

October 13, 2015

Centers for Medicare and Medicaid Services  
Office of Strategic Operations and Regulatory Affairs  
Division of Regulations Development  
Attention: Document Identifier/OMB  
Control Number II, Room C4-26-05  
7500 Security Boulevard  
Baltimore, MD 21244-1850

**Re: CMS-10752 Transparency in Coverage Reporting Qualified Health Plan Issuers**

To Whom It May Concern:

I am writing on behalf of Delta Dental Plans Association (DDPA) in response to the Centers for Medicare and Medicaid Services' (CMS) proposed collection of information entitled "Transparency in Coverage Reporting by Qualified Health Plan Issuers" (hereinafter referred to as "Request for Comment") published on August 12, 2015. DDPA is concerned with the Request for Comment since the data elements CMS proposes to request from issuers in Appendix A as well as the data elements CMS proposes to display in Appendix B may not provide the information consumers need to make fully-informed decisions about their dental coverage. The data elements are broad and will overwhelm and confuse consumers with information extraneous to their dental coverage decision.

DDPA is the nation's largest, most experienced dental benefits system. Since 1954, DDPA has worked to improve oral health in the U.S. by emphasizing preventive care and making quality, cost-effective dental health service plans available to enrollees. DDPA's member companies and affiliates offer custom programs and reporting systems that provide individuals, employees, and state Medicaid and Children's Health Insurance Program (CHIP) participants with quality, cost-effective dental benefit programs and services. Our nationwide network of 39 companies and 155,000 dentists serves more than 68 million Americans in over 122,000 group plans.

DDPA is committed to the long term viability and success of the Marketplaces. Our member companies offer stand-alone dental plans (SADPs) on public Marketplaces in 44 states. As of June 2015, DDPA member companies have enrolled 368,338 individuals in SADPs through the public Marketplaces. We estimate that 266,051 of these individuals were enrolled in SADPs through Federally-Facilitated Marketplaces (FFMs) while 16,833 were enrolled through state partnership Marketplaces. We estimate that 85,454<sup>1</sup> individuals were enrolled through state-based Marketplaces (SBMs).

**CMS's Proposal:** Pursuant to Sections 1311(e)(3)(A) and (B) of the Affordable Care Act (ACA) as implemented at 45 CFR 1040(a) and 156.220, CMS will require issuers of qualified health plans (QHPs) and SADPs participating on the FFMs, and those SBMs that use HealthCare.gov, to submit by email specific information related to transparency of coverage contained in Appendix A of the Request for Comment. CMS will display the data elements proposed in Appendix B including: claims payment policies and

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<sup>1</sup> Includes state-based Marketplaces and federally-supported state-based Marketplaces.

practices, data on enrollment, data on rating practices, information on cost-sharing and payments for out-of-network coverage, information on enrollee rights under Title I of the ACA, and other information as determined appropriate by the Secretary.

**Overarching Comment:** DDPA firmly supports greater transparency on the Marketplaces. For this reason, DDPA has been working closely with the Center for Consumer Information and Insurance Oversight to improve the consumer shopping experience on HealthCare.gov. However, CMS's reliance on Sections 1311(e)(3)(A) and (B) of the ACA for authority over both QHPs and SADPs has diminished the proposed data elements' ability to provide transparency when it comes to dental coverage. Specifically, Sections 1311(e)(3)(A) and (B) require **health plans** seeking certification to make available to the public accurate and timely disclosure of claims payment policies and practices, periodic financial disclosures, data on enrollment, data on disenrollment, data on the number of claims that are denied, data on rating practices, information on cost-sharing and payments with respect to out-of-network coverage, information on enrollee and participant rights under Title I of the ACA, and other information determined by the Secretary in plain language. Sections 1311(e)(A) and (B) are intended for major medical health plans. Many of the documents these sections focus on will be beneficial for consumers selecting medical coverage. However, several of those data elements will not provide consumers the needed assistance to select dental coverage, whether the coverage is embedded in a major medical plan or provided by an SADP. Indeed, some do not even apply to SADPs (e.g. rating practices).

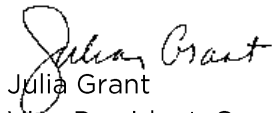
**Data Elements Requested of Issuers in Appendix A:** DDPA is concerned with the final category in Appendix A entitled "Claims Payment Policies and Practices and Other Information As Determined Appropriate by Secretary." CMS requires issuers to provide one link that includes policies on numerous issues from out-of-network liability to balance billing policies. The scope of the data element is broad and we are concerned that several categories do not apply to SADPs. For example, the data element includes drug exceptions. This would be inappropriate for SADPs. In addition, it includes information that applies to providers, such as claims submission policies. Inclusion of all this information into one category, particularly for SADPs, would overwhelm and confuse consumers trying to locate information relevant to their dental shopping experience. Consumers are concerned with an SADP's benefit package (diagnostic & preventive, basic and major), cost-sharing and deductibles, and network adequacy. Issuers offering SADPs on the FFM usually post this information on their websites. DDPA recommends creating a separate dental data element specifically focused on this information that will inform a consumer's decision to purchase dental coverage. It should be applied to both SADPs and QHPs with embedded dental coverage.

**Data Elements Displayed by CMS in Appendix B:** DDPA is also concerned about the data elements CMS proposes in Appendix B. Please note our comments above as to "Claims Payment Policies and Practices and Other Information As Determined Appropriate by Secretary." As to the category entitled "Data on Enrollment," CMS proposes reporting issuer enrollment numbers as derived from the FFM. Because SBM enrollment numbers have been understated, mechanisms are needed to ensure issuer approval of enrollment numbers to ensure their accuracy prior to being reported to CMS. Also, pediatric dental benefit enrollment in embedded plans should be fully and accurately reported. The category entitled "Information on Cost-Sharing and Payments for Out-of-Network Coverage" is a category that would be of great interest to consumers purchasing dental coverage. However, CMS will be relying on data elements that will provide little or no information to consumers shopping for dental coverage. CMS proposes using an issuer's Summary of Benefits and Coverage (SBC) for this data element. SADPs are not required by the ACA to provide SBCs. The QHP SBC has little or no information on the out-of-network dental coverage and cost-sharing for dental benefits.

**Operational Limitations:** DDPA appreciates that CMS is trying to simplify the process by allowing issuers to submit data elements in plan year 2016 by email as well as relying on existing data to meet data element requirements. However, even with these concessions, the Request for Comment, published on August 12, provides issuers no time for implementation with open enrollment beginning November 1. The Request for Comment also fails to provide crucial details on implementation of the ACA's transparency requirement. For example, when during the 2016 open enrollment will issuers start reporting the data elements? Should a separate email and URL be used for each issuer's plan? With less than a month before open enrollment issuers have a draft with vague instructions about what to report in order to meet the ACA's transparency requirements. DDPA recommends that CMS keep the issuer reporting requirements simple in plan year 2016 to avoid issuer operational disruption and consumer confusion.

Thank you for the opportunity to respond to the Request for Comment. DDPA supports efforts to ensure transparency of stand-alone and embedded dental coverage on HealthCare.gov. It is essential that consumers shopping on the Marketplaces be provided with reliable information to make informed decisions in selecting dental coverage that fits their needs, whether it is offered as an embedded or stand-alone plan. We look forward to working with you to ensure that consumers' experience includes this transparency.

Sincerely,

A handwritten signature in black ink, appearing to read "Julia Grant". The signature is fluid and cursive, with the first name "Julia" being more prominent than the last name "Grant".

Julia Grant  
Vice President, Government Relations  
Delta Dental Plans Association