**ANALYST CHECKLIST**

**SMALL GROUP EMBEDDED PEDIATRIC EHBs**

**For ALL LICENSURES; HCSC, HMO, and Disability Company**

**This checklist is required to accompany the 2019 Small Group Health Plans Analyst Checklist where a health plan provides the Pediatric EHBs as an embedded set of benefits.**

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| Issuer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SERFF Tracker ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Network Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sub-networks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Provider Network Type (Single or Tiered\*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Network Line of Business (dental, medical, medical and vision, vision):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*TIERED as described in [WAC 284-170-330](http://apps.leg.wa.gov/wac/default.aspx?cite=284-170-330)

* **Note:** For plan years beginning on or after 1/1/2017, the base benchmark plan for Pediatric Oral Care Essential Health Benefits is the Regence BlueShield *Regence Direct Gold* small group plan, policy form number WW0114CCONMSD, and certificate form number WW0114BPPO1SD, offered during the first quarter of 2014 (SERFF filing number RGWA-128968362). Where reference is made to that plan (“Benchmark Plan”), additional detail is provided in the plan regarding a particular benefit that is provided in the Essential Health Benefits regulation, WAC 284-43-5702.

**GENERAL REVIEW REQUIREMENTS**

Authority to Review Contract:
For HCSCs - RCW 48.44.040, RCW 48.44.309, WAC 284-43-5702

For HMOs – RCW 48.46.060, RCW 48.46.010, WAC 284-43-5702

For Disability Issuers - RCW 48.18.100, RCW 48.43.715, WAC 284-43-5622, WAC 284-43-5642, WAC 284-43-5702

