Plan Year 2016

5. 1512 SADP QDP issuer operates in compliance must comply with applicable federal and state privacy laws and regulations, and maintains has appropriate procedures in place to detect and respond to privacy and security incidents.

Yes, confirmed

No, not confirmed

5.16 QDP issuer must confirm it has in place administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Protected Health Information and Personally Identifiable Information that it creates, receives, maintains, or transmits.

Yes, confirmed

No, not confirmed

~~Yes~~

~~No~~

5. 1713 SADP QDP issuer must adhere to Covered California naming conventions promulgated through a future administrative rulemaking by Covered California for 2015. for both Exchange plans and off-Exchange mirror products pursuant to Government Code 100503(f).

VI. Rates for 20152016

6.1 Submit premium rates for every proposed SADP QDP by rating region for 20152016 by completing and uploading the most current SERFF Rates Data Template located at: <http://www.serff.com/>. This template must be submitted through SERFF. 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 2016 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.



Qualified Dental Plan SADP Issuer Recertification 2015
Renewal Application for Plan Year 2016

VII. ~~2015-2016~~ Standard Benefit Plan Design

7.1 ~~SADP-QDP~~ issuer must adhere to ~~2015-2016~~ standard benefit plan designs, ~~which will be adopted through a future administrative rulemaking.~~

Yes

No

7.2 ~~SADP-QDP~~ issuer agrees to submit its proposed ~~2015-2016~~ plans for its licensed geographic service area(s).

Yes

No

7.3 ~~QDP issuer must c~~Comply with California state benefit plan laws in effect for ~~2015~~2016, including those pertaining to plan design requirements.

Yes

No

7.4 QDP issuer must submit copies of draft disclosure documents including Evidence of Coverage and any member disclosure documents that describe 2016 proposed QDP benefits. These draft documents are to be submitted with the response to this application, prior to filing them with the applicable regulator.



Qualified Dental Plan ~~SADP~~ Issuer Recertification 2015
Renewal Application for Plan Year 2016

Appendix A: Definition of Good Standing

Definition of Good Standing	Agency	Relevant To EHB	Relevant to <u>Non-EHB</u> Supplemental
<u>Verification that issuer holds a state health care service plan license or insurance certificate of authority.</u>			
<ul style="list-style-type: none"> • Approved for what lines of business (e.g. commercial, small group, individual) 	DMHC	X	X
<ul style="list-style-type: none"> • Approved to operate in what geographic service areas 	DMHC	X	X
<ul style="list-style-type: none"> • Most recent financial exam and medical survey report 	DMHC	X	X
<ul style="list-style-type: none"> • Most recent market conduct exam reviewed 	CDI	X	X
<u>Affirmation of no material⁷ statutory or regulatory violations, including penalties levied, in the past two years in relation to any of the following, where applicable:</u>			
<ul style="list-style-type: none"> • Financial solvency and reserves reviewed 	DMHC and CDI	X	X
<ul style="list-style-type: none"> • Administrative and organizational capacity 	DMHC	X	X
<ul style="list-style-type: none"> • Benefit Design <ul style="list-style-type: none"> • State mandates (to cover and to offer) 	DMHC and CDI	X	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Essential health benefits⁸ Pediatric Dental only 	DMHC and CDI	X	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Basic health care services 	CDI	X	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Copayments, deductibles, out-of-pocket maximums 	DMHC and CDI	X	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> • Actuarial value confirmation (using 2015 <u>2016</u> Actuarial Value Calculator) 	DMHC and CDI	X	
<ul style="list-style-type: none"> • Network adequacy and accessibility standards <ul style="list-style-type: none"> • Provider contracts 	DMHC and CDI DMHC and CDI	X X	
<ul style="list-style-type: none"> • Uniform disclosure (summary of benefits and coverage) 	DMHC and CDI	X	
<ul style="list-style-type: none"> • Claims payment policies and practices <ul style="list-style-type: none"> • Provider complaints 	DMHC and CDI DMHC and CDI	X X	X X
<ul style="list-style-type: none"> • Utilization review policies and practices 	DMHC and CDI	X	X
<ul style="list-style-type: none"> • Quality assurance/management policies and practices 	DMHC	X	

⁷ Covered California, in its sole discretion and in consultation with the appropriate health insurance regulator, determines what constitutes a material violation for this purpose.



