



March 15, 2013

Centers for Medicare & Medicaid Services  
200 Independence Avenue SW  
Washington, DC 20201  
Submitted via email to [FFEcomments@cms.hhs.gov](mailto:FFEcomments@cms.hhs.gov)

**RE: March 1, 2013 CMS Letter to Issuers on Federally-facilitated and State Partnership Exchanges**

The National Association of Dental Plans (NADP) appreciates the opportunity to provide comments on the draft *Letter to Issuers on Federally-facilitated and State Partnership Exchanges* (Letter) released by the Center for Medicare & Medicaid Services (CMS) on March 1, 2013. NADP appreciates the effort to include guidance and operational standards specific to the administration of dental benefits in Chapter 4, "Stand-alone Dental Plans." NADP is providing recommendations which we hope will further assist in clarifying which standards are placed on dental carriers and options on the implementation of certain standards addressed in Chapter 4. The dental benefits industry encourages uniformity among all types of Exchanges so that carriers understand their responsibilities and consumers will have similar experiences independent of which state they are a resident.

- 1. Network Adequacy:** The Letter includes a specific chapter on the certification standards for dental issuers, which references general standards on network adequacy (NA) to meet the needs of a new population on Exchanges. At this time, there is no single accepted network adequacy standard within an NAIC Model, state statute, or within the dental benefits industry. While large employers typically specify network requirements for their dental benefit programs, these are highly specific to the employer and geographic area of operation. Fewer than a dozen states have network standards applicable to dental and those are generally requirements for carriers to establish their own targets rather than state specified targets. Often these requirements apply only for dental HMOs. States have implemented standards for public programs, but even they vary widely with no discernible pattern for the differences other than cost factors and localized preferences.

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While dental plans will continue to meet applicable state NA requirements, if a state does not have NA dental standards then an option for dental carriers to provide a strategy or plan illustrating their network's capabilities in adequately meeting the state's population needs should be included in the Letter as the appropriate dental plan standard.

2. *Essential Community Providers*: The inclusion of essential community providers (ECP) is also a certification standard for dental issuers. The Letter requires issuers to include specific percentages of ECPs within their networks. When compared to medical ECPs, there are very few dental related ECPs. Currently, there are no resources that dental carriers can utilize to locate and recruit dental ECPs. The list mentioned in the Letter will be an extremely useful tool, and we recommend CMS annotate the list for specific facilities or providers meeting the definition of a dental ECP. At this time, there is a shortage of dental providers who accept Medicaid, so there is a concern that there are few dental ECPs as well. Thus, for a dental network to achieve the minimum percentage of ECPs required within CMS guidance is likely to be unattainable.

Therefore, dental issuers should not be held to the minimum participation level outlined in the letter. CMS could utilize a phased in approach, allowing carriers to offer plan strategies the first and second year, and after further review, provide dental specific ECP methodology or percentages by 2016. NADP will work with CMS to establish a future standard for dental ECPs. However, for the initial qualification for Exchanges, NADP recommends dental issuers provide an explanation of their outreach efforts and their strategy to maximize ECP participation on their networks to best meet the needs of a state's varied population and provide that as part of dental issuer's certification.

3. *QHP Requirements on Dental Issuers*: Referring to the Letter's statement on page 29 which notes excepted benefits are not subject to market insurance reforms of the ACA, and the PHS Act, NADP urges the additional requirements outside of Chapter 4 not be applied to dental policies. Due to the limited nature of dental products, the small premiums of a child-only benefit, as well as purchase not being required on the Exchange, applying additional requirements above basic certification standards will significantly increase the dental premium. While operational processes such as eligibility are necessary for Exchange participation, mandates such as meaningful access, adhering to an EOB designed specifically for medical, and external review( in which the review for dental is almost always more than the claim) are just a few examples of standards which should not be applied to dental policies. NADP recommends CMS be specific within Chapter 4 as to what should be applied on dental issuers for better uniformity across dental products offered on the FFE, and utilized as a an example for State based Exchanges. The broad statement on page 30 that "...issuers of stand-alone dental plans will need to comply with operational processes and standards as well." leaves too many questions as to which processes outlined in the letter dental plans should adhere to and which do not apply.
4. *Bundled Dental Products*: NADP requests that CMS reconsider the announcement that bundled arrangements won't be allowed on FFE exchanges "due to system" arrangements. The ACA

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clearly envisions medical policies to be offered "in conjunction" with standalone dental plans as specifically stated in the law and Exchange regulations. When this new policy is coupled with a complex clarification of how a separate pediatric dental essential health benefit can be offered off the Exchange, it greatly diminishes the number of stand-alone dental plans that can qualify to offer coverage both on and off of a state exchange. A number of NADP members were working toward participation in Exchanges as a bundled dental plan with a QHP, and strongly urge the reconsideration of this issue.

5. *Timelines:* While the date for the dental application is not addressed in the Letter's timeline, NADP encourages the earliest possible date available. NADP members are concerned under the current compressed timelines there will not be enough time allotted for testing, plan review, and corrections prior to enrollment.
- NADP also recommends including in the Letter, or in forthcoming guidance, clarification on the treatment of separate EHB compliant dental policies outside of Exchanges. CMS should define an "Exchange certified stand-alone dental plan" as referenced in the final EHB rules, broadly as dental policies meeting EHB requirements, including consumer protections of no annual / lifetime maximums and reasonable out-of-pocket maximums. Certification should be performed by a state's department of insurance which currently performs policy review and has oversight of dental insurance in the commercial market

Again, NADP is appreciative of the opportunity to provide comments on the draft Letter to Issuers and looks forward to future discussions on the critical issues we addressed above. Questions regarding our comments should be directed to Kris Hathaway, Director of Government Relations at [khathaway@nadp.org](mailto: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 over 92 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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