# AGENDA

**Dental Technical Work Group**  
**Meeting and Webinar**  
**Monday November 14, 1:00 p.m. - 3:00 p.m.**

<table>
<thead>
<tr>
<th>Agenda Items</th>
<th>Suggested Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Welcome and Introductions</td>
<td>1:00 - 1:10 (10 min)</td>
</tr>
<tr>
<td>II. Program Updates</td>
<td>1:10 – 1:30 (20 min)</td>
</tr>
<tr>
<td>III. Workgroup Priorities Survey Results</td>
<td>1:30 – 1:45 (15 min)</td>
</tr>
<tr>
<td>IV. 2018 Standard Copay Plan Designs (Children’s &amp; Adult Benefits)</td>
<td>1:45 - 2:10 (25 min)</td>
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<tr>
<td>V. 2018 Adult Dental Benefits Discussion</td>
<td>2:10 –2:30 (20 min)</td>
</tr>
<tr>
<td>VI. Covered California for Small Business Dental Benefit Plan Design</td>
<td>2:30 – 2:50 (20 min)</td>
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<tr>
<td>V. Next Steps</td>
<td>2:50 - 3:00 (10 min)</td>
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</tbody>
</table>

Send public comments to [QHP@covered.ca.gov](mailto:QHP@covered.ca.gov)
OPEN ENROLLMENT 4
OUTREACH AND SALES: ENROLLMENT WORKFORCE

14,204 Certified Insurance Agents
2,406 Certified Application Counselors
2,002 Navigator/Certified Enrollment Counselors
1,215 Plan-Based Enrollers

19,827 Total

Storefronts
- 582 Approved Storefronts
Outreach
- 53% enrolled with Certified Partner
OUTREACH AND SALES: OPEN ENROLLMENT 4 STRATEGY PLAN

• Update **Tool Kits** for our Sales Partner
  
  • 2017 Health and Dental Plans Tool Kit
  
  • 2017 Plan Rates and Regional Data Sheets
  
  • **Renewal** (Job Aids and Sample Notices)
  
  • 2017 PCP Matching (Quick Guide)
  
  • 2016 Subsidy-Eligible Maps
  
  • **New Printable Materials for consumers** (Open Enrollment Guide, Paper Calculator, brochures, etc.)
  
• Email **News Briefs and Alerts** highlighting the latest news to our Sales Partners
OUTREACH AND SALES: OPPORTUNITIES TO ENGAGE

- Covered California Website: “Find Local Help to Enroll” (582)
- Covered California Storefront Program
- Covered California Events Web Page (203)
- Covered California Sales Tools
- Covered California Collateral Materials
MARKETING: OE4 RESEARCH OVERVIEW

- 5 segments: Multi Segment, African American, Asian, Hispanic Market, LGBTQ
- 3,427 People surveyed across multiple studies
- 5+ Independent Research partners
- 31 FOCUS GROUPS
- 85 Brains scanned in a neuroscience study
- Secondary Research Studies
- 5 languages: English, Spanish, Vietnamese, Korean, Chinese
- Post - OE3 and Pre - OE4 Research Conducted
- Social Listening Conducted
To help inform OE4 creative and planning, Covered California conducted qualitative and quantitative research with uninsured Californians in the Multi-Segment, African American, Hispanic, Asian and LGBTQ communities.

What we learned across all segments:

- The new brand campaign, “It’s life care.” which emotionally conveys the value of coverage, tested very well.
- Remaining uninsured are harder to convince and they have found ways to cope
- Awareness of Covered California is good, but there’s still confusion about what Covered California is, what we offer. Audiences want specifics.
- Affordability is, by far, offered as the #1 barrier
- Consumers feel overwhelmed. Health insurance is complicated and they face difficulties with the shopping and enrollment process.