[Qualified Dental Plan](#) ~~SADP~~ Issuer [Recertification 2015](#)
~~Renewal~~ Application [for Plan Year 2016](#)

• 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



Qualified Dental Plan ~~SADP Issuer~~ Recertification 2015
~~Renewal~~ Application for Plan Year 2016

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

QDP 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 QDP to provide reasonable and timely access to Specialized Health Care Services to low-income populations in each geographic region where QDP Issuer's QDPs 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 conditions set forth in the Solicitation and based on consideration of various factors, including, (i) the nature, type and distribution of QDP Issuer's contracting arrangements with FQHCs who provide dental services in each geographic region in which QDP 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 QDP Issuer regarding its ability to serve the low income population.
- (b) "Low-income populations" shall be defined as families living at or below 200% of Federal poverty level.
- (c) QDP 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.



QDP Issuer Recertification Application for Plan Year 2016

Appendix C: QDP Contract Data Submission Requirements

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

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

Group 3: Covered California Performance Measurement Standards and Reporting Requirements Utilization Measures			
Utilization Measures	Performance Measurement Standards Covered California will work with contractors as appropriate to adjust measure sets where a contractor does not have all of the specific Utilization measures.		
<p>Annual Preventive/Diagnostic Visit</p> <p>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 2015 (numerator) with no more than one gap in enrollment of up to 45 days during 2015.</p>	Age Group	Expectation	Performance
	2-3	75%	
	4-6	75%	
	7-10	75%	
	11-14	75%	
	15-18	75%	
	19+	60%	
<p>Annual Dental Visit (ADV)</p> <p>Measure includes all members ages 2 through 18 years as of December 31, 2015 (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 2015.</p>	Age Group	Expectation	Performance
	2-3	75%	
	4-6	75%	
	7-10	75%	
	11-14	75%	
	15-18	75%	
	19+	60%	
<p>Examinations/Oral Health Evaluations (OHE)</p> <p>Measure includes members enrolled for at least 11 of the 12 months of 2015 (denominator) who received comprehensive or periodic oral health evaluation (D1020 or D1050) in 2015 (numerator); members under the age of three not receiving service D1020 or</p>	Age Group	Expectation	Performance
	2-3	75%	
	4-6	75%	
	7-10	75%	

D1050 are also included if they received an oral health evaluation and counseling with the primary care giver (D0145) in 2014.	11-14	75%	
	15-18	75%	
Preventive Dental Services (PDS). Measure includes members enrolled for at least 11 of the 12 months in 2015 (denominator) who received any preventive dental service (D1000-D1999) in 2015 (numerator).	Age Group	Expectation	Performance
	2-3	75%	
	4-6	75%	
	7-10	75%	
	11-14	75%	
	15-18	75%	
	19+	60%	
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 2015 (denominator) and who received a comprehensive or periodic oral health evaluation (D0120, D1050) or a prophylaxis in 2015 (numerator).	<i>Measurement begins 2014, first Reporting Year 2016</i>		
	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 2015 (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		

<p>Use of Dental Treatment Services (UDTS).</p> <p>Measure includes members enrolled for at least 11 of the 12 months of 2015 (denominator) who received any dental treatment other than diagnostic or preventive services (D2000-D9999) in 2014 (numerator).</p>	<p><i>Report only, monitor trends over time</i></p>																							
<p>Overall Utilization of Dental Services (OUDS).</p> <p>Measure includes members enrolled 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).</p>	<table border="1"> <thead> <tr> <th>Age Group</th> <th>Expectation</th> <th>Performance</th> </tr> </thead> <tbody> <tr> <td>2-3</td> <td>75%</td> <td></td> </tr> <tr> <td>4-6</td> <td>75%</td> <td></td> </tr> <tr> <td>7-10</td> <td>75%</td> <td></td> </tr> <tr> <td>11-14</td> <td>75%</td> <td></td> </tr> <tr> <td>15-18</td> <td>75%</td> <td></td> </tr> <tr> <td>19+</td> <td>60%</td> <td></td> </tr> </tbody> </table>	Age Group	Expectation	Performance	2-3	75%		4-6	75%		7-10	75%		11-14	75%		15-18	75%		19+	60%			
Age Group	Expectation	Performance																						
2-3	75%																							
4-6	75%																							
7-10	75%																							
11-14	75%																							
15-18	75%																							
19+	60%																							
<p>Percentage of pediatric members enrolled for at least 11 of the 12 months in 2015 who have reached their Out-of-Pocket Maximum of \$1,000 by the end of the calendar year.</p>	<p>Expectation: report only Quarter 1 2016</p>																							
<p>Percentage of members enrolled for at least 11 of the 12 months in 2015 who satisfied the deductible by the end of the calendar year.</p>	<p>Expectation: report only Quarter 1 2016</p>																							

