



## Dental Benefits in Health Insurance Exchanges\*

STATE	State-Based Exchanges (States likely to apply to CCIIO as State-Based Exchanges)
Arizona	Currently, Exchange legislation has not passed nor an Executive Order issued. While AZ has not formally committed to operating a state-based Exchange, much planning has occurred in case ACA is no repealed. The Exchange planning team (led by Don Hughes, Policy Advisor for Health Care and Executive Director for the Arizona Health Insurance Exchange for the Office of the Governor Janice K. Brewer) is leaning towards a market-oriented exchange model where all carriers that meet the QHP criteria are afforded the opportunity to compete. Brokers will have an opportunity to play a role in the SHOP and will have their own portal. Arizona has begun to consider dental specific issues such as the proportionality of exchange fees between medical and dental carriers and whether to allow the offer of optional adult coverage, which thus far seems positive. Decisions are being discussed on the transparency of the dental product and the appearance of it on the website.
California	As approved by the Exchange Board on Aug 8, 2012, pediatric dental benefits as part of the EHB will be allowed to be offered in the Individual and SHOP Exchange by both stand-alone and medical (with dental) plans, while supplemental dental benefits will be allowed in the SHOP Exchange only. However, the Board is reviewing allowing both dental and vision supplemental policies in the Individual Exchange. The structure of how these benefits will be presented and whether a minimum number of embedded products will be required to be separately priced and offered is still to be determined. A separate dental notice of intent to bid will be issued in November, 2012 and actual solicitation of all health plans will be completed by January 4, 2013. Dental certification standards, cost-sharing, and rating rules remain as issues to be discussed.
Colorado	While dental is not mentioned in the Exchange legislation, the Exchange board/staff have discussed dental transparency issues with decisions TBD. In mid-September 2012, the Exchange released their draft consumer shopping experience screens and asked for comments; NADP responded as dental was not included as an option.
Connecticut	Exchange legislation includes 'Qualified Dental Plans' definition as utilized in the NAIC Exchange Model. CT is working with consultants on building their Exchange.

*NADP White Paper "Offering Dental Benefits in Health Exchanges: A Roadmap for Federal and State Policymakers" provides options, recommendations, and background for best practices on how to include dental policies in Exchanges. View and download from the [NADP website](#).*

District of Columbia	Exchange legislation includes 'Qualified Dental Plans' definition as utilized in the NAIC Exchange Model. The Board voted to require the entire small business market of under 50 employees into the exchange, and merge risk pools for the small group and individual markets which has been received with opposition. Exchange is reviewing which reforms may apply to QDPs.
Hawaii	HI passed exchange-enabling legislation in 2011(SB 205) and was the first state to submit a letter of declaration to HHS to operate a state-based Exchange. Hawaii SB 2434, which delved into the actual implementation of an exchange and included dental was not passed by adjournment. Thus, dental is still not defined by state legislation (SB 2434 stated QHP's and QDP's offering policies inside the SHOP must also offer plans in the Individual exchange). The Hawaii Connector (Exchange) board continues to be active and continues to host stakeholder meetings. The minutes and outcomes from those meetings are forthcoming. It will be a clearinghouse Exchange.
Kentucky	While KY has not passed Exchange legislation, the Governor has issued an Executive Order establishing an Exchange in July 2012. The Board has selected an IT vendor is moving ahead quickly. Dental has not been discussed.
Maryland	The MD Exchange is authorized to offer stand-alone dental plans. The 2012 Exchange law also directed the Exchange to set pricing disclosure standards for all dental benefits offered through the Exchange. The Plan Management Advisory Committee (PMAC) was tasked with developing plan management policies and interim procedures. As part of that process, the PMAC requested comment on three models for the offer and pricing disclosure of the essential pediatric dental and vision benefits as well as adult benefits. It is believed that the PMAC will recommend that the exchange allow dental benefits to be embedded in a medical policy, sold as an endorsement to a medical policy, and offered as a standalone plan so long as embedded and endorsement offerings include price disclosure. Additionally, medical only plans would be required for any insurer offering an embedded plan. The PMAC also solicited comments on producer incentives. The policies and interim procedures will be voted on by the Exchange Board on November 13. Notice of Intent to Bid is due November 15, 2012, and dental plan products will be required to be filed by March 1, 2013 in advance of medical product filings due April 1, 2013.
Massachusetts	MA has operated an Exchange for individuals and small businesses since 2006. However, it has yet to offer stand-alone dental products. Although the ACA's exchange concept was in many ways modeled on the Connector, there are a number of new requirements and operating rules that the Connector will have to implement in order to be in compliance with the ACA. During the 2011-2012 legislative session, the Connector received the legislative authority to offer stand-alone dental plans (along with child-only and catastrophic plans). Today, the Connector is working with dental issuers to develop operational models for the offer of stand-alone dental.
Minnesota	While there is no Exchange Legislation in MN and the Governor has said to wait until after election to make decision on having state-based Exchange, they are moving on ahead on making Exchange decisions. MN has discussed dental in the Exchange but has not issued any recommendations or even minutes from the meeting at which this was discussed.

