

December 27, 2012

Ms. Marilyn Tavenner
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-9962-NC
P.O. Box 8010
Baltimore, MD 21244-8010

Sent electronically via www.regulations.gov

Dear Acting Administrator Tavenner:

RE: DEPARTMENT OF HEALTH AND HUMAN SERVICES, 45 CFR Part 156 [45 CFR Part 156 [CMS-9962-NC]: Request for Information Regarding Health Care Quality for Exchanges

NADP appreciates the opportunity to provide comments on CMS-9962-NC, "Request for Information Regarding Health Care Quality for Exchanges" (RFI) published by Centers for Medicare and Medicaid Services (CMS) in the *Federal Register* on November, 27, 2012.

Dentistry and the dental benefits industry are committed to improving the oral health of the American public by providing the highest quality care. In fact, NADP's mission is to promote and advance the dental benefits industry to improve consumer access to affordable, quality dental care.

At the request of CMS, the American Dental Association (ADA) was asked to take the lead in establishing the Dental Quality Alliance (DQA) as a broad-based partnership of diverse entities interested in collaboratively advancing performance measurement to improve oral health, patient care and safety.

NADP was part of the initial group of invited industry leaders and interested parties brought together to develop the structure and process that has become the DQA. Today, NADP is a voting member of the DQA and also serves as the only dental benefits organization represented on the DQA Executive Committee.

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The DQA is engaged in developing quality and performance measures for Medicaid and Children's Health Insurance Programs (CHIP). The DQA has identified several performance measures and is just initiating the process of conducting validity and reliability assessments of these measures. As per the initial charge from CMS to the DQA, the measures in development are pediatric focused.

NADP offers the following comments in response to the RFI, and is concerned regarding any requirement for quality reporting for dental plans within exchanges:

- (1) Within the 2011 National Quality Strategy (referenced in the RFI), Priority #5: Supporting Better Health in Communities included a measure "Percentage of adults and children who use the oral health system."
(<http://www.healthcare.gov/law/resources/reports/nationalqualitystrategy032011.pdf>).

We also note that the 2012 version of the National Quality Strategy does not include any mention of oral health.
(<http://www.healthcare.gov/news/factsheets/2012/04/national-quality-strategy04302012a.html>)

With both the lack of widely recognized dental quality measures and their lack of inclusion in national strategies, it is premature to include dental quality measures in any efforts relating to exchanges. **While all facets of the dental and dental benefits industry have come together via the DQA to develop quality measures, we must have valid and thoroughly tested measures before implementing them within any exchange structure or qualification process.**

- (2) In response to comments to 45 CFR Part 156 [CMS-9965-F] RIN 0938-AR36 Patient Protection and Affordable Care Act; Data Collection To Support Standards Related to Essential Health Benefits; Recognition of Entities for the Accreditation of Qualified Health Plans Final Rule, CMS has stated, "We are not currently requiring that recognized accrediting entities accredit stand-alone dental plans." The Exchange final rule specifies that to the extent that accreditation standards specific to stand-alone dental plans do not exist, then such plans would not be required to meet the accreditation timeline required by 45 CFR 155.1045. **NADP supports this recognition that accreditation standards for stand-alone dental plans do not currently exist.**

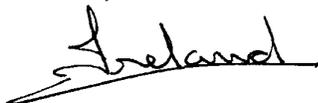


- (3) Would there be separate rankings for stand-alone dental plans offered in exchanges? If so, on what basis will the plans be ranked? Will these rankings be by product offered or by carrier offering? In each case, what would be the mechanism to collect, maintain and report such data? There are numerous significant outstanding issues relating to any dental quality measurement, rankings and qualification relating to exchanges. **Thus, NADP would ask that dental not be included in current efforts relating to quality measures until the industry has time to develop, test and implement measures which are both appropriate and valid for the dental and dental benefits industry.**
- (4) As there are no established, tested and widely recognized dental quality measures, such measures should be examined at a future date. While other measures for dental plans are in use today, they focus solely on satisfaction with plans and benefits, not quality of the care delivered. **As there is no other organization focused solely on dental quality improvement and measures, the DQA should be the primary source for continued discussion and development of dental quality measures.**

We urge HHS to clarify these issues relating to dental plans and oral health. We greatly appreciate the opportunity to comment on the RFI, and look forward to answering any questions.

For additional information, please contact Timothy L. Brown, NADP Deputy Executive Director, at 972-458-6998 x 104 or by e-mail at tbrown@nadp.org.

Sincerely,



Evelyn F. Ireland, CAE
Executive Director

NADP Description

The 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 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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