COLORADO
Department of Regulatory Agencies
Division of Insurance

Colorado Dental Loss Ratio Reporting - FAQs

Updated 6.5.25

Part 1 - Dental Loss Ratio Reporting

1. When reporting the experience of policies for each market, what time period of data should be included?

   For the purposes of DLR Reporting (Part 1), the Instructions on the template direct carriers to "report the experience of policies in each market, incurred for the DLR reporting year only, reported as of March 31 of the subsequent reporting year."

   The DLR reporting due on July 31, 2025, should include experience for calendar year 2024 reported as of March 31, 2025, to allow for 3 months of claims run-out.

2. What should carriers enter for the "SERFF Filing Number" field on the "Cover Page" tab of the reporting template?

   Carriers should enter the SERFF Tracking Number for the "Dental Loss Ratio" filing (not the rate filing).

3. Do carriers need to complete the DLR reporting section regardless of credible experience or is there a minimum number of covered lives or member months?

   Colorado has not yet established a minimum number of covered lives or member months. For the July 31, 2025, submission, all dental carriers shall submit the DLR reporting section.

4. Should carriers count lives using the federal method (average MLR lives) to determine group size, or should they be counted differently?

   Yes, carriers should use the federal method to count lives to determine the group size.

5. What is meant by the distinction between "Colorado" and "Nationwide" experience?

   For the DLR reporting, please follow these guidelines:

   1. **Colorado experience:** Carriers should report the experience for all of their dental business with situs in Colorado;

2. **Nationwide experience**: Carriers should report the experience for all of the dental business with situs in Colorado and all other states. If experience exists in Colorado and in other states, Nationwide experience should be greater than Colorado experience. If experience only exists in Colorado, Nationwide experience should be the same as Colorado.

Part 2 - Additional Data

6. For the Additional Data reporting (Part 2), should carriers include in-network amounts only, or should out-of-network be listed separately?

   Carriers should include in-network amounts only.

7. For the "Plan Cost-Sharing" amounts (Tab 2.a), should carriers include the member cost share (member responsibility) or what the plan paid?

   Carriers should include the member cost share (member responsibility).

8. Should the "Subject to Deductible, Annual Maximum, or Both?" columns (Tab 2.a) be left blank if the benefit type is not subject to the deductible or the annual maximum? (The drop-down menu does not include an option to indicate neither apply.)

   Yes, if a benefit type is not subject to the deductible or the annual maximum, carriers should leave this area of the template blank.

9. For the Annual Limit reporting (Tab 2.b), if plans have different annual maximums in- and out-of-network, should the maximum for each be reported in two sections? For example, if a plan has a $1000 maximum for in-network services and a $750 maximum for out-of-network, and has enrollees that met both (for in- and out-of-network), should the carrier report the plan in two different maximum sections - e.g., once in "Annual Limit $500-$999" (Columns J thru O), and again in columns "Annual Limit 1000-$1499" (P thru U)?

   Yes, if a plan has a different annual maximum in- and out-of-network for a plan, and the plan has enrollees who exceeded the maximum for both, carriers should report the plan in the two different maximum sections, as applicable.