



February 25, 2014

Administrator Marilyn B. Tavenner, Centers for Medicare & Medicaid Services
Director Gary Cohen, Center for Consumer Information and Insurance Oversight
P.O. Box 8016
Baltimore, MD 21244-8010
Sent via: FFEcomments@cms.hhs.gov

Re: Letter to Issuers

Dear Administrator Tavenner and Director Cohen:

The National Association of Dental Plans (NADP) is providing comments on “2015 Letter to Issuers in the Federally-facilitated Marketplace (FFM)” (Letter to Issuers). While the Letter to Issuers focuses on Qualified Health Plan requirements, there are specific sections which apply to stand-alone dental plans (SADP). NADP will be addressing only those sections which apply to dental carriers on the FFM.

Chapter 1, Sec. 1: Dental carriers will be able to follow the same timeline as Qualified Health Plans (QHPs); however as NADP has commented previously, to meet these tight turnaround schedules there needs to be improved organization and functionality of outstanding issues with the CMS Help Desk. Having assigned staff and a planned system to track and follow up on each problem ticket would be appreciated.

The Letter to Issuers did not address the certification of “off-exchange certified” dental policies; NADP recommends a rolling timeline for applications with the final certification deadline to parallel Exchange policies.

Chapter 1, Sec. 1: This section incorrectly cites Section 8 as to the Review of Rates for dental policies. It should be corrected to Chapter 3, Sec. 4, i, pg. 35.

Chapter 2: While the title of the chapter, “Qualified Health Plan and Stand-Alone Dental Plan Certification Standards” includes ‘dental’, the subsequent sections do not make specific reference to dental plans nor measures for dental certification, while other sections within the Letter to Issuers make explicit reference to dental plans. We are therefore assuming the standards for licensure, service areas, network adequacy and ECPs will remain the same for dental carriers as was applied to them in 2014. NADP recommends deleting the SADP out of the title for better clarification.

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Chapter 3, Sec. 4: Due to HIPAA excepted benefit status within the law, rate guarantee could not be applied to separate dental policies. In 2013, CMS outlined specific procedures in which dental carriers could offer guaranteed rates or non guaranteed rates. CMS is proposing to collect the average premium actually charged for those SADP issuers that indicated estimated rates in their template to determine the average difference using the 2015 Plan and Benefit Template. CMS is considering evaluating the average difference in the amount the issuer actually charged to consumers compared to the premium amount estimated. This information may be made available to consumers during the shopping process.

NADP recommends the continuation of the 2014 policy for the 2015 plan year instead of the proposed changes. Carriers were able to choose within their templates whether their rates were guaranteed, which was a simplified process. Due to administrative processes already in place, dental carriers would like to see this same format for at least another year, and reevaluate this option for the 2016 plan year when additional experience is available. From our knowledge, there have not been consumer questions or complaints as the majority of dental rates listed on the Marketplace have been guaranteed.

Chapter 3, Sec. 4, ii: As was done in 2014, NADP and the Delta Dental Plans Association (DDPA) will survey members on their intent to offer separate dental policies on the Federally-facilitated Marketplaces so that QHPs will have a better understanding whether they will need to embed pediatric dental as part of the Essential Health Benefits (EHB) package. For 2014, there was at least one separate dental policy offered in each state, with the majority of states having more SADPs than QHPs offering policies.

Chapter 5, Sec. 1: As restated within this chapter, dental plans will be a choice on the FFM SHOP. While NADP understands the goal of the FFM SHOP is to allow for employee choice, NADP is concerned there will be major system issues with this complex functionality. NADP has recommended in the continuation of the 2014 standard of employer choice within the SHOP, until all the IT systems are built, stabilized and enrollment is going smoothly before moving onto employee choice.

Additional Recommendations:

- As Marketplace dental enrollment continues to be released within the FFM as well as state based Marketplaces, we are seeing a trend of adults purchasing voluntary dental benefits. NADP requests CCIIO to continue working towards allowing adults to purchase dental benefits without having to purchase a medical purchase first. This would allow for consumers which already have a medical policy to find dental coverage on the FFM, and it will also allow for dental carriers to offer direct enrollment to brokers and consumers.
- CMS has discussed the option of allowing bundled medical and dental policies, but due to IT systems, that choice was not be available in 2014. NADP requests an update on the intention to move forward with this additional option for carriers and consumers.
- NADP continues to be concerned with the clarity of how consumers view their dental benefits whether embedded or offered separately. At this time, consumers cannot always tell whether their medical policy includes any dental coverage and the associated cost sharing, including deductibles and out-of-pocket costs. Currently, the SBC only says “dental check-up.” Additionally, after

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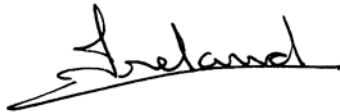
enrollees have completed their medical benefit selection they are asked if they are interested in separate dental coverage.

Consumers are not properly informed of their various medical and dental options prior to selecting their medical policy, which could be impacted by various cost sharing elements. Improved education and transparency for the consumer from the beginning of the enrollment process is necessary.

- In 2013, dental carriers experienced consistent difficulties with the IMP1A testing process and the lack of a direct connection from plan preview. NADP recommends the two processes be combined so that plan preview is linked directly to the final product viewed by consumers, as well, IMP1A needs to become simplified, streamlined with easier functionality.

We appreciate the clarification and attention dental carriers received throughout the Letter to Issuers, and we thank you for your consideration of our comments above. Please contact myself or NADP's Director of Government Relations, Kris Hathaway at 972.458.6998x111, khathaway@nadp.org with any questions or concerns.

Sincerely,



Evelyn F. Ireland, CAE
Executive Director

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 approximately 90 percent of the 187 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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