California Health Benefit Exchange
QDP Issuer Recertification Application for Plan Year 2016
Attachment B1 - QDP 2016 Enrollment Projections (Individual)

Issuer Name:
Product:
Market:

Please provide enrollment projection for each product and market type. Enrollment projection should reflect anticipated enrollment January 1, 2016 through December 31, 2016

Rating Region	County	Product (DHMO/DEPO/DPPO)	2016 SADP Enrollment Projections	2016 Family Dental 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			

Rating Region	County	Product (DHMO/DEPO/DPPO)	2016 SADP Enrollment Projections	2016 Family Dental Enrollment Projections
Region 16	Los Angeles			
Region 17	San Bernardino			
Region 17	Riverside			
Region 18	Orange			
Region 19	San Diego			

California Health Benefit Exchange
QDP Issuer Recertification Application for Plan Year 2016
Attachment B2 - QDP 2016 Enrollment Projections (SHOP)

Issuer Name:
Product:
Market:

Please provide enrollment projection for each product and market type. Enrollment projection should reflect anticipated enrollment January 1, 2016 through December 31, 2016

Rating Region	County	Product (DHMO/DEPO/DPPO)	2016 SADP Enrollment Projections	2016 Family Dental 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			

Rating Region	County	Product (DHMO/DEPO/DPPO)	2016 SADP Enrollment Projections	2016 Family Dental Enrollment Projections
Region 16	Los Angeles			
Region 17	San Bernardino			
Region 17	Riverside			
Region 18	Orange			
Region 19	San Diego			

California Health Benefit Exchange
QDP Issuer Recertification Application for Plan Year 2016
Attachment C - Plan Type by Rating Region (Individual & SHOP)

Issuer Name:

Instructions:

Please indicate the products proposed for 2016 with an "X." Note that Issuers are required to submit proposals that include their entire licensed service area for which they have an adequate network for each product type on which they are bidding.

Rating Region	County	SADP								Family Dental Plan							
		Individual				SHOP				Individual				SHOP			
		DPPO		DHMO		DPPO		DHMO		DPPO		DHMO		DPPO		DHMO	
		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																

Rating Region	County	SADP								Family Dental Plan							
		Individual				SHOP				Individual				SHOP			
		DPPO		DHMO		DPPO		DHMO		DPPO		DHMO		DPPO		DHMO	
		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																

California Health Benefit Exchange
QDP Issuer Recertification Application for Plan Year 2016
Attachment D1 - Recertification Provider Counts (DPPO)

Instructions

Provide an indication of network access for each rating region.

Rating Region	DPPO (Individual)							DPPO (SHOP)						
	General / Family Dentist	Endodontist	Oral Surgeon	Orthodontist	Pediatric Dentist	Periodontist	Other (explain)	General /Family Dentist	Endodontist	Oral Surgeon	Orthodontist	Pediatric Dentist	Periodontist	Other (explain)
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														
Statewide	-	-	-	-	-	-	-	-	-	-	-	-	-	-

California Health Benefit Exchange
QDP Issuer Recertification Application for Plan Year 2016
Attachment D2 - Recertification Provider Counts (DHMO)

Instructions

Provide an indication of network access for each rating region.

Rating Region	DHMO (Individual)							DHMO (SHOP)						
	General / Family Dentist	Endodontist	Oral Surgeon	Orthodontist	Pediatric Dentist	Periodontist	Other (explain)	General /Family Dentist	Endodontist	Oral Surgeon	Orthodontist	Pediatric Dentist	Periodontist	Other (explain)
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														
Statewide	-	-	-	-	-	-	-	-	-	-	-	-	-	-

