

January 30, 2023

Chiquita Brooks-LaSure
Administrator, Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-9906-P
7500 Security Boulevard
Baltimore, MD 21244-1850

Re: Notice of Benefit and Payment Parameters for 2024 [CMS-9899-P]

Dear Administrator Brooks-LaSure:

On behalf of the 159,000 members of the American Dental Association (ADA) and the 10,800 members of the American Academy of Pediatric Dentistry (AAPD), we are writing to you in regard to the proposed rule, CMS-9899-P, the Patient Protection and Affordable Care Act; Notice of Benefit and Payment Parameters for 2024. The ADA and AAPD appreciate the Centers for Medicare and Medicaid Services' (CMS) and the Department of Health and Human Services' (HHS) efforts to provide quality, affordable coverage to consumers while minimizing administrative burden and advancing health equity.

As organizations dedicated to advancing the oral health of the public, we appreciate the opportunity to share our thoughts with CMS on how these goals can best be achieved in dentistry.

A Uniform Age-Rating And Eligibility Methodology For Stand Alone Dental Plans

The ADA and AAPD support proposing requiring Stand Alone Dental Plan (SADP) issuers to use the age on the effective date as the sole method to calculate an enrollee's age for rating and eligibility purposes beginning in 2024. Though it's apparent most issuers already use this approach, setting one standard for all brings more certainty and less confusion when comparing plans for consumers regardless of which SADP they may choose.

Guaranteed Rates For SADPs

Allowing SADP issuers to offer either guaranteed or estimated rates no longer seems an appropriate choice at this point. Instead, proposing to bring clarity with only the submission of guaranteed rates will allow for accurate advance premium tax credits (APTCs) of the pediatric dental essential health benefit (EHB) portion of premiums. Additionally, guaranteed rates add transparency and clarity for consumers. We support this proposal and its effort to help those consumers who may qualify for APTCs.

Network Adequacy

CMS proposes to revise network adequacy standards starting in 2024 by eliminating an exception for plans that do not maintain a provider network and instead require all plans, including SADPs, to comply with network adequacy requirements. As noted in the proposed rule, "*in PY [plan year] 2022, only 8 of the 672 SADPs certified as QHPs [qualified health plans] on the FFEs [federally-facilitated exchanges] were plans that do not use a provider network*". The proposed network adequacy requirement for SADPs would aptly improve consumer choice and access to care. Allowing for a new narrow exemption would not allow for SADPs to continue growing their plans, even where provider networks are currently thin.

Plan Marketing Transparency

CMS proposes to require fair marketing practices of QHPs, such that correct information is included, material facts are not omitted, and content is not misleading. Dental plan marketing has been a significant concern in Medicare Advantage plans in recent years, and this is a proactive approach to preventing similar, potentially deceptive marketing of SADPs. We do believe there should be a standard marketing format used by plans; one that is simple (perhaps one-page), captures important cost considerations for consumers (e.g., coinsurance obligations), and provides direction to consumers on how to find participating providers.

The ADA and AAPD look forward to continuing to work with CMS and we would welcome the opportunity to speak with you in more detail and answer any questions you have regarding these comments. Please contact Mr. David Linn at the ADA at (202) 789-5170 and linnd@ada.org or Dr. Chelsea Fosse at the AAPD at (312) 337-2169 and cfosse@aapd.org to facilitate further discussion.

Sincerely,

George R. Shepley, D.D.S.
ADA President

Amr M. Moursi, D.D.S., PhD
AAPD President

GRS:AMM:dl