



October 6, 2016

Andy Slavitt, Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Humans Services
P.O. Box 8016
Baltimore, MD 21244-8016
Sent via www.regulations.gov

RE: **CMS-9934-P**; Notice of Benefit and Payment Parameters for 2018

Dear Administrator Slavitt,

The National Association of Dental Plans (NADP) appreciates the opportunity to provide comments on the proposed Notice of Benefit and Payment Parameters for 2018 (NBPP) as published in the Federal Register on September 6, 2016. NADP appreciates the variety of issues addressed in the NBPP and is commenting on those areas that specifically impact our dental plan members.

NADP's comments reflect our thoughts on the Notice's implications to dental benefits offered as Stand Alone Dental Plans (SADP) or within Qualified Health Plans (QHP). These comments parallel the order of the Notice, not the order of importance to the dental benefits industry.

AGE RATING BANDS (147.102): Currently, the Marketplace rates template requires issuers to report premium pricing information by age rating band. The bands include ages 0-20 as one row, then an additional row for each year after 21 through 65. This has been problematic for dental plans because the pediatric age definition for Essential Health Benefits (EHB) is up to age 19. With a 0-20 age band, issuers charge the same rate for those aged 19 and 20 even though the benefits they receive are fundamentally different.

The NBPP proposes to segment the 0-20 age band into a 0-14 band and then single-year age bands for 15, 16, 17, 18, 19 and 20. If finalized, issuers could now enter a different rate for 0-14 and then for each of the years between 15 and 20. This idea was first introduced in the 2017 NBPP, which recognized the child age band and factor may need to be updated to better reflect the health risk of children.

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National Association of Dental Plans

12700 Park Central Drive • Suite 400 • Dallas, Texas 75251

972.458.6998 • 972.458.2258 [fax]

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1. Recommendation:

- NADP strongly supports this update as it will fix the problem of rating 19 and 20-year-olds the same as the pediatric population, allowing plans to appropriately rate for these ages.
- Regarding the additional bands CMS will create within ages 0-18, we have found that for the most part, there is no cost change for underwriting children throughout their teen years in dental, and while it would be easier to change the rating band to 0-18, dental issuers can work within the proposed changes.
- Regarding more technical aspects of the template, we recommend that with any changes, CMS ensure the ability for dental plans to charge a lower rate to 21-year-olds than the 0-20 band be preserved for the addition of new 19 and 20 age bands.

CONSUMER ASSISTANCE TOOLS AND TAGLINES (155.205): The NBPP proposes to codify current guidance from CCIIO that issuers are allowed to aggregate Limited English Proficiency (LEP) populations across all states they offer in to determine the Top 15 languages for the purpose of producing taglines. The proposed regulation would also refer to the new definition of “controlled group” at 147.106(d)(3)(i). Regarding online display of taglines, the NBPP proposes issuers can satisfy the requirement with use of a web-link on their homepage or embedded in critical documents directing individuals to a separate webpage with the full text of taglines. The NBPP also discusses the application of Exchange tagline standards at §155.205 and separate tagline standards at §92.8, which implement Section 1557 of the Affordable Care Act (ACA).

2. Recommendation:

- NADP supports the proposed provisions, which provide some issuer flexibility in meeting the standard while ensuring this information is available to enrollees.
- Regarding the similar tagline requirements applied to Exchange issuers at §155.205 and the separate requirements regarding nondiscrimination at §92.8, NADP recommends HHS consider those carriers in compliance with §92.8 and Section 1557 of the ACA also in compliance with the Exchange standards.

SHOP EXCHANGE NOTICES (155.230): The NBPP proposes notices from the SHOP Marketplaces to employees and employers be sent electronically or via mail, at the election of the employer or employee.

- ### 3. Recommendation:
- NADP supports the availability of an option to receive notices electronically, which is often the preferred method for consumers and is also cost-effective for carriers and the government.

USER FEES FOR PLAN YEAR 2018 (156.50): The NBPP proposes to keep the user fee rate the same as prior years at 3.5 percent. Additionally, the fee for Qualified Health Plans (QHPs) offering in state-based marketplaces leasing healthcare.gov would increase from 1.5 percent to 3.0 for Plan Year 2018.

- ### 4. Recommendation:
- NADP strongly urges CMS to be cautious with any additional fees in Supported State-Based Marketplaces. There is the potential for duplicative user fees from CMS,

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healthcare.gov and any state infrastructure, which will drive premium increases and threaten market participation, stabilization and competition in those states.

DENTAL MAXIMUM OUT-OF-POCKET (156.150): The NBPP describes the formula to increase the maximum out-of-pocket limit (MOOP) for standalone dental plans, which was finalized in the 2017 NBPP. As 2016 is the base year to consider increases in the CPI for dental services, the MOOP in Plan Year 2018 will remain \$350 for one child and \$700 for two or more children.

5. Recommendation:

- On page 61511, the NBPP includes a typo in describing the family MOOP that should be corrected. In the following sentence, ‘one or more children’ should be replaced with ‘two or more children’: “Therefore, for plan year 2018, the dental annual limitation on cost sharing would be \$350 for one child and \$700 for ~~one~~ (two) or more children.”
- NADP asks for clarification regarding the MOOP for family SADPs. Does a \$350 MOOP exist within the family MOOP amount of \$700? Or, must all the children’s dental expenses in a family total the \$700 MOOP before the plan pays the full cost of dental services for any individual child in the family?

DECOUPLING MEDICAL AND DENTAL COVERAGE: Currently on healthcare.gov, medical and dental enrollment functions are linked—a technical flaw that has caused harm to families with coverage through the Marketplaces and limited choice for prospective enrollees.

On the individual Marketplace, consumers shopping for coverage only have access to a dental plan if they first purchase a medical plan. This limits plan choice, prevents the possibility of direct enrollment through dental carriers and prevents populations seeking dental coverage, such as Medicare enrollees, from being able to access such coverage. Once enrolled, when individuals and families make any change to their medical coverage, this technical flaw causes an automatic termination of any standalone dental coverage regardless of the consumer’s interest in maintaining the SADP.

The NBPP includes several proposals that will be impacted by the failure to address this technical flaw. A proposal to prohibit renewal of Medicare-eligibles could result in the loss of dental benefits these individuals have as part of their medical plan or within a separate dental plan. This is especially problematic considering the more limited dental options available to the Medicare population, but can be ameliorated by the decoupling of medical and dental and the introduction of direct access to SADPs on the Marketplaces. Additionally, any enhanced direct enrollment processes at §156.1230 could further limit consumer exposure to dental options on the Exchange. Establishing direct access to dental on the Marketplaces would allow individuals and families who enrolled directly through a carrier to review separate dental options available on Healthcare.gov.

- 6. Recommendation:** NADP strongly encourages HHS to decouple medical and dental enrollment within the individual Marketplace and allow consumers a suite of options when it comes to their benefits. Separating QHPs from SADPs will allow consumers, upon reenrollment, to keep their SADP and change their QHP or vice versa—ending the automatic terminations that have disrupted coverage and care for many families on Exchanges. Uncoupling dental from medical

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would also allow dental carriers to provide direct enrollment to parallel the capability of QHPs, which they cannot offer now.

NADP appreciates the opportunity to provide our comments to the Draft Notice of Benefit and Payment Parameters for Plan Year 2018 as it relates to dental plans, and is thankful for the continued support from CMS staff. We look forward to future discussions. For any follow up, please contact NADP's Director of Government Relations, Kris Hathaway at khathaway@nadp.org or (972)458-6998 x111.

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 saving plans and dental indemnity products. NADP's members provide dental benefits to more than 92 percent of the 205 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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