February 28, 2020

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

Re: Notice of Benefit and Payment Parameters for 2021 (CMS-9916-P)

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-9916-P, Notice of Benefit and Payment Parameters (NBPP) for 2021. 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.

Value Based Insurance Design
The ADA and AAPD appreciate the question regarding value based insurance designs for stand-alone dental plans. We recognize the importance of implementing preventive oral health practices as an effective means of promoting optimal oral health. Given this, we see the need for adequate and appropriate preventive care coverage as the basis to assure value in a dental plan. The ADA urges that all dental benefit plans include the following procedures as covered services for all patients:

- Prophylaxis and periodontal maintenance services;
- topical fluoride applications;
- application of pit and fissure sealants and reapplication as necessary;
- interim caries arresting medicament application (e.g. silver diamine fluoride);
- space maintainers at appropriate developmental stages;
- oral health risk assessments;
- screening and education for oral cancer and other dental/medical related conditions;
- preventive resin restorations;
- resin infiltrations;
- fixed and removable appliances to prevent malocclusion;
- athletic mouth guards;
- prescription or use of supplemental dietary or topical fluoride for home use; and
- in-office patient education, (i.e. oral hygiene instruction, dietary counseling and tobacco cessation counseling with regard to the promotion of good oral and overall health).
In order for plans to be identified as “high-value”, all SADP’s must provide 100% coverage for these preventive services without additional co-insurance for beneficiaries. Further, arbitrary annual frequency limits or age limits without consideration for the patient’s needs does not support the notion of “value” in a dental plan. Plan design should also consider incentives to promote positive patient home care behaviors as well as incentives to support continuity of care.

**Automatic Re-enrollment**
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. Of all those automatically re-enrolled during the 2019 open enrollment period, 15% of that population was enrolled in a plan with zero premium after application of the Advance Premium Tax Credit (APTC). After several years of automatic re-enrollment, CMS now seeks to have this population actively engage in their health care re-enrollment by reducing the amount of their APTC so as to provoke these consumers into action. The ADA and AAPD oppose this consideration since even the most robust of educational programs as proposed by CMS would fail to capture the attention of all those affected, especially since low income consumers could be more difficult to reach. The risk of harm to those who would potentially lose their health insurance, and oral health benefits, far outweighs any perceived benefit.

**Premium Adjustment Percentage**
CMS proposes a continuation of the change in the way premium assistance is calculated. This change results in a still higher premium adjustment percentage. The ADA and AAPD remain concerned that this would continue to increase premiums for exchange plans and decrease enrollment for consumers who receive the premium tax credit. This decrease in enrollment may be even larger for stand-alone dental plans (SADPs) offered on the exchanges, because if lower income 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 Out-of-Pocket Limit On Cost-Sharing**
The proposed change in calculating the premium adjustment will also affect the maximum annual limitation on cost sharing. The new limitations will be $8,550 for self-only coverage, a $400 increase from 2019, and $17,100 for other than self-only coverage, an $800 increase from 2019. The ADA and AAPD believe that these increases in cost sharing will further increase the cost for consumers.

**Quality Rating System**
The ADA and AAPD continue to 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, and 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.

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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 Mr. C. Scott Litch at the AAPD at (312) 337-2169 and slitch@aapd.org to facilitate further discussion.

Sincerely,

Chad P. Gehani, D.D.S.
President, ADA

Kevin J. Donly, D.D.S, M.S
President, AAPD

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