



August 3, 2012

Mr. Michael Hash
Acting Director
Center for Consumer Information and Insurance Oversight
Centers for Medicare & Medicaid Services
Department of Health and Human Services
200 Independence Avenue
S.W. Washington, D.C. 20201

Re: Comments on General Guidance on Federally-Facilitated Exchanges

Submitted via electronic transmission: FFEcomments@cms.hhs.gov

Dear Mr. Hash:

On behalf of the American Dental Association (ADA) and the American Academy of Pediatric Dentistry (AAPD), we are pleased to offer comments on the May 16, 2012, guidance issued by the Center for Consumer Information and Insurance Oversight (CCIIO) regarding federally-facilitated exchanges (FFE). Our comments follow separate discussions our organizations have had with CCIIO and the HHS Office of Health Reform to discuss the development of state and federal exchanges and pediatric oral health benefit requirements to be offered within the exchanges.

Overview

The Affordable Care Act's (ACA) inclusion of a pediatric oral health benefit requirement as part of the essential health benefits (EHB) package presents an opportunity for millions of children to gain access to oral/dental health services. Tooth decay is the most common chronic childhood disease and it is largely preventable. Providing children with dental services at recommended intervals will help them achieve the goal of optimal oral health, which contributes to good overall health.

It is necessary to provide consumers with the tools and information they need to make informed dental coverage decisions to ensure health insurance exchanges are robust and competitive marketplaces. It is important that stand-alone dental benefit plans are able to compete within the exchange, as the vast majority of the American public with dental coverage has that coverage through stand-alone plans. To be able to compete within the exchange, consumers should have sufficient information to ensure they can truly make apples-to-apples comparisons between stand-alone plans and medical plans with dental benefits. It is vital to be able to compare pricing as well as coverage levels. The bottom line is that transparency of information will be crucial to the function and sustainability of health insurance exchanges.

Ensuring that the pediatric dental/oral health benefit is comprehensive and meets the law's intention of providing children adequate access to oral health services is extremely important to the ADA and AAPD. Dental providers want to ensure that the benchmarks set for health plans offered within the exchange provide an appropriate level of preventive and restorative benefits needed to maintain a child's oral health, and when they do not, that supplemental coverage is available. Patients must have access to supplemental coverage if a benchmark's coverage is limited.

Plan Management in a Federally-Facilitated Exchange

In implementing FFEs, HHS will rely on existing state reviews of benefit plans. However, given the complexity of implementing this arrangement, we strongly urge the agency to adopt a more specific network adequacy standard for qualified health plans (QHPs) offering the pediatric oral health benefit. We believe the standard should require QHPs to include general and pediatric dentists as well as those dentists with expertise treating children who may have complex needs, including but not limited to children with physical or cognitive limitations. The network should make allowances for dental emergencies and situations where an out-of-network provider may be the only available provider, without additional financial burden on the patient or the dentist. Lastly, we believe the FFE should closely review plan service areas to ensure the target population is able to access dental services as intended. We recommend that HHS work with state regulators to consult with dental benefit plan providers, dentists and the Medicaid and CHIP programs to examine the standards that are currently used by these providers to establish the additional time needed to access a specialist.

Accreditation and Quality Reporting

Our organizations applaud efforts by HHS to implement quality improvement strategy requirements for QHP issuers and requiring insurers to publicly report data. The guidance proposes using the National Committee for Quality Assurance (NCQA) and the Utilization Review Accreditation Committee (URAC) as the two entities that will perform the accreditation reviews. The ADA and AAPD recommend that CMS require any designated accrediting entity to use specific clinical quality measures developed by the Dental Quality Alliance (DQA), a voluntary consensus organization requested by the Centers for Medicare and Medicaid Services, with broad representation that is currently engaged in developing quality measures for accrediting dental plans.

Eligibility for Insurance Affordability Programs and Enrollment in the Individual Market

The Guidance on Federally-Facilitated Exchanges describes two eligibility determination processes, as outlined in 45 CFR 155.302, which will be used to determine individuals' eligibility for Medicaid or Children's Health Insurance Plans. The ADA and AAPD do not favor one eligibility determination process over the other; however, we urge HHS to ensure that consumers experience a seamless eligibility determination process regardless of which is utilized. The initial eligibility assessment should be a "one stop shop", allowing officials to determine Medicaid, CHIP, or purchasing assistance eligibility.

Stakeholder Input

The ADA and AAPD appreciate the agency's efforts to gather input from a variety of stakeholders and the commitment that has been made to work closely with local stakeholders on the implementation of full FFEs. Our organizations have provided comments throughout this process, both formally and informally, on the Essential Health Benefit Guidance, and specifically the pediatric oral health benefit requirement. In states where the decision is made to move forward with a full FFE, we strongly urge HHS to develop a process to obtain input from local organizations, such as state dental societies. Within the state-based health exchange development process there are distinct points of contact for providers to engage and work with state officials on development of their exchanges. A similar process for the FFE's must be established to facilitate engagement with health care providers. We believe this level of engagement is critical to ensuring efforts to examine and ensure appropriate dental networks are in place through the plans offered within the exchange to provide required pediatric oral health services.

Thank you and should there be additional questions, please contact Ms. Janice E. Kupiec in the ADA's Washington, DC office at 202-789-5177 or kupiecj@ada.org or Mr. C. Scott Litch with the AAPD at 312-337-2169 or slitch@aapd.org.

Sincerely,



Kathleen O'Loughlin DMD, MPH
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