

October 13, 2015

Andy Slavitt, Acting Admnistrator
Centers for Medicare & Medicaid Services
Office of Strategic operations and Regulatory Affairs, Division of Regulations
Development
7500 Security Boulevard, Baltimore, MD 21244-1850
Submitted via regulations.gov

RE: Transparency in Coverage Reporting by Qualified Health Plan Issuers

Dear Mr. Slavitt,

The National Association of Dental Plans (NADP) applauds CMS activity to promote transparency and aiding consumer decision making and use of insurance benefits, and we appreciate the opportunity to continue working with CMS on these critical initiatives. In these comments, NADP seeks clarification on several data points to be reported by issuers and CMS as part of the proposed Transparency in Coverage Reporting Information Collection.

Dental Data Display and Collection

In the proposed Information Collection and associated PRA package, CMS explains that carriers offering Qualified Health Plans (QHPs) and standalone dental plans (SADPs) shall establish a webpage to include several claims payment policies and practices and submit the webpage URL to CMS as part of a data collection. CMS will display the URL and several other data points from existing data collections in a file at data.healthcare.gov.

Several of the data points for collection and display rely on separate requirements and templates which QHP carriers provide but which are not generally applicable to SADPs. Some examples of non-applicable sections include 1) data on rating practices and the Unified Rate Review Template, 2) cost-sharing information as demonstrated by the Summary of Benefits and Coverage (SBC), 3) reference to Title 1 of the Affordable Care Act and 4) drug exception time frames and enrollee responsibilities. In circumstances where an underlying requirement does not exist for SADPs or is strictly not applicable to dental-only benefits, NADP recommends issuers and CMS not display these data points.

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Recommendation: CMS should review each of the proposed data points for collection and display, and consider the underlying data sources and related requirements that are unique to SADPs on Marketplaces and as HIPAA-excepted benefits. To ensure the delivery of clear, relevant information to consumers and enrollees, CMS and issuers should submit and display only those data points and policies that are applicable to dental benefits.

As the regulation will not require duplication of carrier efforts, CMS should only consider those documents which are already currently produced by dental carriers. Where the SBC is concerned, CMS collects a similar resource document from dental carriers in the form of Plan Brochure files, and NADP recommends CMS consider displaying information from this source for the benefit of consumers.

CMS is also to provide issuer-level enrollment numbers as derived from Marketplace data. Total dental enrollment selections and effectuations to date have not been published for any FFM state, much less by unique issuer, for 2015.

Recommendation: As this is new data, CMS should provide ample opportunity for issuer review and corrections and additional clarity regarding the source of enrollment data and the applicable dates.

Phased-in Approach

We appreciate that CMS recognizes the proposed information collection will require IT modifications and ask that CMS provide more information on phases of application and testing. The Information Collection references a target of Plan Year 2016, but it is unclear how this can be accomplished for coverage starting January 1, 2016. CMS specifically notes IT changes can be costly and ensures appropriate time for implementation. In the coming months, issuer resources will be directed at ensuring a smooth and successful open enrollment period.

Recommendation: CMS should provide more detail on a schedule which accommodates proper testing and consider setting a realistic implementation goal of fall 2016 enrollment for Plan Year 2017.

Off-Exchange Dental Plans

The Information Collection and supporting documentation do not explicitly address carriers seeking certification of standalone dental plans solely for off-exchange policy offerings. These carriers complete a similar process for certifying plans as carriers offering policies on the Marketplaces; however, the plans that are certified are not offered on an Exchange or available to consumers for comparison shopping and enrollment.

➤ Recommendation: Carriers offering "exchange-certified" dental policies off the Exchange, in the private market, should be exempt from the requirement to submit the required data. The administrative cost to develop and test the data puts these plans at a disadvantage compared to their competitors in the small group and individual market outside the Marketplaces. Also, CMS should exclude these issuers from the data file to avoid consumer confusion that could result from including off-Exchange plans.

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NADP is appreciative of the opportunity to provide comments on the proposed information collection and the process CMS will employ to deliver this critical information to enrollees and consumers. NADP looks forward to future discussions regarding transparency and dental benefits. Questions regarding our comments should be directed to Kris Hathaway, Director of Government Relations at khathaway@nadp.org or 972-458-6998 x111. Again, thank you for your consideration.

Sincerely,

Evelyn F. Ireland, CAE Executive Director

National Association of Dental Plans

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 more than 92 percent of the 191 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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