| **Topic** | **Sub topic** | **Reference** | **Specific Issue** | **Form # and page or section** | **Additional Information** |
| --- | --- | --- | --- | --- | --- |
| **Requirement for Pediatric Oral Services EHB** | Required Coverage | 42 USC 18022(a)(1) and (b)(1)(J);WAC 284-43-5400; WAC 284-43-5602;WAC 284-43-5702 | In order to meet the requirements for the “Pediatric Oral Services” Essential Health Benefit, the plan must provide coverage for the oral services listed in WAC 284-43-5702(4), in a manner substantially similar to the base benchmark plan, delivered to those under age nineteen. The plan must provide this coverage for enrollees until at least the end of the month in which the enrollee turns age nineteen. |  |  |
| Lifetime and Annual Dollar limits | 42 USC §300gg-11(a); 42 USC §300gg-21(c | Stand Alone Dental Plans, that include family coverage (coverage for those over age 18) as excepted benefits plans, may have lifetime and annual limits, for those over age 18. |  |  |
|  |  |  |  |  |  |
| **Crown and fixed bridge****Crown and fixed bridge (Cont’d)** | Required Coverage | WAC 284-43-5702(4)(g). See, also, WAC 284-43-5702(6). | Plan must cover crown and fixed bridge services in a manner substantially equal to the base benchmark plan including, at a minimum: |  |  |
| Required Coverage (Cont’d) | WAC 284-43-5702(5)(r) | * + - * Stainless steel crowns for primary anterior teeth once every three years, if age thirteen and older.
 |  |  |
| Benchmark plan | * Stainless steel crowns for primary posterior teeth once in a three-year period; and
 |  |  |
| WAC 284-43-5702(5)(s) | * + - * Stainless steel crowns for permanent posterior teeth (excluding teeth one, 16, 17 and 32) once every three years.
 |  |  |
| Benchmark plan | * Bridges (fixed partial dentures);
	+ Benefits need not be provided for replacement made fewer than seven years after placement.
 |  |  |
| Benchmark plan | * + - * Crowns and crown build-ups, limited to the following:
 |  |  |
| Benchmark plan | * + - * An indirect crown in a five-year period, per tooth, for permanent anterior teeth for enrollees 12 years of age and older;
 |  |  |
| Benchmark plan | * + - * Cast post and core or prefabricated post and core, on permanent teeth when performed in conjunction with a crown;
 |  |  |
| Benchmark plan | * + - * Core build-ups, including pins, only on permanent teeth when performed in conjunction with a crown;
 |  |  |
| Benchmark plan | * + - * Recementations of permanent indirect crowns for Members 12 years of age and older;
 |  |  |
| Benchmark plan | * + - * Dental implant crown and abutment related procedures, one per Member per tooth in a seven-year period.
 |  |  |
| Benchmark plan | * Adjustment and repair of dentures and bridges;
	+ Benefits need not be provided for adjustments or repairs done within one year of insertion.
 |  |  |
| Benchmark plan | * Repair of crowns. May be limited to one per tooth per enrollee lifetime.
 |  |  |
|  | Benchmark plan | * Repair of implant-supported prosthesis or abutment. May be limited to one per tooth per enrollee lifetime.
 |  |  |
|  |  |  |  |  |  |
| **Diagnostic Services****Diagnostic Services (Cont’d)** | Required Diagnostic Services Without Cost SharingRequired Diagnostic Services Without Cost Sharing (Cont’d) | WAC 284-43-5702(4)(a). See, also, WAC 284-43-5702(6). | Must cover diagnostic services in a manner substantially equal to the base-benchmark plan. This must include, at least, the following services, which must be covered without cost sharing (as they are covered as preventive services under the base benchmark plan): |  |  |
| WAC 284-43-5702(5)(a) | * + - * Diagnostic exams once every six months, beginning before one year of age;
 |  |  |
| WAC 284-43-5702(5)(a) | * + - * Limited oral evaluations when necessary to evaluate for a specific dental problem or oral health complaint, dental emergency or referral for other treatment;
 |  |  |
| WAC 284-43-5702(5)(b) | * + - * Limited visual oral assessments or screenings, limited to two per member per calendar year, not performed in conjunction with other clinical oral evaluation services;
 |  |  |
| Benchmark Plan | * + - * Problem focused oral examinations;
 |  |  |
| WAC 284-43-5702(5)(c) | * + - * Two sets of bitewing X rays per member per year for a total of four bitewing X rays per member per year;
 |  |  |
| (5)(d) | * + - * Cephalometric films once in a two-year period;
 |  |  |
| WAC 284-43-5702(5)(e) | * + - * Panoramic X rays (complete intraoral mouth X rays) once every three years;
 |  |  |
| Benchmark Plan | * + - * Complete intraoral mouth X rays once every three years;
 |  |  |
| WAC 284-43-5702(5)(f) | * + - * Occlusal intraoral X rays, limited to once in a two-year period;
