December 31, 2013

Centers for Medicare and Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Attention: CMS-10433/OCN 0938-1187
Room C4–26–05
7500 Security Boulevard
Baltimore, MD 21244–1850

Subject: Initial Plan Data Collection to Support QHP Certification and other Financial Management and Exchange Operations (CMS-10433/OCN 0938-1187)

Dear Sir/Madam:

United Concordia Companies, Inc. ("United Concordia") appreciates the opportunity to offer comments on the 2015 templates that will support the 2014 QHP certification process. United Concordia is one of the nation's largest dental insurers, serving more than 6 million members worldwide. We operate eleven subsidiary companies licensed to transact health insurance and/or dental managed care in all fifty states and the District of Columbia.

As the Department finalizes the QHP certification, we recommend that CMS make changes to the templates to accommodate stand-alone dental plans (SADPs) as well as make changes to improve the overall QHP certification process. Specifically, we recommend that CMS:

- Update the Rate Template for SADPs to show the pediatric rate age band as 0 to 18 years and allow the Business Rules Template to accommodate rating for more than three dependents;
- Modify the Plan and Benefits Template to include more detail to allow SADPs to differentiate plan details, including deductibles, out-of-pocket (OOP) maximums and annual maximums for adults, non-pediatric dependents and pediatric dependents;
- Establish dental benefit categories that identify the type of dental services provided (e.g., periodontics, endodontics, diagnostic imaging and cleanings), ensure that the categories are consistent for adults and children, and allow exclusions and limitations for each benefit category;
- Include specific instructions on the Business Rules Template defining each term for dependent, provide examples of the desired data, and provide instructions on how to use the template for child-only plans;
- Use the customer service telephone number from the Administrative Template and not the Issuer Template to allow for more frequent updates;
- Prepopulate the 2015 Plan & Benefits and Administrative Data templates with information from the 2014 templates for each QHP and issuer, respectively;
- Provide clearer instructions on what is applicable and required for SADPs in the QHP certification process;
- Allow adequate time and access during the Plan Preview process for issuers to verify data and ensure the integrity of their plans;
- Align the medical and dental QHP certification timelines and allow SADP issuers at least a full month to complete the certification process; and
- Establish a dedicated CMS Help Desk for QHP certification to ensure that CMS is able to respond quickly to issuer questions and that there is accountability for issuer tickets.

<u>Rate Template</u>:

- Pediatric ages are different for dental. Pediatric children (up to age 19) will receive the pediatric dental essential health benefit (EHB). At age 19 the EHB no longer applies. The Rates Template should allow issuers to enter rates for ages 0 to 18 years, not ages 0 to 20. Currently, for SADPs guaranteeing their rates, those aged 19 and 20 will be charged the same rate as those aged 0 to 18 but will receive a different, often much leaner, benefit.

- In addition, the Business Rules Template needs to accommodate rating for more than three dependents aged 0 to 20 years in SADPs. Currently, the template only has a category for "3 and above." It would be more appropriate to restrict the rating for up to 3 pediatric dependents (ages 0 to 18) and allow SADPs to also rate for those non-pediatric dependents aged 19 and 20 who choose to remain covered by a non-EHB compliant SADP.

<u>Plan and Benefits Template</u>:

- The Cost-Sharing Variance (CSV) tab of the Plan and Benefits Template needs significantly more detail, including data regarding the dental benefits for adults, to accurately represent the plans in the Federally-Facilitated Marketplace (FFM). Currently, there is no way to differentiate the deductible, OOP maximum, or annual maximum for adults and non-pediatric children and those for pediatric children. The only data SADPs could submit and display was for pediatric children. For instance, the adults in a family plan would see that the SADP had a $700/$1400 OOP maximum; however, that only applied to the pediatric children on the plan. This is misleading.

- Also, CMS should unlock columns A-D on the CSV tab within the Plan and Benefits Template and in Plan Preview to prevent validation issues and allow updating without hours of rework. If CMS cannot unlock those columns, issuers should be provided with access to the passwords. This will allow issuers more flexibility to add and delete fields and significantly reduce the time needed to complete the templates.