Some nuances by segments emerged for Asian and LGBTQ communities. While African American and Latino segments were consistent with Multi-Segment group.
The following are the top performing message topics that we will work into our creative across segments and channels:

• Preventive with specific examples
• Availability of dental coverage
• Health insurance at a lower cost
• Choice of plans including specific names of QHP’s
• Free expert help
MARKETING: Applying the research learnings to OE 4 creative

To address the need for more specific information we are doing the following across segments and media channels:

Feature QHP logos to show that we offer a choice of quality brand name health plans. Note: where media buying and budgets allow, QHP issuers are being promoted in their respective coverage areas.
MARKETING: DENTAL ASSETS

- Digital banner 300x250
- Digital banner 320x50
- Pre-roll video: “Candy”
- Digital banner 728x90 – still TBD
MARKETING: MEDIA PLAN - TARGET AUDIENCE

Retention & Renewal

All current Covered California members

*Member communications & Social Media

Acquisition (Open Enrollment)

- Remaining uninsured Californians
  - Subsidy eligible (500k-615k)**
  - Non-subsidy eligible (460k)**
- Age: Media target A25-54
- Income: $50k-$130k
- Segments:
  - In-Language Asian
  - English Speaking Latinos
  - African Americans
  - English Speaking Asians
  - General Market
  - Millennials
  - LGBT

**Price Waterhouse Coopers Covered California 2016-2022 Market Analysis and Planning report

*Asian In-language: Primary – Chinese, Vietnamese, Korean; Secondary – Filipino (Tagalog), Hmong, Laotian, Cambodian
MARKETING: RETENTION AND RENEWAL

• Segment member base into message specific groups to address 2017 plan year changes i.e. rate increases, carrier exits, carrier expansion

• Primary message will be “Shop and Compare plan options to be sure you have the plan that provides you the best value in 2017”

• Messages will be focused around key dates and specific calls to action
MARKETING: WEBSITE ENHANCEMENTS

- Email subscription form
  - Mobile and Desktop version
  - Option to subscribe to CoveredCA email updates
COMMUNICATIONS: WEBSITE REFRESH
COMMUNICATIONS: WEBSITE REFRESH

- There is no maximum out-of-pocket limit for enrolled adults, because adult dental benefits are not essential health benefits.

- There are two types of family dental plans: dental health maintenance organization (DHMO) plans and dental preferred provider organization (DPPO) plans. See below for specific information for each.

Family Dental HMO Specifics

- There is no deductible.

- There is no annual limit on what the plan will pay for a member's care.

- The costs for fillings, root canals, crowns and other major treatments and services are shared by the consumer and the plan, according to a defined set of copayments for services. (Check the details of each family dental plan's schedule of benefits for more information.)

- Costs for dental work performed by dental providers outside the plan's network are not covered.

- Premiums are typically lower for DHMO plans than for DPPO plans.

- Many services are plan-specific and must be researched individually. When shopping for a dental plan, check the plan's "evidence of coverage" or "certificate of insurance" documents for detailed information on benefits. Some member costs for common treatments and services are below:

<table>
<thead>
<tr>
<th>Coverage category</th>
<th>Adult</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>DHMO — Enrollee Pays — Coverage Category</td>
<td></td>
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</tbody>
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COMMUNICATIONS: WEBSITE REFRESH
COMMUNICATIONS: WEBSITE REFRESH
INTRODUCTION TO 2018 CERTIFICATION
# Proposed 2018 QHP CERTIFICATION Milestones

