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AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth

December 18, 2013

Marilyn Tavenner
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-9954-P
P.O. Box 8016
Baltimore, MD 21244-8016

Via Electronic Submission

RE: Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2015; Proposed Rule (CMS-9954-P)

Dear Administrator Tavenner:

On behalf of the American Dental Association (ADA) and its 157,000 members and the American Academy of Pediatric Dentistry (AAPD) and its 8,800 members, we appreciate the opportunity to comment on the proposed rule, CMS-9954-P, addressing benefit and payment parameters for 2015 as they apply to stand-alone dental plan coverage under the Patient Protection and Affordable Care Act (ACA). Our organizations have worked together throughout the implementation phase of the ACA to provide dentistry's perspective to staff within the Centers for Medicare and Medicaid Services (CMS), while also serving as information sources concerning the availability of dental benefits in the marketplaces for our state societies, member dentists, and consumers.

Functions of a Small Business Health Options Programs (SHOP): §155.705(b)(3)
The rule proposes to allow employers the ability to offer their employees and dependents, for plan years beginning on or after January 1, 2015, either a single stand-alone dental plan (SADP) or choice among all SADPs available within the federally-facilitated Small Business Health Options Program (FF-SHOP). We support the proposal to allow a qualified employer to offer a choice among all of the stand-alone dental products available in the FF-SHOP.

We support a proposal that maximizes choice because it allows employees to choose a dental benefit plan that works best for their family. As the proposed rule states, this option will allow employees with dependents the ability to enroll in pediatric dental coverage if the employer-selected qualified health plan(s) lack such coverage. This would allow employees the ability to select a dental benefit plan for themselves, provide a more seamless purchasing experience and, if selecting coverage for a dependent, the ability to maintain family coverage. We believe this could lead to an increase in choice and competition in the small group market. However, as noted in the proposed rule, there is the potential for adverse selection and it is unclear how the agency proposes to address this concern. We request that the agency address this in its final rule.

National Annual Limit on Cost Sharing for Stand-Alone Dental Plans in an Exchange: §156.150
The ADA and AAPD support lowering the financial burden on patients but we are concerned about the unintended consequences of this proposal. The proposed rule seeks to amend the established annual limit on cost sharing for SADPs that offer the pediatric dental essential health benefit. The current limitation in federally-facilitated exchanges is $700 for one child and $1,400 for two or more children. The proposed rule would lower the limitation to $300 for one child and $400 for two or more children and would apply to all exchanges beginning in the 2015 plan year. This change would alleviate the additional

out-of-pocket burden consumers may experience when choosing a SADP, depending on the structure of the plan. The rule also seeks to eliminate the actuarial value (AV) requirements SADPs must meet if the lower out-of-pocket maximums (OOP) are in place. We are concerned that this may impact the benefit design and suggest the agency establish a minimum AV for stand-alone dental plans. Our organizations are also concerned that there may be a negative impact on the ability of consumers to access preventive services as a result of the lowered OOP maximum.

A typical dental benefit plan in the current marketplace provides preventive and diagnostic services with limited or no cost-sharing and we are concerned that the benefit design may shift in a manner that would impose deductibles before any services are provided by a dental benefit plan, including preventive dental services for children. While the ACA outlined a number of preventive services that are not subject to cost-sharing such as well-child/baby exams, immunizations and services recognized by the US Preventive Health Services Task Force (USPSTF) with an A or B rating, the outlined preventive services do not include routine preventive dental services. In fact, the only dental service included in the USPSTF with a B rating is fluoride supplementation by a primary care provider for children over six months with water sources deficient of fluoride. The ADA and AAPD believe that in the absence of more robust USPSTF guidelines concerning dental services, those developed using equally rigorous methodology should be considered. Dental decay is a chronic disease and is largely preventable. Evidence-based guidelines from the ADA document the strong evidence supporting use of topical fluorides and sealants for caries prevention. Imposing financial barriers such as deductibles for such services will only lower the quality of care within the healthcare delivery system. We also recommend that quality of oral health care be monitored to ensure that plan design does not negatively impact quality.

The ADA and AAPD are also concerned about the impact changes in cost-sharing would have on overall monthly premiums. We believe the intent behind including a pediatric dental essential health benefit was to expand access to dental coverage for children. High monthly premiums may serve as a deterrent to purchasing such coverage in an exchange or FF-SHOP. We recognize the challenges of designing a dental benefit plan within the parameters outlined in the ACA and in this proposed rule; however, we believe that a balance can be made that will provide consumer choice coupled with appropriate benefits that are also affordable. This balance should also include accountability for network adequacy.

We appreciate the opportunity to provide comments on the proposed rule. The ADA and AAPD believe that consumers must continue to have the ability to choose an appropriate, affordable dental benefit plan that meets their needs as well as the needs of their children. We trust that CMS takes this into consideration as it moves forward with the rulemaking process. Should there be any questions, please contact Ms. Janice E. Kupiec in the ADA Washington office at kupiecj@ada.org or 202-789-5177.

Sincerely,

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American Dental Association

Warren A. Brill, D.M.D., M.S. (HYG)
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