



COVERED CALIFORNIA POLICY AND ACTION ITEMS
October 5, 2017 Board Meeting

2018 DENTAL COPAYMENT STANDARD BENEFIT DESIGN REVISION

James DeBenedetti, Director of Plan Management Division

Action

2018 DENTAL COPAYMENT SCHEDULE UPDATE

Added New 2018 Procedure Code

- Code D7979 - Non- surgical Sialolithotomy
 - Procedure by which a stone within a salivary gland or its duct is removed, either intraorally or extraorally
 - \$155 for pediatric and adult in-network member cost share

INDIVIDUAL ELIGIBILITY AND ENROLLMENT REGULATIONS EMERGENCY READOPTION

James DeBenedetti, Director, Plan Management Division
Bahara Hosseini, Legal

Action

PASSIVE HEALTH PLAN REPLACEMENT POLICY

- Due to the number of enrollees affected by Anthem's service area reduction for 2018, a passive renewal policy is needed for enrollees who lose access to their health plan. This will ensure coverage is maintained for enrollees who do not actively select a replacement.
- Covered California will implement an active outreach program to promote shopping by individuals who no longer have the option of remaining with their current health plan.
- To maximize both affordability and continuity, enrollees who do not actively select a replacement will be enrolled in one according to the following criteria / hierarchy. They will retain the ability to change this selection at any time during their renewal and open enrollment periods.
- The enrollee will be placed in the lowest premium health plan that is:
 1. The same metal tier (if available)
 2. From the same issuer (if available)
 3. **Same HSA-compliant status (if available)**
- Due to the wide variability in provider network sizes (e.g., some HMO networks are larger than some EPOs and PPOs in the same region), product types (HMO, EPO, PPO) will not be used as a criteria for passive enrollment into a replacement plan.

INDIVIDUAL ELIGIBILITY AND ENROLLMENT PROPOSED REGULATORY CHANGES

- Clarifying Income Inconsistency Process
 - Covered California is adding language to regulations that clarifies the manual income verification process. If a consumer does not pass automated verification through the Federal HUB with the 25% threshold, Covered California will ask them to provide documentation. This documentation must show an income within 10% of their attested income in order to be manually passed as verified.
- Proration of Premiums
 - Covered California is adding proration language to the regulations that will require carriers to prorate premiums for all transactions that result in a mid-month enrollment or termination. Some examples of mid-month transactions are appeals, birth, death, etc.
- Revising the Passive Renewal Regulations
 - Covered California is revising the passive renewal process. Consumers who do not actively renew their coverage for 2018 will be auto-renewed (cross-walked) into available plans and/or carriers, based on the approved hierarchy.

INDIVIDUAL ELIGIBILITY AND ENROLLMENT

PROPOSED REGULATORY CHANGES CONTINUED...

- Over-Age Dependent Age-Out Renewal Process
 - Covered California is aligning its over-age dependent age-out process with the Federal Marketplace allowing 26-year-old enrollees to remain on their parents' plan through the end of the benefit/calendar year in which they turn 26. During the renewal process, Covered California will passively renew the over-age dependent in to their own plan on the same application/account based on the approved passive renewal hierarchy.
- Employer Appeal Decision Implementation (notice to the employee) Process
 - Covered California is clarifying the process for implementation of the federal large employer appeals decisions. Covered California will be notifying the APTC enrollees whose employers appealed to the HHS and won. State Based Marketplaces were given the option to either act upon the appeal decision and redetermine these enrollees ineligible for APTC or notify them that they must report a change and receive an eligibility redetermination. Covered California has taken the latter option.