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Release draft 2018 QHP &amp; QDP Certification Applications</td>
<td>December 2017</td>
</tr>
<tr>
<td>Plan Management Advisory: Benefit Design &amp; Certification Policy ...</td>
<td>January 2017</td>
</tr>
<tr>
<td>Draft application comment periods end</td>
<td>January 2017</td>
</tr>
<tr>
<td>January Board Meeting: discussion of benefit design &amp; certification ...</td>
<td>January 2017</td>
</tr>
<tr>
<td>Letters of Intent Accepted</td>
<td>February 2017</td>
</tr>
<tr>
<td>Final AV Calculator Released*</td>
<td>February 2017</td>
</tr>
<tr>
<td>Applicant Trainings (electronic submission software, SERFF submission</td>
<td>February 2017</td>
</tr>
<tr>
<td><em>March</em> Board Meeting: anticipated approval of 2018 Standard Benefit ...</td>
<td><em>March 2, 2017</em></td>
</tr>
<tr>
<td>QHP &amp; QDP Applications Open</td>
<td>March 3, 2017</td>
</tr>
<tr>
<td>QHP Application Responses (Individual and CCSB) Due</td>
<td>May 1, 2017</td>
</tr>
<tr>
<td>Evaluation of QHP Responses &amp; Negotiation Prep</td>
<td>May - June 2017</td>
</tr>
<tr>
<td>QHP Negotiations</td>
<td>June 2017</td>
</tr>
<tr>
<td>QHP Preliminary Rates Announcement</td>
<td>July 2017</td>
</tr>
<tr>
<td>Regulatory Rate Review Begins (QHP Individual Marketplace)</td>
<td>July 2017</td>
</tr>
<tr>
<td>QDP Application Responses (Individual and CCSB) Due</td>
<td>April 3 or June 1, 2017</td>
</tr>
<tr>
<td>Evaluation of QDP Responses &amp; Negotiation Prep</td>
<td>April of June – July 2017</td>
</tr>
<tr>
<td>QDP Negotiations</td>
<td>April or July 2017</td>
</tr>
<tr>
<td>CCSB QHP Rates Due</td>
<td>TBD</td>
</tr>
<tr>
<td>QDP Rates Announcement (no regulatory rate review)</td>
<td>August 2017</td>
</tr>
<tr>
<td>Public posting of proposed rates</td>
<td>TBD</td>
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<tr>
<td>Public posting of final rates</td>
<td>TBD</td>
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*Final AV Calculator and final SERFF Templates availability dependent on CMS release
TBD = dependent on CCIIO rate filing timeline requirements
QDP Individual & CCSB Marketplaces Principles

PY 2018 Certification Application open to:
• Issuers offering QDPs certified for 2017
• Issuers newly licensed since May 2, 2016

Certification application will be shortened for issuers contracted 2017-2019 and will focus on review and approval of:
  • Contract compliance and performance review
  • Rates
  • Benefits
  • Networks
  • New products
  • Updates to performance targets and requirements if needed

There will not be a separate “recertification” application for these returning applicants.
WORKGROUP PRIORITIES SURVEY
# 2017 WORKGROUP PRIORITIES SURVEY RESULTS

<table>
<thead>
<tr>
<th>Priority</th>
<th>Topic</th>
<th>2017 QDP Issuer Model Contract Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Determining Health Status, Health and Wellness Use of Health Risk Assessment Defining At-Risk Enrollees</td>
<td>Attachment 7, Article 3, Sections 3.01 Attachment 14, Group 5, 5.2, 5.3, 5.4 Attachment 7, Section 4.03</td>
</tr>
<tr>
<td>2</td>
<td>Network Adequacy and Access</td>
<td>Contract Section 3.3.2</td>
</tr>
<tr>
<td>3</td>
<td>Data Submission Requirements</td>
<td>Attachment 7, Section 2, Sections 2.01, 2.02 Attachment 14</td>
</tr>
<tr>
<td>4</td>
<td>Patient and Consumer Information and Communication</td>
<td>Contract Section 3.12 Attachment 7, Article 5, Sections 5.01, 5.02, 5.03 Attachment 14, Group 5, 5.8 and 5.9</td>
</tr>
<tr>
<td>5</td>
<td>Benefit Design</td>
<td>Contract Section 3.2</td>
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2018 DENTAL BENEFIT DESIGN
## 2018 DENTAL BENEFIT PLAN DESIGN TIMELINE

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 11</td>
<td>Plan Advisory Meeting</td>
<td>Discuss potential issues to address for designing 2018 benefits</td>
</tr>
<tr>
<td>September 8</td>
<td>Plan Advisory Meeting</td>
<td>Planning and stakeholder input on process for designing 2018 benefits</td>
</tr>
<tr>
<td>October – December</td>
<td><strong>Dental Technical Workgroup 2018 Dental Benefit Design</strong></td>
<td>Align pediatric copay schedule with benchmark plan, explore potential revisions to adult exclusions and limitations, edit endnotes as necessary</td>
</tr>
<tr>
<td>February 2017</td>
<td>Board Meeting</td>
<td>Present proposed 2018 plan designs for Board approval, pending final AVC and payment parameters</td>
</tr>
<tr>
<td>March-April 2017</td>
<td>Final changes</td>
<td>Make final changes as necessary per final AVC and payment parameters</td>
</tr>
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</table>
STRATEGY FOR PATIENT-CENTERED BENEFIT PLAN DESIGNS

Organizational Goal
Covered California should have benefit designs that are standardized, promote access to care, and are easy for consumers to understand = PATIENT-CENTERED.

