



**TESTIMONY TO THE
National Committee on Vital and Health Statistics (NCVHS)
Subcommittee on Standards**

ON

Dental Code Set Updates and Considerations

BY

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Thank you to the members and staff of the Subcommittee on Standards (Subcommittee) of the National Committee on Vital and Health Statistics (NCVHS) for the opportunity to share comments and concerns regarding the Code Advisory Committee (CAC) developed and maintained by the American Dental Association (ADA) and tasked with the development and maintenance of the Code on Dental Procedures and Nomenclature, more commonly referred to as the Current Dental Terminology (CDT).

The National Association of Dental Plans (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% of the 176 million Americans with dental benefits. Our members include major commercial carriers, regional and single state companies, as well as companies organized as non-profit plans.

I am Timothy L. Brown, NADP Deputy Executive Director, and have been with NADP for the past 14 years and worked with a dental benefits company for several years prior. For the past 20 years, NADP has been engaged in the development of codes sets, electronic transactions, EDI standards, and state and federal regulations relating to the dental and dental benefits industry. As well as participating in the code revision process, NADP is an active member of the ADA Dental Content Committee (DeCC) and Standards Committee on Dental Informatics (SCDI), ASC X12 (X12), Dental Quality Alliance (DQA), Health Level 7 (HL7), National Quality Forum (NQF), Workgroup for Electronic Data Interchange (WEDI) and have participated in episodic iterations of the ADA Dental Claim Form Advisory Committee (DeCFAC). As well, we work very closely with other key stakeholders in the dental benefits industry including the American Association of Dental Consultants (AADC), America's Health Insurance Plans (AHIP), Blue Cross Blue Shield Association (BCBSA), the Center for Medicare and Medicaid Services (CMS), Delta Dental Plans Associations (DDPA) and the National Dental Electronic Data Interchange Council (NDEDIC).

NADP has been an active participant in the Code Revision Committee (CRC), the predecessor to the current Code Advisory Committee (CAC), since 2001, and has previously testified before this body in 2002 and 2004. The development and maintenance of the CDT is so critical to our membership that we maintain a committee of loyal and dedicated volunteers whose sole function is to review and propose changes to the dental codes and provide advice on use and implementation of the dental codes.

While NADP is acutely aware that the CDT is the primary "language" between payers and providers, we also recognize the importance the codes play in the implementation of electronic health information and electronic health records. However, as the core communication tool

between the dental benefits industry and dental providers, NADP's members are essential contributors in the process of maintaining and updating the CDT.

It will be no surprise to anyone that NADP was shocked and dismayed when the full CAC was summarily disbanded in September of 2011. We felt the CRC had been relatively successful and provided a collaborative process for the advancement of the CDT. Clearly, the dental benefits industry and the providers were not always 100% in synch. However, we found the process provided a clear and understandable way to resolve issues in an open process when conflicts arose.

NADP accepted an invitation to participate in the newly created CAC but had numerous problems with the initial CAC guidelines promulgated by the ADA without input from the dental benefits industry.

You received testimony from the Delta Dental Plan Association regarding the failed negotiations facilitating our removal, along with all of the other payer members, CMS and a representative of large group employers from the CRC. As NADP is not a party to the legal proceedings, the settlement agreement or recent negotiations for the continuation of the CRC, we cannot comment on those actions or the inability to come to an equitable resolution. As we were not "at the table" during these negotiations and the ADA indicated they believed the CAC process met federal guidelines, NADP took the step of contacting CMS Senior Policy Advisor Lorraine Doo with our concerns relating to the reconstituted CAC process.

NADP CONCERNS WITH CAC PROCESS

In our December 2011 correspondence to Ms. Doo, NADP outlined several concerns with a process that, in our opinion, did not meet the requirements for an open process allowing for substantive input from all interested parties as outlined in 65 FR 50344 and 65 FR 50327. Our testimony here will focus on the issues raised in our December 2011 letter and the actions taken by the ADA since the first meeting of the CAC in February of this year.

NADP's significant issues are as follows:

1. CAC members' inability to vote on CDT changes
2. CDBP as voting body for CDT changes
3. Automatic inclusion of rejected submissions in the next CAC cycle
4. Drastically reduced timeline for proposal review
5. Guidelines for submissions lacking or nonexistent

CAC Members' Inability to Vote

The members of the CAC could only provide advice to the ADA's Council on Dental Benefits Programs (CDBP) on changes to the codes. The first meeting under this CAC process allowed anyone to submit a proposed change to the CAC and the CAC heard testimony at the February 2012 meeting. However, there were no definitive indications during the meeting on the action(s) to be taken on a particular submission.

NADP expressed our concerns, along with the other representatives from the dental benefits industry, to the ADA. In a May 14 memo, the ADA granted CAC members the right to vote on submissions during the CAC meeting. The CAC meeting was expanded to three (days) to allow sufficient time to gather input from all interested parties and then make decisions based on said information.

