

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Center for Consumer Information and Insurance Oversight  
200 Independence Avenue SW  
Washington, DC 20201



---

**Date:** June 1, 2016

**From:** Center for Consumer Information & Insurance Oversight (CCIIO), Centers for Medicare & Medicaid Services (CMS)

**Title:** Effectuation of 2016 Federally-Facilitated Marketplace Dental Enrollment – INFORMATION

**Subject:** CMS to Effectuate Dental Enrollment for 2016 Policies without Advance Payments of the Premium Tax Credit

**I. Purpose**

This bulletin announces that CMS will effectuate all remaining aged 2016 initial dental enrollment for policies without advance payments of the premium tax credit (APTCs) before the September 2016 payment cycle. This policy will help ensure that all Federally-facilitated Marketplace (FFM) enrollment is accurately captured.

**II. Effectuating Dental Enrollment for Policies without APTCs**

In review of FFM enrollment data, CMS has identified higher rates of aged initial policies (that is, policies with past coverage start dates that an issuer has neither effectuated nor cancelled) among issuers of stand-alone dental plans (SADPs). CMS has also identified lower success rates in submitting monthly enrollment reconciliation files among these issuers. To ensure that the FFM accurately captures enrollment in stand-alone dental plans, CMS will adopt a policy of auto-effectuating all remaining initial enrollment in SADPs that is more than 90 days old, beginning before the September 2016 payment cycle. To ensure that consumers are not adversely affected, this auto-effectuation will not apply to dental policies with APTC.

**Issuers should submit complete and accurate monthly enrollment reconciliation files to CMS to effectuate all active enrollments, and to cancel any initial enrollments for which consumers have not paid their premiums, before the September payment cycle.** If an issuer finds that CMS has incorrectly effectuated any of its dental enrollment through this process, the issuer use the existing inbound 834 and/or monthly reconciliation files submissions to cancel those affected policies. CMS will then make payment adjustments to reverse any associated FFM user fees in the payment cycle following the issuer-submitted cancellation.

CMS will work closely with issuers on this process to improve the accuracy of its enrollment data records.

### **III. How to Notify CMS**

Issuers with questions or seeking assistance regarding policy-based payment implementation can notify CMS by sending an email to [fmcc@cms.hhs.gov](mailto:fmcc@cms.hhs.gov). The email's subject line should indicate the issuer's HIOS ID(s).