



Date: April 7, 2021

Issuers of Stand-Alone Dental Plans (SADP):

Summary Results of Voluntary SADP Reporting of Intent to Offer in FFE States

The Centers for Medicare & Medicaid Services is releasing this summary of the results of the voluntary reporting information reported by issuers that intend to offer Exchange-certified stand-alone dental plans (SADPs) for plan year 2022 through the Exchange in states with Federally-facilitated Exchanges (FFE), including states performing plan management functions. This information is current as of April 7, 2021.

The Patient Protection and Affordable Care Act (PPACA) permits an SADP to be offered through an Exchange if the plan provides the pediatric dental benefits that the Secretary has defined as part of the essential health benefits (EHB).¹ The PPACA also permits a health plan that does not provide the pediatric dental EHB to be certified as a qualified health plan (QHP) eligible to be offered through an Exchange so long as an SADP is also offered through that Exchange.² CMS has interpreted this to mean that QHP issuers are permitted to offer QHPs that omit coverage of the pediatric dental EHB through an Exchange if an SADP is offered through an Exchange in the same service area in which the QHP is offered.³

In order to help QHP issuers exercise the statutory option to omit the pediatric dental EHB, CMS established a voluntary reporting process for dental issuers to communicate their intent to offer pediatric dental EHB through SADPs in Exchanges by state, market (individual or group), and service area by county (and zip code if for partial counties). The voluntary reporting program was established in the *EHB Data Collection Final Rule*, published on July 20, 2012,⁴ and the reporting data elements were included in an associated Information Collection Request.⁵ The Information Collection Request was updated in the 2019 Notice of Benefit and Payment

¹ Section 1311(d)(2)(B)(ii) of the PPACA.

² Section 1302(b)(4)(F) of the PPACA.

³ Center for Consumer Information and Insurance Oversight, CMS, 2018 Letter to Issuers in the Federally-facilitated Marketplaces (December 16, 2016), *available at* <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2018-Letter-to-Issuers-in-the-Federally-facilitated-Marketplaces-and-February-17-Addendum.pdf>.

⁴ Patient Protection and Affordable Care Act; Data Collection to Support Standards Related to Essential Health Benefits: Recognition of Entities for the Accreditation of Qualified Health Plans (77 Fed. Reg. 42,658 (Jul. 20, 2012)), *available at*: <http://www.gpo.gov/fdsys/pkg/FR-2012-07-20/pdf/2012-17831.pdf>.

⁵ CMS-10448: Notice of Intent to Provide Dental Coverage in the Exchange; OMB Control Number: 0938-1174 (August 28, 2015), *available at*: https://www.reginfo.gov/public/do/PRAViewDocument?ref_nbr=201508-0938-010.

Parameters Rule, published on April 17, 2018, and approved without change by the Office of Management and Budget (OMB) on September 30, 2018.⁶

Although the voluntary reporting program does not legally bind issuers to offer SADPs, we encouraged SAMP issuers only to indicate a serious intent to offer an SAMP through an Exchange, because other QHP issuers will design plans based on this report. In order to offer SAMP coverage through the Exchange, SAMP issuers will need to submit applications and receive certification for their SADPs.

In reviewing the voluntary reporting information submitted by SAMP issuers for the 2022 plan year and communicating with state insurance regulators, CMS has determined that issuers have indicated an intent to offer SADPs within the individual market such that at least one SAMP is expected to be offered throughout the state in each FFE in plan year 2022. We reasonably expect there to be sufficient SAMP coverage to permit QHPs in the individual FFEs to omit the pediatric dental EHB if they choose to do so. States in which issuers have indicated an intent to offer SADPs statewide through the Federally-facilitated Small Business Health Options Program (SHOP) Exchanges for the 2022 plan year include Hawaii and Wisconsin. CMS plans to work with FFE issuers who submit QHP applications for SHOP Exchanges outside of these states to ensure they understand the requirements for certification.

⁶ Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2019 (83 Fed. Reg. 16,930 (Apr. 17, 2018)), available at: <https://www.gpo.gov/fdsys/pkg/FR-2018-04-17/pdf/2018-07355.pdf>. The OMB Notice of Action is available at: <https://www.reginfo.gov/public/do/DownloadNOA?requestID=289665>.