



September 4, 2012

Martique Jones, Director
Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs, Division of Regulations
Development
Attention: Document Identifier CMS-10433, CMS-10438, CMS 10439 & CMS-10440
7500 Security Boulevard
Room C4-26-05
Baltimore, MD 21244-1850

Dear Director Jones;

The National Association of Dental Plans (NADP) is writing to provide information on the inclusion of dental benefits within the CMS data collection and application requirements. It is imperative for CMS to consider how “pediatric oral services” as part of the Essential Health Benefits (EHB) package should be appropriately incorporated within the Federally-facilitated Exchanges so that consumers may have access to beneficial, affordable dental coverage which parallel today’s typical employer health policies.

AFFORDABLE INSURANCE EXCHANGES

On July 2, 2012, CMS published data collection requirements to support eligibility determinations within insurance exchanges as well as Medicaid and the Children’s Health Insurance Program. This data collection approach is required by Section 1413 of the Affordable Care Act which directs the Secretary of Health and Human Services (HHS) to develop and provide to each State a single, streamlined form that may be used for consumers to apply for coverage through the Exchange and Insurance Affordability Programs, including Advance Premium Tax Credit (APTC)/Cost Sharing Reductions (CSR), Medicaid, CHIP, and the Basic Health Program, if applicable. The application must be structured with appropriate literacy levels and accessibility to maximize an applicant’s ability to complete the form satisfactorily, taking into account the characteristics of individuals who may qualify for the programs. NADP has reviewed the forms and made note of issues related to how these applications apply to separate dental coverage. The comments are outlined by form and by section of those forms.

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Data Collection to Support Eligibility Determinations for Insurance Affordability Programs and Enrollment through Affordable Insurance Exchanges, Medicaid and Children’s Health Insurance Program Agencies – Individual Exchange App with and without Financial Assistance:

There are a number of elements in the proposed application that are not needed or used by dental carriers, including: Race/Ethnicity, Tobacco Use, and Voter Registration (collected from applicants that are not applying for insurance affordability programs.) While these data elements may be useful for demographic or health rating purposes, they are inconsequential to dental plans.

There are a number of elements that need further explanation, are missing, or are in need of editing for use of the application to issue dental coverage appropriately:

Appendix A—Application Elements

Baseline Applicant Information Column:

Clarification: Along with spouse and dependents, the “Build Your Household” box includes “other relevant relatives.” What relatives are allowed to be covered in a household in addition to spouse and dependents?

Missing: As applicants could differ for health and dental coverage due to the EHB allowing for separate pediatric dental benefits, the Applicant/Non-Applicant Information Box should allow consumers to differentiate applicants by coverage.

Qualified Health Plan Enrollment Column:

Edit: It is assumed that this column will also be used for enrollment in a separate dental policy. If an Exchange refers to a stand-alone dental plan as a Qualified Dental Plan rather than a Qualified Health Plan (as contemplated in the NAIC Model), this column’s heading may need to be changed.

Missing: The Plan Selection Box should allow for the identification of a dental plan in addition to a health plan.

Clarification: The Plan Selection Box includes a reference to a “plan id.” Is this the legal entity Health Plan Identifier (HPI) or is it a new label that will be assigned to indicate the plan of benefits that is being selected? A legal entity could offer multiple benefit packages. Will a health or dental plan be allowed to use IDs that they currently utilize to identify benefit packages or will the Exchange be assigning a new id? New ids require programming in IT systems.

Edit: The Box for the amount of APTC applied toward premium should allow for a split of the credit between a health plan and the pediatric portion of a dental plan selected to complete EHB coverage. NADP has recommended a split based on the proportion of dental premium to total dental/medical premium.

Appendix B (used when not applying for Insurance Affordability Programs):

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Baseline Applicant Information Column:

Missing: This appendix does not include the “Build Your Household” category to show relationship of the applicants, i.e. spouse/domestic partner, child etc. This information is critical to building coverage.

Edit: As applicants could differ for health and dental coverage due to the allowance for stand-alone dental plans to offer the EHB requiring pediatric dental benefits, the Applicant/Non-Applicant Information Box should allow for different applicant status by coverage.