 |  |  |
| WAC 284-43-5702(5)(g) | * + - * Periapical X rays not included in a complete series for diagnosis in conjunction with definitive treatment;
 |  |  |
| Benchmark Plan | * + - * Diagnostic casts when dentally appropriate; and
 |  |  |
| Benchmark Plan | * + - * Photographic images (oral and facial) when dentally appropriate.
 |  |  |
|  |  |  |  |  |  |
| **Endodontic Treatment****Endodontic Treatment****(Cont’d)** | RequiredEndodontic ServicesRequiredEndodontic Services(Cont’d) | WAC 284-43-5702(4)(e). See, also, WAC 284-43-5702(6). | Plan must cover endodontic treatment (**not** including indirect pulp capping) in a manner substantially equal to the base benchmark plan including, at a minimum: |  |  |
| * Apexification for apical closures of anterior permanent teeth;
 |  |  |
| Benchmark Plan | * Apicoectomy;
 |  |  |
| Benchmark Plan | * Debridement;
 |  |  |
| Benchmark Plan | * Direct pulp capping;
 |  |  |
| Benchmark Plan | * Pulpal therapy;
 |  |  |
| Benchmark Plan | * Pulp vitality tests;
 |  |  |
| Benchmark Plan | * Pulpotomy; and
 |  |  |
| WAC 284-43-5702(5)(n)and (o) | * Root canal treatment.
 |  |  |
| * + Root canal treatment must be covered, at a minimum, on:
 |  |  |
| WAC 284-43-5702(5)(n)(5)(o) | * + - baby primary posterior teeth only; and
 |  |  |
| * + - permanent anterior, bicuspid and molar teeth, excluding teeth 1,6,17, and 32.
 |  |  |
| Benchmark plan | * + Covered root canal treatment must include, at a minimum:
		- Treatment with resorbable material for primary maxillary incisor teeth D,E, F, and G, if the entire root is present at treatment;
 |  |  |
| Benchmark Plan | * + - Retreatment for the removal of post, pin, old root canal filling material, and all procedures necessary to prepare the canal with placement of new filling material.
 |  |  |
|  |  |  |  |  |  |
| **Home and Facility Visits** |  | Benchmark plan | Home visits, including extended care facility calls. May be limited to two calls per facility per provider. |  |  |
|  |  |  |  |  |  |
| **Implants** |  | WAC 284-43-5702(3) | Plan may, but is not required to, cover oral implants. If plan includes this coverage, it must not include benefits for oral implants in establishing plan's actuarial value. |  |  |
|  |  |  |  |  |  |
| **Medically Necessary Orthodontia****Medically Necessary Orthodontia (Cont’d)** |  | WAC 284-43-5702(4)(i). See, also, WAC 284-43-5702(6). | Plan must cover medically necessary orthodontia in a manner substantially equal to the base benchmark plan including, at a minimum: |  |  |
| Benchmark plan | * Medically Necessary orthodontia for malocclusions associated with:
 |  |  |
| Benchmark plan | * + cleft lip and palate, cleft palate and cleft lip with alveolar process involvement; and
 |  |  |
| Benchmark plan | * + craniofacial anomalies for hemifacial microsomia, craniosynostosis syndromes, anthrogryposis or Marfan syndrome.
 |  |  |
|  |  |  |  |  |  |
| **Oral Surgery and Re-construction****Oral Surgery and Re-construction (Cont’d)** | Required ServicesRequired Services (Cont’d) | WAC 284-43-5702(4)(d). See, also, WAC 284-43-5702(6). | Plan must cover oral surgery and reconstruction in a manner substantially equal to the base-benchmark plan including, at a minimum: |  |  |
| WAC 284-43-5702(5)(m) | * Frenulectomy or frenuloplasty covered for ages six and under **without prior authorization**;
 |  |  |
| Benchmark plan | * Uncomplicated oral surgery procedures including removal of teeth, incision and drainage;
 |  |  |
| Benchmark plan | * Complex oral surgery procedures including surgical extractions of teeth, impactions, alveoloplasty, vestibuloplasty, and residual root removal;
 |  |  |
| RCW 48.43.185; RCW 48.43.715(1); Benchmark plan | * General dental anesthesia or intravenous sedation administered:
	+ In connection with extractions of partially or completely bony impacted teeth;
 |  |  |
| Benchmark plan | * + To safeguard the Member’s health;
 |  |  |
| RCW 48.43.185(2); Benchmark plan | * + For a covered procedure performed in a dental office if medically necessary because a child is under eight years of age or physically or developmentally disabled.\*
 |  |  |
| RCW 48.43.185(2) | * + Benefit may be subject to cost sharing, benefit maximums, or prior authorization, and limited to in-network providers.
 |  |  |
| Benchmark plan | * Drugs and/or medications when used with parenteral conscious sedation, deep sedation, or general anesthesia;
 |  |  |
| Benchmark plan | * Inhalation of nitrous oxide, once per day;
 |  |  |
| Benchmark plan | * Local anesthesia and regional blocks, including office-based oral or parenteral conscious sedation, deep sedation or general anesthesia; and
 |  |  |
| Benchmark plan | * Post-surgical complications.

