December 31, 2013

The Honorable Kathleen Sebelius, U.S. Department of Health and Human Services
Marilyn Tavenner, Centers for Medicare & Medicaid Services
Attention: CMS-10433
P.O. Box 8016
Baltimore, MD 21244-8010
Sent electronically via www.regulations.gov

Re: Comment Request Notice – Initial Plan Data Collection to Support Qualified Health Plan Certification and Other Financial Management and Exchange Operations

Dear Secretary Sebelius and Administrator Tavenner,

The National Association of Dental Plans (NADP) appreciates the opportunity to provide comments on the "Initial Plan Data Collection to Support Qualified Health Plan (QHP) Certification and Other Financial Management and Exchange Operations" (Notice) as published by the Centers for Medicare & Medicaid Services, in the Federal Register in Vol. 78, No. 212 on November 1, 2013. Due to a limited comment period during the holiday season and additional comments on dental cost sharing, NADP may follow up with additional analysis past the comment period deadline.

To offer policies in Federally-facilitated Marketplaces, both medical and dental carriers were required to fill out multiple templates to provide enrollees specific information on products, including: rates, actuarial values, links to provider networks, and much more. The templates were designed for medical policies and adjusted for dental policies by graying out specific fields. Based on concerns during the initial 2013 filing period, we offer the following recommendations:

- *Instructions need to be clear and specific, with follow-up FAQs posted in one location.*

  The lack of clarity on how the templates were to be used and where entered information would be displayed led to different approaches in filling out the templates by carriers. There was confusion on whether updates were being posted on RegTap or Zone, with Zone not accessible to all interested parties. Answers to questions on calls and webinars were not always posted in a timely manner, which was difficult for dental carriers who do not have resources to make the multitude of weekly calls

and webinars that sometimes did not touch on dental issues at all. Thus, FAQs became critical in understanding updated policy and template decisions.

- *Allow sufficient time for carriers to review and edit templates.*

  In 2013, carriers had little time to file templates; in addition, the critical plan preview process was not functioning correctly and did not accurately reflect information presented to enrollees online. For example, on plan preview, carriers viewed and tested links to both their Plan Brochure and Summary of Benefits. Once the website went live, dental carriers were discouraged to find the link to the Summary of Benefits would not be displayed, only the Plan Brochure. These systems need to run efficiently and operate properly to better serve the Marketplaces and assure correct data is provided to the consumer.

- *Ensure benchmarks are correctly listed in the templates within each state.*

  In prior templates, the information uploaded had erroneous frequency limitations and information listed under the pediatric dental benefit and carriers had to communicate with CMS staff separately for a resolution.

- *An organized system in addressing policy questions and company-specific issues is critical.*

  Questions forwarded to the CMS Help Desk were assigned ticket numbers and were addressed in a range of ways, i.e. on calls, FAQs, or specific emails. At other times the tickets were not addressed at all, or were asked to be re-filed after the CMS system was rebooted with various fixes. Tracking a carrier's outstanding tickets became a full time job and led to confusion and unanswered questions. Carriers had understood that newly appointed federal account managers were to assist in company specific issues, such as incomplete enrollment files, but that has not been the case. An organized system to address Exchange questions and enrollment issues in a timely and accountable method is acutely needed both at the policy level and the company specific level

CMS has released revised templates for product filings in 2014 for the 2015 benefit year. Based on our review to date, NADP would like the following issues addressed:

- *Business Rules Template:*
  - Include specific instructions defining each term for dependent and child-only plans.
  - Provide examples of requested data.
  - Provide specific instructions on using the template for child-only plans, including capturing contact information for guardians to whom correspondence should be addressed.
  - 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.
    - For columns D, E & G, the dropdown options include '1', '2', and '3 or more'. This list should be more comprehensive and allow carriers the ability to select among '1', '2', '3', and '4 or more'.

- *Rate Template:*
    - Due to the pediatric dental age (up to age 19) varying from the rating band of 0 to 20, a correction is needed within the Template. Currently, for dental carriers guaranteeing their rates, those aged 19 and 20 will be charged the same rate as those aged 0 to 18 but may receive a different benefit.

- *Plan & Benefit Template:*
    - The Cost Sharing Variance tab should describe in more detail the variances among policies for consumers. Carriers are unable to distinguish the variations amid cost sharing factors, such as deductibles and out-of-pocket limits in all policies except pediatric EHB products. For example, adults will see an out-of-pocket limit when it is only applied to the child portion of the policy. Consumers should also be aware if medical carriers include or not include separate dental cost sharing limitations. Transparency is necessary to fully understand and purchase the benefit which best suits a consumer's needs.
    - The template should include in the default configuration both Pediatric EHB, Pediatric non-EHB (like traditional Orthodontia), and Adult benefits in the Benefits Column. It would be more accurate to leave fields blank that don't apply than to have different jurisdictions – allowing the addition of benefits as carriers see necessary.
    - Allowance for additional background information within the dental categories is necessary. Carriers need to be able to explain the differences between "Basic" and "Major" by services. In addition, the benefit terms utilized within the child and adult categories are neither standard nor defined.
    - Request the addition of "Qualified Dental Plans" or "Stand-Alone Dental Plans" to parallel the listing of QHPs where appropriate.

NADP appreciates the opportunity to provide comments on the CMS revised templates. If you have any questions related to our comments or the dental benefits industry, please contact me directly at khathaway@nadp.org or (972)458-6998x111.

Sincerely,

Kris Hathaway
Director of Government Relations
National Association of Dental Plans

NADP Description

NADP is the largest non-profit trade association focused exclusively on the dental benefits industry, i.e. dental PPOs, dental HMOs, discount dental plans and dental indemnity products. NADP's members provide dental benefits to over 90 percent of the 187 million Americans with dental benefits. Our members include the entire spectrum of dental carriers: companies that provide both medical and dental coverage, companies that provide only dental coverage, major national carriers, regional, and single state companies, as well as companies organized as non-profit plans.

National Association of Dental Plans

12700 Park Central Drive • Suite 400 • Dallas, Texas 75251

972.458.6998 • 972.458.2258 [fax]