

December 30, 2020

Seema Verma, M.P.H.  
Administrator, Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Re: Notice of Benefit and Payment Parameters for 2022 (CMS-9914-P)

Dear Administrator Verma:

On behalf of the 163,000 members of the American Dental Association (ADA) and the 10,800 members of the American Academy of Pediatric Dentistry (AAPD), we are writing to you in regards to the proposed rule, CMS-9914-P, Notice of Benefit and Payment Parameters (NBPP) for 2022. The ADA and AAPD appreciate the Centers for Medicare and Medicaid Services' (CMS) efforts to enhance the role of the states in Affordable Care Act (ACA) programs and provide states with additional flexibilities, reduce unnecessary regulatory burdens on stakeholders, empower consumers, and improve affordability.

As organizations dedicated to advancing the oral health of the public, we appreciate the opportunity to share our thoughts with CMS on how these goals can best be achieved in dentistry.

#### **State Exchange Direct Enrollment Options**

CMS proposes significant changes to website portal functionality from the consumer standpoint by allowing separate webpages from the traditional HealthCare.gov page to be utilized by states more easily. Direct enrollment entities would be able to create access points for coverage selection and states could request that CMS allow these to replace HealthCare.gov without a section 1332 waiver process. We are concerned this could lead to unintended consequences considering the Georgia 1332 waiver request to end the use of HealthCare.gov required revisions before approval. This more informal approval process proposed could ultimately lead to consumer confusion and less utilization of the marketplace as a result if they are unaware of new procedures for selecting coverage.

#### **Separate Webpage Requirement**

CMS is proposing that direct enrollment entities that are creating their own webpages use three separate webpages to distinguish between qualified health plans, non-qualified health plans and excepted benefits. CMS makes exceptions to this requirement, including that direct enrollment entities could use the same webpage to display different types of stand-alone dental plans whether on or off the exchange. While we are uncertain of the impact this will have, we understand that CMS' reasoning was to have a consumer friendly approach by incorporating all stand alone dental plans together. Our overarching concern is that direct enrollment entities creating separate webpages from HealthCare.gov will be unknown to most consumers and they may not recognize new webpages if not properly advertised.

**Premium Adjustment Percentage**

CMS proposes a continuation of the change from the 2020 notice in the way premium assistance is calculated. This change will continue to impact premiums and out of pocket costs. The ADA and AAPD remain concerned that this would continue to increase premiums for exchange plans and decrease enrollment for consumers who receive the premium tax credit. This decrease in enrollment may be even larger for stand-alone dental plans (SADPs), because if lower income consumers have to pay more for medical plans they will have less funds to pay for dental and may have to go without dental coverage.

**Maximum Annual Out-of-Pocket Limit On Cost-Sharing**

The proposed change in calculating the premium adjustment will also affect the maximum annual limitation on cost sharing. The new limitations will be \$9,100 for self-only coverage, a \$550 increase from 2020, and \$18,200 for other than self-only coverage, a \$1,100 increase from 2020. The ADA and AAPD believe that these increases in cost sharing will further increase the cost for consumers.

**Quality Rating System**

The ADA and AAPD continue to encourage CMS and plan issuers to seek input from the Dental Quality Alliance (DQA) as the Meaningful Measures Initiative is implemented into quality reporting and quality improvement programs. The DQA was established at the request of CMS, and as a multi-stakeholder coalition is well-positioned to collaborate, coordinate, and lead efforts on quality measures. The DQA has developed a comprehensive set of measures and obtained their endorsement from the National Quality Forum (NQF). These measures have been tested for validity, reliability, feasibility, and usability, and rely on standard data elements in administrative claims data, including patient ID, patient birthdate, enrollment information, date of service, place of service codes, revenue codes, dental procedure codes, and provider types. These data are readily available and can be easily retrieved for billing and reporting purposes. Please visit [www.ada.org/dqa](http://www.ada.org/dqa) for more information.

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The ADA and AAPD look forward to continuing to work with CMS and we would welcome the opportunity to speak with you in more detail and answer any questions you have regarding these comments. Please contact Mr. David Linn at the ADA at (202) 789-5170 and [linnd@ada.org](mailto:linnd@ada.org) or Mr. C. Scott Litch at the AAPD at (312) 337-2169 and [slitch@aapd.org](mailto:slitch@aapd.org) to facilitate further discussion.

Sincerely,

Daniel J. Klemmedson, D.D.S, M.D.  
President, ADA

Jessica A. Lee, D.D.S, M.P.H., PhD  
President, AAPD