



February 28, 2013

Invitation Administrator  
New York Health Benefit Exchange  
NYS Department of Health  
Corning Tower, Suite 2378  
Albany, New York 12237  
Sent via email

**Re: Response to Invitation to Participate in the New York Health Benefit Exchange**

Dear Invitation Administrator:

The National Association of Dental Plans (NADP) is writing regarding the January 31, 2013 Invitation to Participate in the New York Health Benefit Exchange (Invitation). We appreciate you addressing dental benefits and the unique nature of separate dental policies in the Invitation. Per your request, we are providing feedback and requesting clarification specifically on dental related issues so that consumers purchasing coverage within the New York Exchange can have an optimal shopping experience.

**Item 1:**

**Section II, D.1.a. Essential Health Benefits**

“Health Insurer Applicants must agree to provide the Essential Health Benefits specified by the DOH for calendar years 2014 and 2015, and delineated on Attachment A. The Essential Health Benefits must be included in the calculation of actuarial values of the products” (8).

- *Recommendation:* This section needs to acknowledge Section II, D.1.h, which allows for health insurers offering QHP products to defer the offering of pediatric dental benefits to a stand-alone dental carrier. NADP recommends adding the sentence at the end of the paragraph, “This section is not preempted by Section II, D.1.h.”

**Section II, D.1.h. Dental Coverage**

“Federal law requires coverage for pediatric dental services and permits such services to be covered by health insurers or stand-alone dental carriers. Health Insurer Applicants must propose to offer pediatric dental benefits as a separately priced benefit for each standard and non-standard product proposed for the Exchange. In the event the DOH determines that there is adequate pediatric stand-alone coverage available in a particular county by a

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stand-alone dental carrier, the Health Insurer Applicant offering a QHP product in that county will have the option of including the pediatric dental benefit or deferring the offering to such stand-alone dental carrier. The DOH will inform the Health Insurer Applicant of this option during the certification process and the decision regarding inclusion/exclusion of the pediatric dental benefit must be made by the Health Insurer Applicant prior to receiving certification” (10).

- *Clarification & Recommendation:* Can you clarify the term “offer pediatric dental benefits as a separately priced benefit.” Does this mean the dental price to be listed amid the medical policy, or for the dental policy to be separately offered and priced from the medical policy? To maximize consumer choice while keeping a competitive marketplace among all carriers, NADP recommends the Exchange allow for QHPs to embed dental in their medical policies as long as they also offer medical policies without dental embedded.
- *Recommendation:* In recent HHS guidance [link: <http://cciio.cms.gov/resources/files/voluntary-dental-reporting-list-1-28-13.pdf>], they released a survey revealing the number of separate dental plans highly likely to participate on state Exchanges. Therefore, HHS has stated, “We believe that HHS can reasonably expect there to be sufficient stand-alone dental plan coverage to permit QHPs in the FFE in these states to omit the pediatric dental EHB if they chose to do so.” New York had at least 6 carriers report they were anticipating offering dental policies on the Exchange. Thus, NADP recommends the paragraph to read:

“Federal law requires coverage for pediatric dental services and permits such services to be covered by health insurers or stand-alone dental carriers. Health Insurer Applicants must propose to offer pediatric dental benefits as a separately priced benefit for each standard and non-standard product proposed for the Exchange. As HHS has determined there is adequate pediatric stand-alone coverage available in New York, Health Insurer Applicants offering a QHP product in that county has the option of including the pediatric dental benefit or deferring the offering to such stand-alone dental carrier.”

## Item 2: Section II, D.2.b. Stand-Alone Dental Applicants- Standard Products

“The standard product can be offered at either a high level (85% AV) or a low level (75% AV), but not both” (11).

- *Clarification and Recommendation:* In the recently released HHS Standards Related to Essential Health Benefits, Actuarial Value and Accreditation final rule, the low AV level is now set at 70%, so the low level should be clarified in the Invitation. This section allows a carrier to only offer a dental policy at the high or low dental AV level. Consumers should have the availability of various dental options from the carrier of their choice in an open marketplace. If a consumer wants to choose a specific carrier because their provider sits on their network, brand loyalty, or other reason, the consumer should have the availability of a high or low dental policy, not one or the other.

National Association of Dental Plans

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**Item 3: Section II, D.2.c. Stand-Alone Dental Applicants-Non-Standard Products**

“The Stand-alone Dental Applicant may opt to offer up to two (2) non-standard products. The non-standard product may be adult dental, family dental or a second pediatric dental product offering. This requirement applies to both the Individual Exchange and the SHOP Exchange” (12).

- *Clarification:* Do the two non-standard products have to be the same in the Individual and SHOP Exchanges, or due to the varying audiences they can be different for a total of four non-standard products (two in the Individual and two in the SHOP)? Also, can you clarify what a “second pediatric dental product” is considered?
- *Clarification:* Does a family policy include the Essential Health Benefits for any child under 19?

**Item 4: Addendum 4 and Addendum 5. Stand-Alone Dental Individual/SHOP Exchanges Templates**

- *Clarification:* Dental plans are not familiar with the term “Network ID.” Can the Invitation elaborate or specify that the terminology is for medical carriers only?

**Item 5: Additional Clarification**

- *Clarification:* How is the SHOP structured for Medical (for example: Employee, Employee plus dependents, employee plus family -- all under one policy)? How is the dental offer to be made (similar to Medical, or Pediatric only plus supplemental)?
- *Clarification:* Will you be providing more specifics relative to codes for covered services and copayments for the DHMO standard plan?

Thank you for your time in reviewing these issues which are critical to dental and medical carriers offering a variety of dental policies to meet consumers’ needs. If you need further information, or have questions related to our comments, please contact me at [khathaway@nadp.org](mailto:khathaway@nadp.org) or 972-458-6998x111. NADP greatly appreciates the opportunity to provide comments and we look forward to future discussions on these critical issues to the dental benefits industry.

Sincerely,



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 Director of Government Relations  
 National Association of Dental Plans  
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 Dallas, TX 75251

**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

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