CDBP as voting body for CDT changes

The initial iteration of the CAC did not include voting for CAC members and the final votes on code changes were taken solely by the CDBP. While the May 14 memo granted CAC members the right to vote on submissions during the meeting, the process still allowed for changes and final ratification by the CDBP in a meeting that was closed and inaccessible to interested parties. This was especially problematic as many members of the CDBP were not present at the February CAC meeting to hear the testimony and incorporate the valuable information provided into their thought process or deliberations for the proposed changes. The CDBP members would be relying solely on ADA internally developed summaries and recommendations.

On June 5, the ADA issued another memo removing the ratification by the CDBP from the CAC process. Thus, the CAC will now be a 21 member voting body with final authority on revisions to the CDT.

NADP welcomes these revisions and feels the ADA clearly listened to the myriad of concerns related by all interested parties, including many of the dental specialty groups, and made changes to make the CAC a body with full responsibility for changes to the CDT.

Automatic Inclusion of Rejected Submissions in the Next CAC Cycle

The ADA's May 14 memo stated "...recommendations that are not ratified, as well as appeals of declined requests, are returned to the CAC for reconsideration in the next cycle." NADP opposes this concept for several reasons. We believe this will be an administrative burden with the pool of rejected ideas continuing to grow from year to year and consuming ever more resources to distribute and review concepts rejected by the CAC. Submitters whose proposals

were rejected should be given the opportunity to refine or revise their submission based on comments from the CAC and propose in the next cycle, but this should not be automatic.

NADP has suggested concepts for the CAC to handle proposals that do not have merit or do not garner wide support of the CAC members. We also feel that clear guidelines for submissions would eliminate many unwarranted proposals. Additional thoughts on CAC guidelines are outlined in the section below.

While NADP has been told this concept of rolling over submissions is no longer under consideration by the ADA for the CAC, we would request a clear statement from the ADA to amend the announcement in their May 14 memo.

Drastically Reduced Timeline for Proposal Review

The May 14 ADA memo outlined a timeline that reduced the period for review of proposals to thirty (30) days. As many of the CAC members represent organizations and associations, this would not allow sufficient time for these groups to gather substantive input on proposals. The timeline included additional time for submitters to provide corrections or updates to proposals after an initial review by ADA staff. NADP felt CAC members should be granted much greater time for careful consideration of submissions to insure a breadth of input from a wide contingent of interested parties.

In their June 5 memo, the ADA increased the time for CAC member review considerably by eliminating the additional review of submissions by ADA staff and consolidating other periods. NADP welcomes this change and also notes the ADA has outlined a process that makes the new code set available one month earlier than previous processes. This gives users, such as NADP's members, more time to develop implementation strategies to meet the January 1 effective date of the annual code set.

Guideline For Submissions

The previous CRC process had clear guidelines to assist submitters and members of the committee in the submission and review of proposed changes. These guidelines included policies preventing submissions for differing techniques, unbundling of widely accepted consolidation of procedures and proposals to add administrative concepts that were not procedures, just to name a few. NADP strongly supports reinstating clear and unambiguous guidelines to eliminate unnecessary and unwarranted filing of proposals for CDT changes.

The ADA's June 5 memo proposed a limited set of guidelines for the next CAC cycle. While NADP applauds this first step, we do not believe the limited guidelines suggested are sufficient.

In the June 5th memo, the ADA also asked CAC representatives to provide suggestions for guidelines by August 1, 2012 for consideration by the CDBP's Subcommittee on the Code. While this action is commendable, we feel it does not promote a sense of collaboration and continues to perpetuate the appearance of control of the CAC by the CDBP.

To continue the CDBP's recent actions to create greater transparency in the CAC process and encourage industry wide input and collaboration, NADP requests the ADA host an open meeting of the CAC to discuss and develop guidelines appropriate and feasible for the CAC. NADP believes this can be accomplished and guidelines published prior to the November 1, 2012 filing deadline for the next cycle.

NADP is soliciting our membership for guidelines that encompass administrative issues as well as clinical and scientific concepts. Bringing interested parties together to discuss and develop such guidelines will only enhance the credibility and perception of inclusiveness in the CAC moving forward.

NCVHS ACTION

Finally, NADP would like to encourage the Subcommittee to ask for a progress report on the status of the development of these guidelines as well as the recently announced enhancements to the CAC process within six (6) months of these hearings. NADP believes such report will allow the Subcommittee to receive feedback on this ongoing course of action prior to your next meeting. As well, this will insure all parties here today, as well as other interested parties, will stay actively engaged in continuing to improve the CAC process.

CLOSING COMMENTS

NADP's membership appreciates the generosity of the Subcommittee's time to listen to our concerns. We also greatly appreciate the ADA's willingness to listen and respond to our concerns and look forward to continued dialogue. NADP is fully committed to working together with the ADA, other payor groups and interested parties to improve the process to maintain and update the CDT as the language used by dental providers and the dental benefits industry to communicate and provide excellent value-driven dental benefits to the millions of consumers who depend on us.

Please do not hesitate to contact NADP if you have questions or need additional background on any of the issues outlined in our testimony. Thank you for your time and consideration in these matters.