Qualified Health Plan Enrollment Column:

Edit: It is assumed that this column will also be used for enrollment in a stand-alone dental plan. If an Exchange refers to a dental plan as a QDP, this column’s heading may need to be changed.

Edit: The Plan Selection Box should allow for the identification of a dental plan in addition to a health plan. The Plan Selection Box should allow for the identification of a dental plan in addition to a health plan.

Clarification: Again, the Plan Selection Box includes a reference to a “plan id.” Is this the legal entity Health Plan Identifier (HPI) or is it a new label that will be assigned to indicate the plan of benefits that is being selected? A legal entity could offer multiple benefit packages. Will a health or dental plan be allowed to use IDs that they currently utilize to identify benefit packages or will the Exchange be assigning a new id? New ids require programming in IT systems.

SHOP EXCHANGES

On July 2nd CMS published applications for employers and employees in SHOP exchanges, as well as a single, streamlined form that will be used to determine employee eligibility, QHP selection, and enrollment of qualified employees and their dependents.

The Affordable Care Act (ACA) Section 1311(b)(1)(B) directs that the SHOP assist qualified small employers in facilitating the enrollment of their employees in QHPs offered in the small group market. ACA Section 1311(c)(1)(F) directs HHS to establish criteria for certification of health plans as QHPs and plans to utilize a uniform enrollment form for qualified employers. Further, ACA Section 1311(c)(5)(B) directs HHS to develop a model application and web site that assists employers in determining if they are eligible to participate in the SHOP.

Data Collection to Support Eligibility Determinations and Enrollment for Small Businesses in the Small Business Health Options Program (SHOP), i.e. SHOP Employer App:

Forms published on July 2 are the first step in developing the single, streamlined form that employers will use to apply to the SHOP. For dental plans that qualify to offer dental coverage in Exchanges which meet the requirements for pediatric dental coverage and also offer optional coverage to adults and non-pediatric dependents, there are some key elements missing from the proposed applications. We review those below.

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Employer Information Section:

Missing: As dental plans are HIPAA exempted and dental coverage will be offered that is not part of the EHB requirements, dental plans request the addition of the Standard Industry Classification (SIC) code.

Offer of Coverage to Part-time Employees:

Edit: The application collects full-time equivalent employees which includes a count of part-time employees. It goes on to allow employers to determine if they are extending coverage to dependents and collects “eligible” part-time employees in the “employee list.” It should also clearly provide for the employer’s choice to extend coverage to part-time employees. This will require a determination of the number of part-time hours that triggers the offer of coverage, i.e. 20, 30, etc.

Broker/agent:

Missing: There is no record of the agent, broker or other facilitator assisting the employer with the application. The summary information indicates that 85% of small business applications will be facilitated by a broker so it will be important to collect this information to interact with that broker.

Contact Information Section:**Preferred Language:**

Clarification: Under the main contact information, there is a box for preferred language. While many dental plans have capability to verbally communicate in Spanish and several other foreign languages, there are very limited state requirements for written communication in other languages. Such requirements can be costly. Does the collection of this information reflect a potential requirement to communicate in any language that is designated?

Coverage Offered Section:**Dental coverage outside Exchange:**

Missing: NADP’s “2011 Purchaser Survey” found that 40% of small employers are likely to purchase health benefits through Exchanges, yet 80% of small employers are likely to continue dental and other supplemental coverage outside of Exchanges. Since pediatric dental benefits are part of the EHB package and may be offered separately from health coverage, it is critical the Exchange determine if the employer has offered dental coverage outside of the Exchange. Further, the Exchange will need to discern whether the employer will continue to offer dental coverage, and if that dental coverage is provided to dependents. With this information, an Exchange can determine what health coverage options to offer to employers and their employees.

Ability to Designate Specific Options within Actuary Value (AV) Levels:

Edit: It is our understanding the Exchange intends for a policy to be issued to the employer for each employee enrolled in a QHP, including QDPs. The NADP survey of members to determine interest in participating in state Exchanges, indicates that 7 to 17 dental plans will apply to offer

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coverage on Exchanges. In a small employer group, this array of choices could result in a single employee enrolling in each available plan.

