March 15, 2013

Gary Cohen
Deputy Administrator and Director
Center for Consumer Information and Insurance Oversight
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC  20201

Re: Affordable Exchanges Guidance: Letter to Issuers on Federally-facilitated and State Partnership Exchanges

Dear Administrator Cohen,

On behalf of the American Dental Association (ADA) and the American Academy of Pediatric Dentistry (AAPD), we appreciate the opportunity to comment on the March 1 letter to issuers regarding federally-facilitated exchanges and state partnership exchanges. Our organizations are committed to ensuring a robust marketplace exists so that patients are able to choose the most appropriate dental benefit product to meet their individual and family needs.

Cost-sharing Maximums for Stand-alone Dental Plans
We support the establishment of a reasonable, separate cost-sharing limit maximum for stand-alone dental benefit plans offering the pediatric dental essential health benefit (EHB). However, the ADA and AAPD believe that administrative adjustments are necessary to ensure consumers are treated fairly regardless of whether they select dental coverage as part of an embedded dental product or in a separate stand-alone plan. To limit any additional financial burden that families may incur, we request that HHS consider subtracting the separate cost-sharing maximum for stand-alone dental plans from the overall out-of-pocket cost-sharing maximum. We also request that the separate out-of-pocket limits for the stand-alone plans be tiered according to income in a manner consistent with the criteria applied to qualified health plans. This ensures that families have the same out-of-pocket costs irrespective of their health care delivery choice and will allow them to choose a dental benefit plan that meets their needs. These requests are consistent with our December 19, 2012, comments to CMS on a proposed rule affecting standards related to essential health benefits, actuarial value and accreditation where we raised the need to address cost-sharing equitability.

Displaying Stand-alone Dental Plan Rates
We are concerned that consumers will not be provided complete rate information in all cases in time to make an informed choice when considering the selection of a stand-alone dental benefit plan. The March 1 letter indicates that during the plan selection period stand-alone dental plan issuers would have the ability to either (1) guarantee the listed premium rates or (2) inform the consumer that the plan is reserving the option to charge additional premium amounts at a later date. We request clarification as to whether this will mean consumers will have all the information, including any potential additional premium costs, before they enroll in a dental benefit plan. On its face and without further clarification from the agency, this appears to be a significant disincentive to purchase a stand-alone dental product.

Separately Offering and Pricing of Dental Benefits
The ADA and AAPD support the separately pricing and offering of dental benefits by qualified health plans with embedded dental benefits to ensure consumers have the ability to make informed benefits decisions when accessing coverage in a health insurance exchange. We are disappointed that the
agencies have decided this will not be required in states that opt for a federally-facilitated exchange. The ADA and AAPD request clarification that consumers will have access to full medical information, including cost-sharing, coverage limitations and network participants, through the website in order to choose a dental benefit product that meets both their coverage and affordability needs.

Certification and Accreditation
We recognize that certification standards do not apply to stand-alone dental plans at this time since an accreditation entity does not currently exist for such benefit plans. We encourage the agency to work with our organizations and recognize the Dental Quality Alliance (DQA) as the voluntary consensus standards setting body for quality measures in dentistry. The ADA and AAPD believe that any future entity designated as an accreditor for dental benefit plans should be required to use specific clinical quality measures developed by the DQA. The DQA is a voluntary consensus organization with broad representation that is engaged in developing quality measures for accrediting dental plans.

Thank you for the opportunity to offer comments on the March 1 letter. Should there be any questions please contact Ms. Janice E. Kupiec in the ADA’s Washington, DC office at 202-789-5177 or kupiecj@ada.org.

Sincerely,

President
American Dental Association

Joel A. Berg, D.D.S., M.S.
President
American Academy of Pediatric Dentistry