



September 30, 2015

Andy Slavitt, Acting Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244-1850
Sent via email to FFecomments@cms.hhs.gov
RE: **Proposed 2017 Essential Health Benefits (EHB) Benchmark Plans**

Dear Administrator Slavitt;

The National Association of Dental Plans (NADP) appreciates the opportunity to provide comments on the List of Proposed 2017 Essential Health Benefits (EHB) Benchmark Plans published by the Center for Consumer Information and Insurance Oversight (CCIIO) released on August 28, 2015.

To define EHBs, the U.S. Department of Health and Human Services (HHS) continues to utilize its reference to “benchmark plans”, allowing states to select one of four policy options: small employers, state employees, the Federal Employees Health Benefits Program or non-Medicaid HMOs. When pediatric oral services are not included or defined within the medical benchmark, HHS provides two specific benchmarks which could serve as the supplement for those dental benefits - the Federal Employees Dental & Vision Program and the state’s Children’s Health Insurance Plan.

The Affordable Care Act (ACA) allows standalone dental plans (SADPs), to provide the essential pediatric dental coverage on the Marketplaces. Medical carriers can also include or “embed” these benefits in a Qualified Health Plans (QHP) on the Marketplaces, but they are not required to do so if at least one SADP is offered. The benchmarks are only to define the scope of services for carriers offering medical or dental coverage on the Marketplaces.

In order to offer benefits that are substantially equal to the benchmarks it is critically important for carriers, to understand fully the dental services described within each state benchmark.

- **RECOMMENDATION:** Federal coordination and a requirement to the states to provide clear and detailed benefit information of their 2017 dental benefit benchmark.

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As part of the [PY 2017 EHB benchmarks webpage](#), CCIIO includes a link to a [table](#) summarizing the covered benefits and a policy document for each state. As currently listed, there is missing or partial data related to pediatric dental within the state benchmarks.

Embedded Dental Benchmarks: For several states, the medical plan has embedded pediatric dental, and therefore defaults as the dental benchmark; however, there are a few states in which the links or information to the pediatric embedded dental benchmark is absent, or incomplete:

- *District of Columbia:* the policy document, Group Hospitalization and Medical Services, Inc. Evidence of Coverage, refers to an “Attachment B,” which may describe the dental services, but this attachment is not provided.
- *Nevada:* the policy document, Health Plan of Nevada Evidence of Coverage, referred to an “Attachment A,” which may describe the dental services, but this attachment is not provided.
- *Vermont:* the policy document, BlueCross BlueShield of Vermont Standard CDHP Plan Certificate, provides a general overview of the categories of covered dental benefits, but frequency limitations, exclusions and codes are missing.
- *Washington:* the policy document, Regence BlueShield Contract, provides no information on covered dental benefits.

Errors in Benchmarks: In at least four states, the EHB summary [chart](#) indicates “none” meaning the state’s medical policy benchmark should include the embedded EHB pediatric dental. However, the state medical benchmark summary provided by CCIIO and related policy documents do not indicate any coverage for those benefits. These should be clarified or corrected to either indicate a benchmark supplement or clarify how those benefits are covered in the medical plan benchmark.

- *Iowa:* the state-specific benchmark summary table indicates there is not any coverage for dental services nor will there be a supplement of FEDVIP or CHIP. The CompleteBlue 2000 B BlueRx Essentials Coverage Manual states on page 1, “This health plan does not include coverage for pediatric dental services.”
- *Oklahoma:* the state-specific benchmark summary table indicates coverage for “Dental Check-Up for Children,” “Basic Dental Care – Child,” “Orthodontia – Child,” “Major Dental Care – Child;” however, the benchmark plan document only indicates coverage for “Dental Services for Accidental Injury.” We found no indication from the policy document that any preventive, diagnostic, major or orthodontia services were covered by this plan.
- *New Hampshire:* the state-specific benchmark summary table indicates there is not any coverage for dental services and a supplement with FEDVIP or CHIP is also not provided. The Anthem BlueCross BlueShield Guided Access Certificate of Coverage refers to very limited dental services, including preparing the mouth for medical treatments, treatment of accidental injury and anesthesia for dental procedures performed in a hospital setting.
- *South Carolina:* indicates coverage for “Dental Check-Up for Children,” “Basic Dental Care – Child” and “Major Dental Care – Child;” however, the benchmark plan document only indicates coverage for dental services needed by accidental bodily injury. There is a section on Page 31 with “Optional Limited Dental/Vision Coverage” that is only available if selected and presumably in the process of employee enrollment where several supplemental options could be available. Does CCIIO intend to rely on the voluntary benefits listed there?

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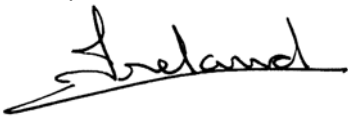


CHIP Benchmarks: Of the states that will supplement pediatric dental from their state CHIP program, the benchmark webpage provides policy documents detailing the dental benefits for Colorado, Michigan, Mississippi and Oregon. Similar documents should be provided for the remaining states that selected their CHIP programs as a dental supplement, including: Arkansas, California, Hawaii, Illinois, Kansas, Massachusetts, New Jersey, New Mexico and Virginia.

In addition to clarification of the benchmarks, CCIIO should continuously elucidate to stakeholders that a benchmark strictly illustrates procedures and services covered, not cost sharing or plan design. A state cannot interpret a medical policy with an embedded dental benchmark to mean they must require medical carriers to embed pediatric dental on the Marketplaces.

NADP greatly appreciates the opportunity to provide our expertise and recommendations. For any follow up or questions, please contact NADP's Directory of Government Relations, Kris Hathaway at khathaway@nadp.org or (972) 458-6998x111.

Sincerely,



Evelyn Ireland, CAE
Executive Director
National Association of Dental Plans

NADP DESCRIPTION

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 more than 92 percent of the 191 million Americans with dental benefits. Our members include the entire spectrum of dental carriers: companies that provide both medical and dental coverage, companies that provide only dental coverage, major national carriers, regional, and single state companies, as well as companies organized as non-profit plans.

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