February 19, 2019

Seema Verma, M.P.H.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted Electronically

Attention: CMS-9926-P; Patient Protection and Affordable Care Act; Department of Health and Human Services Notice of Benefit and Payment Parameters for 2020.

Dear Administrator Verma:

On behalf of the 163,000 members of the American Dental Association (ADA) and the 10,500 members of the American Academy of Pediatric Dentistry (AAPD), we are writing to you in regards to the proposed rule, CMS-9926-P, Notice of Benefit and Payment Parameters (NBPP) for 2020.

The ADA and AAPD appreciate the Centers for Medicare and Medicaid Services’ (CMS) efforts to enhance the role of the states in Affordable Care Act (ACA) programs and provide states with additional flexibilities, reduce unnecessary regulatory burdens on stakeholders, empower consumers, and improve affordability. 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.

§ 155.210: Navigator Program Standards

Navigator programs established under the ACA were designed to help consumers understand available coverage options. The ADA and AAPD oppose the NBPP’s proposals to authorize (but not require) Navigators to provide assistance with topics not specifically mentioned in the statute, and to loosen the Navigators’ training standards. While the ADA and AAPD recognize the importance of providing Navigators with the flexibility needed to best meet the needs of their communities, we know that understanding a plan’s benefits and costs can be challenging for consumers. Requiring Navigators to provide post-enrollment counseling will be especially helpful to consumers with limited English proficiency, low health literacy, physical disabilities, or limited access to computers and the internet. To provide this assistance, Navigators must first receive training in all areas of the exchanges. The specific training Navigators will need to educate and inform consumers about dental plans may be lost if the training requirements are streamlined into four broad categories.
§ 156.111: State Selection of Essential Health Benefit Benchmark Plan for Plan Years Beginning On Or After January 1, 2020
The ADA and AAPD are concerned about the options given to states in the 2019 Payment Notice for selecting benchmark plans. The third option would allow states to select a set of benefits that would become the state’s Essential Health Benefit (EHB)-benchmark plan. We believe that this will give states the opportunity to weaken the EHBs, including the oral health benefit for children. Good oral health is an essential part of a child’s overall health and dental disease is linked to other conditions. Untreated dental disease and pain can also lead to difficulty concentrating in class and missed days of school. The ADA and AAPD support the offering and availability of comprehensive dental services to children under the EHB as required by the ACA.

The 2020 NBPP proposes an earlier deadline, May 6, 2019, for states to submit the documents for their EHB-benchmark plan selection for the 2021 plan year. We believe that this does not give states enough time to fully evaluate their choice of an EHB-benchmark plan and its impact on vulnerable populations, especially low-income children. We urge CMS to reconsider this deadline and instead use a July deadline, as was the case for the 2020 plan year.

§ 156.130: Premium Adjustment Percentage
The rule proposes changing the way premium assistance is calculated. This change would base the premium adjustment percentage on projected private individual and group market health insurance premiums (excluding Medigap and property and casualty insurance expenditures) rather than employer-sponsored insurance premiums. The ADA and AAPD are concerned that this change would increase premiums for exchange plans and decrease enrollment for consumers who receive the premium tax credit. The rule predicts that enrollment would fall by 100,000 in 2020. This decrease in enrollment may be even larger for stand-alone dental plans (SADPs) offered on the exchanges, because if consumers have to pay more for medical plans they will have less funds to pay for dental and may have to go without dental coverage.

Maximum Annual Limitation on Cost Sharing for Plan Year 2020
The proposed change in calculating the premium adjustment will also affect the maximum annual limitation on cost sharing. The new limitations will be $8,200 for self-only coverage, a $300 increase from 2019, and $16,400 for other than self-only coverage, a $600 increase from 2019. The ADA and AAPD believe that these increases in cost sharing will further decrease the affordability of exchange plans.

§§ 156.1120, 156.1125, 156.1130: Quality Standards
The ADA and AAPD encourage CMS and plan issuers to seek input from the Dental Quality Alliance (DQA) as the Meaningful Measures Initiative is implemented into quality reporting and quality improvement programs. The DQA was established at the request of CMS, and as a multi-stakeholder coalition is well-positioned to collaborate, coordinate, and lead efforts on quality measures. The DQA has developed a comprehensive set of measures and
obtained their endorsement from the National Quality Forum (NQF). These measures have been tested for validity, reliability, feasibility, and usability, and rely on standard data elements in administrative claims data, including patient ID, patient birthdate, enrollment information, date of service, place of service codes, revenue codes, dental procedure codes, and provider types. These data are readily available and can be easily retrieved for billing and reporting purposes. Please visit www.ada.org/dqa for more information.

Other Comments
The ADA and AAPD thank CMS for supporting automatic re-enrollment for SADPs for plan years beginning in 2020, and ask CMS to continue automatic re-enrollment for other plans on the exchanges. Automatic re-enrollment is critical for ensuring that beneficiaries continue to be enrolled and do not lose coverage due to forgetfulness, lack of knowledge about the deadlines and requirements, or other factors. It also reduces the administrative burden on plans.

The 2020 draft letter to issuers states that CMS will use the same approach to network adequacy as it did in 2019. By deferring to states for network adequacy reviews using the “reasonable access” standard, the ADA and AAPD believe that this approach does not ensure that all children have access to an appropriate dental provider for pediatric dental services. This is especially true for vulnerable children who live in rural areas or who have special and/or complex health care needs.

Additionally, the ADA and AAPD are concerned about CMS’ proposal to use the same approach for reviewing the essential community provider (ECP) standard as it did in 2019. ECPs include rural health clinics, safety-net and children’s hospitals, community health centers, and other safety-net providers. The reduction in the ECP standard from 30 percent to 20 negatively impacts access to oral health care in low-income and undeserved areas.

The 2020 draft letter to issuers also says that the approach to actuarial value (AV) requirements remains largely unchanged from that used in 2019 and that issuers can offer the pediatric dental EHB at any AV. We remain concerned that, as stated in our November 27, 2017 comments on the 2019 NBPP, eliminating the AV requirements for SADPs negatively impacts the ability of consumers to understand the value of the plan. It also influences benefit designs in a way that can reduce the overall benefit and leave consumers with less comprehensive benefits.

Thank you again for giving us the opportunity to comment on the 2020 NBPP. The ADA and AAPD look forward to continuing to work with CMS. Should you have any questions, please do not hesitate to contact Ms. Roxanne Yaghoubi at the ADA at (202) 789-5179 and yaghoubir@ada.org or Mr. C. Scott Litch at the AAPD at (312) 337-2169 and slitch@aapd.org.
Sincerely,

ADA President

/s/ Joseph B. Castellano, D.D.S.  
AAPD President

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