



August 4, 2015

Andy Slavitt, Acting Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Baltimore, MD 21244-1850  
Sent via: regulations.gov

RE: CMS-10561 Essential Community Provider Data Collection To Support QHP Certification for PY 2017

Dear Mr. Slavitt,

The National Association of Dental Plans (NADP) appreciates the opportunity to comment on the June 5 Federal Register Notice: "CMS-10561 Essential Community Provider Data Collection to Support QHP Certification for Plan Year 2017."

For Plan Years 2015 and 2016, CMS has utilized a general enforcement standard whereby the agency considered an issuer to have satisfied the Essential Community Provider (ECP) standard if the application demonstrated: (1) contracts with at least 30 percent of available ECPs in each plan's service area to participate in the plan's provider network; (2) contracts offered in good faith to all available Indian health care providers in the service area; and (3) contracts offered in good faith to at least one ECP in each ECP category in each county in the service area, where an ECP in that category is available and provides medical or dental services that are covered by the issuer plan type.

Issuers demonstrated compliance by indicating which ECPs were included in a network by populating a template as part of the application process. CMS published a non-exhaustive list of available ECPs and a separate list of dental providers, which issuers could use in completing the template. CMS permitted issuers to write in ECPs not on its non-exhaustive ECP list for consideration as part of the certification review. Allowable write-ins were used in both the denominator and numerator of the calculation to determine issuer compliance with the 30 percent ECP standard.

According to the June 5 Notice, HHS is planning to discontinue the ECP write-in process for issuers entering their ECPs in the application template. HHS will calculate an issuer's

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

972.458.6998 • 972.458.2258 [fax]

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satisfaction of the 30% ECP threshold based exclusively on the ECPs that it lists on its ECP template that are included on the CMS ECP list. To build a more robust ECP listing, CMS plans to collect more complete data directly from providers through an ECP provider petition.

- **Recommendation:** Continue to allow issuers the ability to write-in ECPs that are missing from the CMS listing.

Removal of the write-in process will significantly impact the ability of dental carriers and dental networks to meet the 30 percent ECP standard. NADP members have reported the ECP dental list is not complete and by adding dental ECPs missing from the CMS list, they were able to increase the percentage of contracted Dentists in a state by up to 20 percent.

The experience of our members applying for certification in the past years has shown that ECP's are difficult to recruit as part of a commercial network. Many ECPs are overwhelmed by dental plan network solicitations and have become frustrated to the point of refusing to acknowledge or respond to communications. While HHS has issued an FAQ, that message has not adequately reached dental ECPs.

- **Recommendation:** CMS should use caution when relying solely on providers to join the ECP list or correct it. Providers are not subject to CMS regulation of issuers and are already overwhelmed by the outreach and activity surrounding the ECP process.
- **Recommendation:** CMS should consider implementing a process for reviewing past write-ins identified by networks and use this data to add, remove or update the ECP list accordingly.

We appreciate CMS's work in improving the ECP list, and we offer the following additional suggestions:

- **Recommendation:** We fully support the addition of a National Provider Identifier (NPI) field to the ECP list. We suggest that in addition to Column T for the facility NPI (or NPI 2), there be a field where individual providers or sole proprietors can enter their NPI. Just over half of dentists are in solo practice versus less than 20 percent of medical providers and are therefore more likely to primarily use the individual NPI. Also, two fields should be available in case a provider would like to enter both facility and individual NPIs. Finally, CMS should consider flexibility around this requirement as not all dental providers may have an NPI.
- **Recommendation:** The draft provider petition does not include a column for the Employer Identification Number (EIN), which has appeared in past iterations of the ECP list. Please confirm that EIN will be displayed in the ECP list and consider whether providers should include that number in the petition. Also, EINs have been missing or reported with inconsistent formatting in past ECP lists, which should be corrected in future versions.

NADP greatly appreciates the opportunity to provide our expertise and recommendations. For any follow up or questions, please contact NADP's Director of Government Relations, Kris Hathaway at [khathaway@nadp.org](mailto:khathaway@nadp.org) or (972) 458-6998x111.

National Association of Dental Plans

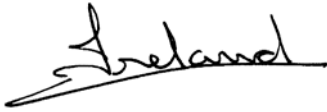
12700 Park Central Drive • Suite 400 • Dallas, Texas 75251

972.458.6998 • 972.458.2258 [fax]



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 more than 92 percent of the 191 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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