Principles
• Multi-year progressive strategy with consideration for market dynamics: changes in benefits should be considered annually based on consumer experience related to access and cost
• Adhere to principles of value-based insurance design by setting cost shares that consider cost and value while prioritizing primary care and frequently needed care.
Federal Pediatric Essential Health Benefit Design Requirements

- Must meet actuarial value (AV) of 70% or 85%
- Must adhere to benchmark plan
  - Effective 1/1/2017, benchmark plan is the 2014 Medi-Cal pediatric dental benefits

Covered California Guiding Principles & Policy Decisions

- Pediatric dental EHB will meet 85% actuarial value requirement
- No member cost share for adult or children’s preventive and diagnostic services
- Keep pediatric dental benefits the same whether embedded in health plan or delivered through standalone dental plans
  - Exceptions for actuarial value reasons: out-of-pocket maximum, medically necessary orthodontia cost share
- Annual benefit limit and waiting period for major services allowed for adult coinsurance benefits in order to keep premiums affordable
- Qualified Dental Plan enrollment available only during Open Enrollment and Special Enrollment for qualified individuals
2018 Dental Benefit Plan Design Discussion Topics:

• Copay Schedule
  o Alignment with benchmark plan
  o CDT Update

• Adult Dental Benefits
  o Waiting Period Waiver
  o Exempt Preventive and Diagnostic services from Annual Benefit Limit
  o Standardization of Exclusions and Limitations

• Employer-Sponsored Plan
STANDARD COPAY SCHEDULE

In the process of fully standardizing the copay schedule for 2017 and transitioning to the new benchmark plan, unintended discrepancies were created between the copay schedule and benchmark plan.

Since issuers need to comply with both EHB and standard benefit plan design requirements, the copay schedule must match the benchmark plan.

For 2018:
• Discrepancies will be eliminated by adding omitted procedure codes and removing those not in the benchmark plan
• Discussion: update Current Dental Terminology (CDT) version?
Current Adult Coinsurance Plan Design includes six month waiting period for major services, waived with proof of prior coverage.

Issuers currently define conditions for waiving the waiting period and there is significant variation between issuers.

The Exchange receives questions related to the waiting period and the waiver from both consumers and agents.

The application does not currently ask consumers if they have prior dental coverage at the time of enrollment.
ADULT COINSURANCE DESIGN: WAITING PERIOD WAIVER

Discussion:
Standardize some or all waiver conditions:

- Type of prior coverage:
  - Group/Individual
  - On/Off-Exchange
  - Same issuer
- Minimum duration of prior coverage
- Maximum allowed lapse in coverage
ADULT COINSURANCE: EXEMPT DIAGNOSTIC & PREVENTIVE SERVICES FROM BENEFIT LIMIT

In 2017, the Workgroup considered exemption of diagnostic and preventive services from annual benefit limit. Ultimately no changes were made to the application of the annual benefit limit in 2017 due to limited availability of enrollment and utilization data.

Discussion: should adult diagnostic and preventive services be exempt from the annual limit in the coinsurance plan design?
ADULT DENTAL BENEFITS: STANDARDIZATION OF EXCLUSIONS & LIMITATIONS

In 2017, some exclusions were standardized in an effort to keep premiums affordable for consumers.  
*Discussion*: continue 2017 standard exclusions? Standardize additional services?

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Excluded in 2017</th>
<th>Continue Exclusion in 2018?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tooth Whitening</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Adult Orthodontia</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Implants</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Additional exclusions?</td>
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</tr>
</tbody>
</table>
For 2018, Exchange will pursue standardization of frequency limitations for commonly used services to ensure consumers are selecting plans based on network, quality and value.
For 2017, a new plan design was created to provide employers in Covered California for Small Business an option for enriched dental benefits.

Enrollment will be subject to additional participation and contribution requirements.

2017 Benefit Plan Details:
• No Waiting Period for Major Services
• Adult Periodontics (other than maintenance) included in Basic Services
• Adult Endodontics included in Basic Services
WRAP UP AND NEXT STEPS