

Speed to Market Tools for Stand Alone Pediatric Dental Plan Rate Filings

Purpose: Speed to Market (STM) Tools provide guidance for preparing a filing. Although using the information in this document does not guarantee that your filing will be approved, it will expedite the review of your filing.

Who should use this document?

Applicable Licenses: HCSCs, HMOs and Disability Issuers.

Applicable TOIs: H10G.001 or H10I.001.

Other Information:

Speed to Market Information

I General Information

- I.A. Per WAC 284-43-0200, all 2024 filings for individual health plans, small group health plans, and stand-alone dental plans that provide pediatric dental benefits as one of the essential health benefits must be filed by May 18, 2023. Issuers will be permitted to amend filings only at the direction of the commissioner. Filings not timely submitted will be rejected without review.
- I.B. The Washington Health Benefit Exchange (WAHBE) has provided the following guidance for individual and small group filings intended for certification as qualified health plans (QHPs) or qualified dental plans (QDPs) for plan year 2024:
 - (1) Individual market:
 - (a) The WAHBE Board will certify both QHPs and QDPs for plan year 2024. Major medical plans intended for QHP must not include the pediatric dental essential health benefit.

- (b) The pediatric dental essential health benefit must be offered in a stand-alone dental plan for QDP certification. A stand-alone QDP that offers the pediatric dental essential health benefit may be offered as a pediatric-only plan or as a family plan that includes adult dental benefits. The WAHBE Board may certify stand-alone family and pediatric-only QDPs to be offered in the outside market in 2024. The WAHBE Board may certify pediatric-only and family QDPs to be offered inside the Exchange in 2024.
 - (2) Small group QDPs: The WAHBE Board may certify stand-alone QDPs for plan year 2024 to be offered in the off-Exchange small group market. These plans must include the pediatric dental essential health benefit and must meet all certification criteria applicable to plans offered outside the Exchange.
- I.C. For stand-alone dental plan rate filings, issuers are required to submit **only one** public rate filing and one not-for-public rate filing (if applicable) per **(individual or small group)** market.

II Stand Alone Pediatric Dental Plans

- II.A. Scope of Section by TOI in SERFF: H10G.001 or H10I.001
- II.B. **STM – SERFF filing information for all stand-alone dental plans that provide pediatric dental benefits as one of the essential health benefits (EHBs):**
- (1) In the public rate filing,
 - (a) Under the Rate/Rule Schedule tab in SERFF:
 - 1. Include a complete rate schedule as a separate PDF document.
 - 1.1 The rate schedule should include all of the following information for each plan:
 - Issuer Name
 - "Individual" or "Small Group"
 - HIOS Plan ID
 - Plan Name
 - "Stand-alone pediatric dental plan" only or "Stand-alone family dental plan."
 - Whether you are marketing the plan inside the Exchange only, outside the Exchange only, or both inside and outside the Exchange.
 - The plan's service area
 - The plan's rates
 - (b) Under the Supporting Documentation tab in SERFF:
 - 1. Complete and attach a *Checklist-Rates-2024 EHB Dental Rate Filing* document (provided on the [OIC website](#)).

2. Attach an actuarial certification as required by 45 CFR §156.150.
3. Attach a description of benefit components used for pricing.
4. Complete and attach a filing summary as described in WAC 284-43-6660.
 - 4.1 Use the Format - Rates - WAC 284-43-6660 Summary Duplicate document (provided on the [OIC website](#)).

Contact Us

For filing related questions, contact the Rates, Forms, and Provider Networks (RFPN) Help Desk:
(360) 725-7111

rfhelpdesk@oic.wa.gov

For feedback or suggestions, email us:

RFHealthplan@oic.wa.gov