New Mexico	New Mexico plans to have a state-run Exchange and has hired Leavitt Partners to consult on the process of its creation. The New Mexico Office of Health Care Reform (OHCR), which sits under HSD and as guided by Leavitt Partners, is responsible for producing recommendations for the State Exchange. The committees have thus far created recommendations for Navigator roles and the Essential Health Benefits benchmarks. Included in that recommendation is that New Mexico utilize the current CHIP plan as the benchmark for pediatric dental. While no legislation is currently in place as a foundation for current state exchange activity, it is expected that in the upcoming long (60 day) session, legislation will be introduced and passed to that effect.
New York	The Governor issued Executive Order 42 to establish the Exchange on 4.6.12. NY has hired vendors utilizing their multiple grants. The Exchange planners have already documents to HHS to parallel the Blueprint submissions with an upcoming meeting between the two in November. NY notes in their documents that the certification process will be the same for “QHPs offered in the individual and SHOP exchange, as well as for qualified dental plans and CO-OPs.” At this time, New York is considering not allowing supplemental dental benefits in the initial phase of the Exchange.
Oregon	OR has been exploring the concept of a health insurance Exchange for the past decade, and passed Exchange legislation SB 99 (2011) and HB 4164 (2012). Thus far, OR has chosen to develop a single web portal for the Exchange and federal assistance programs such as Medicaid using an enterprise software platform of integrated commercial and off-the-shelf products. Oregon is among 11 states participating in the “Enroll UX 2014” project, which NADP has commented does not represent dental as ACA intended. OR is working with vendors on the design of the look and feel of the web portal.
Rhode Island	The Exchange board is moving ahead under the Governor’s Executive Order, issued in 2011 (which had push back from the legislature). They are working on naming their consulting vendor to deal with It on enrollment, Medicaid, and other services. Dental has been discussed with the Exchange Director, but no decisions or additional information has been provided.
Vermont	Dental was included in VT 2012 Exchange legislation which states: stand-alone dental may provide benefits meeting EHB and can be child-only or family policies, exempts HIPAA excepted benefits from market reforms, merges the small group and individual markets, and the Exchange Board may establish procedures to limit or exempt participation of health insurers offering a stand-alone dental plan. In October 2012, the state board overseeing the Exchange approved a plan defining what types of plans insurers can offer on the Exchange. Besides the ACA metal tiers — bronze, silver, gold and platinum — they can offer “choice” plans within the bronze, silver and gold tiers. The health department is expected next month to issue a request for proposals for carriers to apply to sell exchange plans.
Washington	Dental was included in WA 2012 Exchange legislation, which includes: dental to be offered and priced separately. The Exchange board and the Dental advisory committee have had multiple discussions on the inclusion of dental. The Exchange has decided that the purchase of dental inside the Exchange is required by all participants (including adults with no children) to parallel the market outside the Exchange. As dental is required to be offered and priced separately, if a family enters the Exchange they will view their medical and dental choices separately; but as the Board did not want to confuse adults without children that benefit could be hidden into the medical policy... these decisions are still being discussed by the Exchange.

<b>States likely to be in Partnership with HHS or State-Based Exchange</b>	
Michigan	Dental is included in Exchange by defining a QDP. In August 2012, the Governor's administration announced that Michigan was no longer on track to create a state-based exchange by HHS's deadline and will now pursue a Federal-State Partnership.
Mississippi	Dental was not included in Exchange legislation, nor mentioned as yet. MI has said it will run Exchange through its high-risk pool no matter what happens with ACA but no formal decisions will be made until after the election.
Nevada	While dental was not included in authorizing legislation (minus an appointment to the Board from the WV Dental Assn.), the Exchange Board is in favor of stand-alone dental and looking for ways to have price transparency with medical (integrated with dental) offerings. The Board has approved aggregation of premium in the Individual Exchange and proportionate user fees for stand-alone dental on a PMPM basis.
Pennsylvania	There is no Exchange legislation or Executive Order at this time. The Pennsylvania Insurance Department is leading the Exchange planning. However, as evidenced by a five-page letter from Insurance Commissioner Michael Considine to Secretary Sebelius on August 23, 2012, the Corbett administration is carefully evaluating the Exchange decisions and options facing the Commonwealth. While dental has been discussed with the Administration, more fundamental policy considerations (e.g., state-based Exchange, expand Medicaid) are a priority at this time. The Insurance Department, through the use of a subcontractor, released an extensive report in November 2011 suggesting broad support for a state-run Exchange. However, it appears that a federal-state partnership is now a long shot, and the more likely scenario is a federally facilitated exchange.
Utah	Dental is included in the 2012 legislation which allows dental and vision policies to be studied for inclusion on the existing health insurance exchange as early as 2013. Utah's current Exchange is only for small businesses and is not otherwise ACA compliant. It remains unclear whether the intent is to bring the existing Exchange up to ACA standards, or force the placement of an FFE in Utah for the subsidized coverage.
West Virginia	Dental is not included in the 2011 legislation which mainly set up the Board. WV is determining whether to pursue a state-based Exchange or state-federal partnership Exchange. State announced contracts in mid-Sept 2012 to help determine which Exchange model to pursue.

\*States not listed have either had only preliminary discussions or lack major Exchange decisions thus far. This is a working document and changes are made continuously, please contact NADP for any corrections, edits or questions.

**NADP DESCRIPTION**

NADP is the largest non-profit trade association focused exclusively on the dental benefits industry, i.e. dental PPOs, dental HMOs, discount dental plans and dental indemnity products. NADP's members provide dental benefits to over 90 percent of the 176 million Americans with dental benefits. Our members include the entire spectrum of dental carriers: companies that provide both medical and dental coverage, companies that provide only dental coverage, major national carriers, regional and single state companies, as well as companies organized as non-profit plans.

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