- The current SADP benefit categories do not adequately represent dental plans in a meaningful way as the categories are too broad and are not consistent between adults and pediatric children. For example, the child benefit is "dental check-up" but the adult benefit is "routine dental services." Also, consumers won't know what "basic" or "major" care is. The categories should be broken down into types of dental services (e.g., periodontics, endodontics, diagnostic imaging, cleanings, etc.). While most of these are technical terms and are not likely within the average consumer's vocabulary, at least they are specific enough that consumers can understand the scope of their benefits and compare them to other SADP carriers.

- If the categories are broken down by dental services, this will allow issuers to assign a coinsurance level or copayment amount for each service. This will more accurately reflect various cost sharing designs and ensure consumers have a clear understanding of their out-of-pocket costs.   Currently, SADPs had to choose the coinsurance or copayment amount that represented the majority of services or the most highly utilized service within the broad benefit category. For instance, in a dental HMO plan, without any specific categories of coverage, SADPs had to show an average copay of what the carrier believed would be the most commonly used services in each of the categories: routine, basic and major.

Maryland's dental-specific Benefits Template is an example of a template that contained a more accurate depiction of dental services. The Maryland template is not limited to pre-populated drop down values; instead, issuers could put in their own benefit categories, descriptions and age bands.

- Also, "plan level exclusions" should be moved to the CSV tab, and there should be one exclusion cell for each benefit category. This would allow for plan comparisons at the benefit level and make it easier for consumers in the shopping process to identify plan exclusions and limitations.

Business Rules Template:

- The business rules template needs specific instructions that define what each dependent term means and provide examples of the desired data for each field. This will ensure that the term is not subject to errors in interpretation. A glossary or data dictionary is essential so that there is consistency in application between carriers. Specifically, each of the dependent types needs to be clearly defined so that the entire industry interprets the terms the same way. For instance, there has been broad misunderstanding about the term "ward" and there are other terms that are not typically used in insurance policies (e.g., life partner).

- The template should account for different definitions of "spouse" as some states permit domestic partners or civil union partners to be included within the definition of spouse while others do not (e.g. Virginia). The template currently uses the term "life partner" but that is ambiguous unless defined.

- It should also be made clear how each term is used for child-only plans. Because children under the age of majority are not able to contract for insurance (in most states), our company interpreted "primary" for child-only plans to be the individual responsible for the policy, not an enrolled child. We later learned that CMS interprets "primary" on a child-only plan as one of the children. CMS should clearly designate the allowed dependent relationships for child-only plans. The lack of clarity in terms used on the business rules template encumbered many issuers during the September corrections window by requiring re-work and resubmission.

Administrative Template:

- Currently, CMS uses the customer service telephone number provided in the Issuer Template instead of the telephone numbers collected in the Administrative Template. The Plan Finder module can only be updated quarterly which prevents issuers from updating their contact information in a timely manner. United Concordia recommends that CMS use the customer service telephone number from the Administrative Template which can be updated more frequently.

- Issuer data provided to shoppers on the FFM is from both the Plan Finder module and the Administrative Template. CMS should provide information regarding the exact source of data for information to the FFM.

Overall QHP certification Process:

- Wherever possible, and at minimum in the Plan & Benefits and Administrative Data templates, CMS should prepopulate the 2015 templates with the information from the 2014 templates for each QHP and issuer. This will allow issuers to more quickly and accurately complete the certification process.

3

- Because the certification templates and process were designed to accommodate medical QHP issuers, some of the information requested was not suited to SADPs and made it difficult to accurately complete the templates. CMS should provide clearer instructions on what information is applicable and required for SADPs in the QHP certification process.

- CMS should also allow adequate time and access for the Plan Preview process for issuers to verify data and ensure the integrity of their plans. We recommend that Plan Preview occur as early as possible and last for at least two weeks, assuming no system issues.

- If CMS aligns the medical and dental QHP certification timelines, SADP issuers should be provided at least a full month to complete the certification process. Submission of dental applications took more time than expected in 2013 and an earlier submission window will provide the time needed to complete and submit the templates.

- CMS should improve its help desk responsiveness and ticket resolution process. A dedicated help desk for QHP certification should be established to ensure that CMS is able to respond quickly to issuer questions and that there is accountability for issuer tickets. United Concordia recommends that tickets be resolved within a reasonable timeframe, such as 2 to 3 business days. Failure to address issuer concerns and tickets impacts an issuer's ability to meet its deadlines.

Thank you for considering our comments on this data collection request. Please let me know if I can provide further clarification.

Sincerely,

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