



July 5, 2012

The Honorable Kathleen Sebelius
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington D.C. 20201
Submitted via: Regulations.Gov

RE: CMS-9938-P: Patient Protection and Affordable Care Act; Data Collection To Support Standards Related to Essential Health Benefits; Recognition of Qualified Health Plans.

Dear Secretary Sebelius:

The National Association of Dental Plans (NADP) appreciates the opportunity to provide comments on the "Patient Protection and Affordable Care Act; Data Collection To Support Standards Related to Essential Health Benefits; Recognition of Qualified Health Plans" proposed rules as published in the Federal Register, Vol. 77/No. 108 on Friday, June 5, 2012. Following are comments on specific items within the rules, as well as overall recommendations NADP would urge HHS to consider.

Comment #1

Dental plans anticipate active roles within state and federally facilitated Exchanges. As the regulations state in Section III.B, QHPs are not required to include pediatric oral services in their essential health benefits (EHB) package if there are separate dental policies available for consumers in the Exchanges to fulfill the EHB requirement. HHS requests that stand-alone dental plans voluntarily indicate their intent to participate in Exchanges which will provide the required information for QHPs. NADP members cover over 90% of American with dental benefits today and are willing to provide this information when the details of what is to be provided are released. In preparation for this request, NADP has already surveyed our members about their intent to participate in Exchanges with results included in Attachment A. Another alternative would be to allow for separate dental plans to become one of the multi-state plans designated by OPM so that QHPs will automatically know there is dental policy meeting the pediatric oral services of the EHB in each state and in the federally facilitated Exchange.

Comment #2

As these regulations state, "The Affordable Care Act directs that the EHB reflect the scope of benefits covered by a typical employer plan..." NADP recommends clarification from HHS that dental policies offered to small employers are also included as part of the EHB benchmarks similar to the default medical benchmark of the

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smaller employer health plan with the largest enrollment in the state. As addressed in NADP's [Issue Brief EHB Benchmarks](#), the alternative dental specific choices of FEDVIP and state CHIP policies are both more expansive and expensive than a typical dental employer plan, and do not follow the basic principle stated above within the ACA.

Comment #3

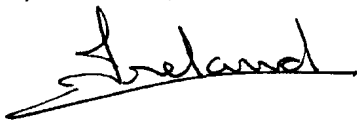
The proposed rule also provides guidance on how states may report their choice of EHB benchmarks, utilizing the current data collection for the Health Insurance Web Portal. HHS should be cognizant of separate dental plans, and prepare for the inclusion of reporting dental benchmarks as well.

Comment #4

According to HHS Exchange rules CMS-9989-F, dental plans offering coverage in the Exchanges will need to meet applicable QHP standards. As the rules also stated, certain standards, such as accreditation are not feasible for dental plans. The accreditation proposed rules designate both NCQA and URAC as the accreditation bodies for QHP certification until Phase 2 is initiated, which will include specific certification standards for QHPs. Neither designated accreditation companies have standards that are designed specifically for dental plans. NADP recommends state licensure is utilized for dental plans as a standard until such time as an appropriate accreditation system is developed.

NADP is greatly appreciative of your time and attention to our concerns, and we look forward to future discussions on these critical issues to the dental benefits industry. 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 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 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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NADP & DDPA Member Plans Offering Dental Policies in an Exchange By State

	Individual	Child Only	SHOP Only*
Alabama	14	12	5
Alaska	11	9	4
Arizona	15	14	7
Arkansas	16	14	7
California	19	17	10
Colorado	13	12	5
Connecticut	12	11	5
Delaware	15	15	8
District of Columbia	16	16	8
Florida	17	16	9
Georgia	15	14	7
Hawaii	15	13	7
Idaho	13	11	4
Illinois	13	12	6
Indiana	15	12	7
Iowa	13	11	5
Kansas	12	10	4
Kentucky	16	13	6
Louisiana	14	11	5
Maine	12	10	4
Maryland	17	17	8
Massachusetts	17	15	8
Michigan	12	11	5
Minnesota	14	12	5
Mississippi	13	11	4

	Individual	Child Only	SHOP Only*
Missouri	15	12	6
Montana	11	10	4
Nebraska	13	11	4
Nevada	15	15	6
New Hampshire	12	10	4
New Jersey	15	14	8
New Mexico	14	12	6
New York	14	14	6
North Carolina	14	12	6
North Dakota	12	10	4
Ohio	15	14	8
Oklahoma	12	11	5
Oregon	17	12	5
Pennsylvania	16	15	8
Rhode Island	13	11	5
South Carolina	13	10	4
South Dakota	11	9	4
Tennessee	15	13	7
Texas	16	15	7
Utah	13	12	4
Vermont	11	9	4
Virginia	16	14	7
Washington	17	15	7
West Virginia	15	13	6
Wisconsin	14	12	5
Wyoming	9	7	3

*Plans preparing to offer in SHOP not in AHBE