December 21, 2012

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS–9962-NC
P.O. Box 8010
Baltimore, MD 21244-8010


The over 157,000 members of the American Dental Association (ADA) have confidence in their ability to deliver safe and effective quality dental care. To this end, the ADA, at the request of the Centers for Medicare & Medicaid Services (CMS), has taken the lead role in establishing the Dental Quality Alliance (DQA), a partnership of numerous entities interested in collaboratively advancing performance measurement to improve oral health, patient care and safety.

The ADA offers the following comments regarding 45 CFR Part 156 [CMS–9962–NC]: Request for Information Regarding Health Care Quality for Exchanges. The ADA would like to express concern regarding the lack of clarification of quality reporting for dental plans within exchanges. Specifically, we seek clarification on the following:

(1) Within the 2011 National Quality Strategy (referenced within this RFI), Priority #5: Supporting Better Health in Communities included a measure “Percentage of adults and children who use the oral health system.” (http://www.healthcare.gov/law/resources/reports/nationalqualitystrategy032011.pdf) We also note that the 2012 version of the National Quality Strategy (http://www.healthcare.gov/news/factsheets/2012/04/national-quality-strategy04302012a.html) does not include any mention of oral health. We submit that oral health is part of overall health and must be part of the efforts to improve health.

(2) In response to comments to 45 CFR Part 156 [CMS–9965–F] RIN 0938–AR36 Patient Protection and Affordable Care Act; Data Collection To Support Standards Related to Essential Health Benefits; Recognition of Entities for the Accreditation of Qualified Health Plans Final Rule, CMS has stated that “We are not currently requiring that recognized accrediting entities accredit stand-alone dental plans. The Exchange final rule specifies that to the extent that accreditation standards specific to stand-alone dental plans do not exist, 4 then such plans would not be required to meet the accreditation timeline required by 45 CFR 155.1045.” Stand-alone plans administer federally funded dental coverage in some states. Over 60% of patients
with dental coverage receive such through a stand-alone plan. Given this, does HHS have a mechanism to collect data for and publish rankings for dental plans?

(3) Will dental plans be required to report data on any clinical quality measures or Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey at all? Will there be quality rankings for dental plans?

(4) Would there be separate rankings for stand-alone dental plans versus dental plans integrated with medical plans?

We urge HHS to clarify these issues specific to dental plans and oral health. We appreciate the opportunity to comment on the proposed rule 45 CFR Part 156 [CMS-9962-NC]: Request for Information Regarding Health Care Quality for Exchanges. If there are questions concerning these comments, please contact Dr. Dave Preble at 312-440-2756 or by e-mail at prebled@ada.org.

Sincerely,

Dr. Robert A. Faiella
President
American Dental Association

RAF:KA

cc: Dr. Kathleen T. O’Loughlin, executive director
    Dr. David M. Preble, director, Council on Dental benefit Programs