(\*Although RCW requires this benefit for children under 7, base benchmark plan covers this benefit for children under 8. Requirements of RCW 48.43.185 apply to base benchmark plan as a small group plan, thus because they are covered in the base benchmark plan, these benefits are EHBs for individual plan.) |  |  |
| Allowable exclusion | Benchmark Plan | * Base benchmark plan specifically excludes oral surgery to treat a fractured jaw, and orognathic surgery.
 |  |  |
|  |  |  |  |  |  |
| **Periodontics****Periodontics (Cont’d)** | Required Periodontic ServicesRequired (Cont’d) | WAC 284-43-5702(4)(f). See, also, WAC 284-43-5702(6). | Plan must cover periodontic services in a manner substantially equal to the base benchmark plan including, at a minimum: |  |  |
| WAC 284-43-5702(5)(p) | * Periodontal scaling and root planning once per quadrant in a two-year period for ages thirteen and older;
 |  |  |
| WAC 284-43-5702(5)(q) | * Periodontal maintenance once per quadrant in a twelve-month period for ages thirteen and older;
 |  |  |
| Benchmark plan | * Complex periodontal procedures (osseous surgery including flap entry and closure and mucogingivoplastic surgery) limited to once per Member per quadrant in a five-year period;
 |  |  |
| Benchmark plan | * Debridement limited to once per Member in a three-year period; and
 |  |  |
| Benchmark plan | * Gingivectomy and gingivoplasty limited to once per Member per quadrant in a three-year period.
 |  |  |
|  |  |  |  |  |  |
| **Preventive Services****Preventive (Cont’d)** | Required Preventive ServicesRequired (Cont’d) | WAC 284-43-5702(4)(b). See, also, WAC 284-43-5702(6); WAC 284-43-5800(4); | Plan must cover preventive care services **without cost sharing** in a manner substantially equal to the base-benchmark plan including, at a minimum: |  |  |
| WAC 284-43-5702(5)(h). | * Dental Prophylaxis every 6 months beginning at age 6 months.
 |  |  |
| Benchmark Plan | * Cleanings – two per enrollee per year.
 |  |  |
| Benchmark Plan | * Periodic and comprehensive oral examinations, limited to two per enrollee per year, beginning before one year of age.
 |  |  |
| WAC 284-43-5702(5)(i) | * Fluoride three times in a twelve-month period for ages six and under; two times in a twelve-month period for ages seven and older; and three times in a twelve-month period during orthodontic treatment;
 |  |  |
| Benchmark Plan | * Additional topical fluoride treatments when dentally appropriate.
 |  |  |
| WAC 284-43-5702(5)(j) | * Sealant once every three years for permanent bicuspids and molars only.
 |  |  |
| WAC 284-43-5702(5)(k) | * Oral hygiene instruction two times in twelve months for ages eight and under if not billed on the same day as a prophylaxis treatment.
 |  |  |
| WAC 284-43-5702(5)(t) | * Installation of space maintainers (fixed unilateral or fixed bilateral) for members twelve years of age or under, including:
 |  |  |
| WAC 284-43-5702(5)(t)(i) | * + Recementation of space maintainers;
 |  |  |
| (ii) | * + Removal of space maintainers; and
 |  |  |
| (iii) | * + Replacement space maintainers when dentally appropriate.
 |  |  |
|  |  |  |  |  |  |
| **Prostho-dontic Services (Removable)** | Required Prostho-dontic Services | WAC 284-43-5702(4)(h). See, also, WAC 284-43-5702(6). | Plan must cover removable prosthodontics and prosthodontic-related procedures in a manner substantially equal to the base benchmark plan including, at a minimum: |  |  |
| WAC 284-43-5702(5)(u) | * One resin based partial denture; replacement covered if provided at least three years after the seat date;
 |  |  |
| WAC 284-43-5702(5)(v) | * One complete denture upper and lower and one replacement denture per lifetime after at least 5 years from the seat date;
 |  |  |
| WAC 284-43-5702(5)(w) | * Rebasing and relining of complete or partial dentures once in a 3 year period, if performed at least 6 months from the seat date.
 |  |  |
| Benchmark plan | * Occlusal guards for enrollees age 12 and older.
 |  |  |
| Benchmark plan | * Adjustment and repair of dentures and bridges;

Benefits need not be provided for adjustments or repairs done within one year of insertion. |  |  |
|  |  |  |  |  |  |
| **Restorative Services****Restorative Services (Cont’d)** | Required Services | WAC 284-43-5702(4)(c). See, also, WAC 284-43-5702(6). | Plan must cover restorative care in a manner substantially equal to the base benchmark plan, including at least the following services: |  |  |
| WAC 284-43-5702(5)(l); Benchmark plan | Plan must cover composite and amalgam restorations (fillings) on the same tooth every two years. |  |  |
| Allowable limitations | Benchmark plan | Plan may limit restorations to the following:* Maximum of five surfaces per tooth for permanent posterior teeth, except for upper molars;
 |  |  |
|  | * Maximum of six surfaces per tooth for teeth one, two, three, 14, 15 and 16;
 |  |  |
|  | * Maximum of six surfaces per tooth for permanent anterior teeth; and
 |  |  |
|  | * Two occlusal restorations for the upper molars on teeth one, two, three, 14, 15 and 16.
 |  |  |