NADP recommends that employers should be able to limit the options in which employees are eligible to enroll just as they do in today's market. The designation of a cost-sharing level could result in employee's choosing such a wide array of plans that employers have a plethora of policies issued to them for which they must collect and transmit the employees' share of the premium. If the Exchange chooses not to allow employers this alternative, then dental plans should be able to set minimum participation requirements as is done in today's market.

Note - If the box for "Benchmark Plan" is to be used for this purpose, it should allow for the designation of a dental benchmark plan as well.

Offer of Standalone Dental Coverage:

Edit: The box providing for an employer to choose whether to offer standalone dental coverage should reflect in its title that it is also the place to designate an employer contribution to dental. As contributions are not always made on the percentage basis, the contribution should show "% or \$ towards individual dental coverage" and the same for dependent coverage.

Clarification: The box for Offer of Standalone Dental Coverage again includes a reference to a "Dental Benchmark Plan ID Number." As noted in comments above, please clarify if this is the Health Plan Identifier (HPI) for the legal entity, a current ID number used by the dental plan or a new label for the plan of benefits that is to be assigned by the Exchange. If a dental plan cannot use IDs that are currently programmed, IT systems will have to be adjusted.

Employee List Section:

Other Coverage:

Edit: Determining if there is other coverage is critical to fulfill state coordination of benefit laws. As there could be either health or dental coverage that is duplicative of what is offered in the Exchanges, the response for each employee cannot be "yes/no," it must be separated for health—yes/no and dental—yes/no.

Payment Method:

Clarification: Based on Exchange Regulation Sec. 155.705 we presume that the SHOP will be receiving both employer and employee contributions from the employer for distribution to the carrier.

Data Collection to Support Eligibility Determinations and Enrollment for Employees in the Small Business Health Options Program (SHOP), i.e. SHOP Employee App:

This application for individual households is in addition to the census provided by the employer during the Exchange SHOP enrollment process. Several of the comments outlined above are also applicable to this application. Following, are additional comments with regard to specific elements of this application:

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Select Health Coverage Section:**Type:**

Missing & Clarification: Individual or family (if offered) are very broad rating categories which will result in some consumers paying higher rates than are necessary. Typically, health and dental coverage have four rating categories, i.e. employee, employee + spouse, employee + child, and family. Only when there is more than one child or a child and a spouse to be covered is the “family” rating tier applied. There are many family situations where this broader group of rating tiers are warranted. For instance in many families both spouses/domestic partners are employed and may each get coverage through their employer. They would not cover their spouse/domestic partner but may select a particular parents plan to cover a child or children if dependent coverage is offered on both. Another example is in the case of divorce or separation where court orders provide that the non-custodial parent purchase health and dental coverage for their children.

NADP recommends that at least the four rating tiers be used. Coupled with age information on dependents, the dental plan can determine whether to offer EHB pediatric dental or adult/non-pediatric dependent coverage. As well, the ACA contemplates an additional tier of coverage, i.e. “child-only.” Will this tier be provided for in the SHOP Exchange for both health and dental?

Finally given that families may make different decisions on whom to cover for health and dental, the box for “type,” i.e. rating tiers, should allow a separate selection for both health and dental plans.

Dental Plan:

Clarification: The box for Dental Plan again includes a reference to a “Dental Plan ID Number.” This reference follows Dental Plan Name which could be a common name or the carrier’s legal name. Will the “Dental Plan ID Number” be one that the dental plan uses currently or will it be a new ID number assigned by the Exchange?

Dependents Section:

Edit: Under “relationship to employee,” domestic partner should be added. The term “gender” may be more appropriate than “sex.”

Thank you for your time in reviewing these suggestions which are critical to dental and medical carriers offering a variety of dental policies to meet consumers’ needs. If our suggestions cannot be incorporated into the common application, a carrier offering separate dental policies should be able to collect supplemental information.

If you need any further information, or have questions related to our comments, please contact myself or NADP’s Director of Government Relations, Kris Hathaway at 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.

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Again, thank you for your consideration.

Sincerely,



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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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