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September 29, 2015

Kevin Counihan
Director and Marketplace Chief Executive Officer
Center for Consumer Information and Insurance Oversight
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Submitted electronically

Dear Director Counihan:

On behalf of the American Dental Association (ADA) and its 158,000 members and the American Academy of Pediatric Dentistry (AAPD) and its 9,500 members, we appreciate the opportunity to comment on the 2017 proposed state essential health benefit (EHB) benchmark plans. Our comments will focus on the pediatric dental benefit that is to be offered as part of the essential health benefits package for individuals up to age 19.

For plan years 2014-2016, states were required to select a benchmark plan option and provide a supplementation for coverage for any services within the EHB categories that were not included in the benchmark selection. Pediatric oral health services were not included in many small group plan offerings and in all but one state required supplementation. The Center for Consumer Information and Insurance Oversight (CCIIO) responded swiftly and issued a bulletin on the EHB on December 16, 2011, which provided states with two options to supplement pediatric oral health services. For plan years 2014-2016, almost all states selected to supplement using a benefit package modeled from either a separate Children's Health Insurance Program (CHIP) offer in their state or from a benefit package offered through the Federal Employee Dental and Vision Program (FEDVIP) with the largest enrollment. Utah's benchmark selection, a state employee health plan, included minimal pediatric dental services and did not require supplementation.

The ADA and AAPD believe these options provided an adequate array of children's oral health services for those who purchased dental benefits through the marketplace, with the exception of Utah. Looking forward, a number of the benchmark plans states selected for the 2017 plan year include pediatric oral health services within the benefit package. With limited information on the specifics of each plan's benefit design, we can only hope that the pediatric oral health services offered by these plans are comparable to those offered in plan years 2014-2016 through either CHIP or FEDVIP supplementation. For example, it is not clear what services would be covered under each category, such as "Dental Check-up for Children" and "Basic Dental, Children". **We strongly recommend that CCIIO make the benchmark plan summary descriptions for each state more transparent in terms of the specific oral health services covered by the benchmark plan.**

While we recognize that CCIIO has not provided specificity around benefit design and the EHBs include a broad category of services, we believe children should have access to comprehensive oral health services regardless of where they reside. The ADA and AAPD recently submitted information to both the Health Resources and Services Administration[1] (HRSA) and to the American Academy of Pediatrics as part of their process to update the Bright Futures guidelines, which further define a comprehensive set of preventive oral health services appropriate for the pediatric patient population. In our comments, the ADA and AAPD noted that the oral health Chapter within Bright Futures references the AAPD's periodicity schedule for a list of recommended pediatric preventive services. Additionally, preventive services recommended by the U.S. Preventive Services Task Force and those included in the comprehensive guidelines for infants, children and adolescents supported by HRSA (Bright Futures) as described in Section 2713 of the Affordable Care Act, are not subject to cost-sharing. However, approximately 24 percent of embedded dental plans and 56 percent of stand-alone dental plans currently offered on the marketplaces do not provide first-dollar coverage for preventive pediatric dental services.[2]

Due to the variation that currently exists in the marketplaces, we recommend further alignment to ensure that all children who receive their benefits through

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[1] ADA/AAPD letter to Health Resources and Services Administration regarding preventive services guidelines; March 6, 2015.

[2] Yarbrough C, Vujicic M, Nasseh K. More dental benefits options in 2015 Health Insurance Marketplaces. Health Policy Institute Research Brief. American Dental Association. February 2015. Available from: http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0215_1.ashx .

marketplace plans have access to comprehensive, age appropriate oral health services at intervals that reflect those included in the AAPD periodicity schedule.

In light of this, we recommend that the following services, which align with the AAPD's dental periodicity schedule, be included in the definition of preventive oral health services provided in a dental plan without cost-sharing implications:

- Clinical oral examination and adjunctive diagnostic tools;
- Oral hygiene and dietary counseling for parents;
- Removal of supragingival and subgingival stains or deposits as indicated;
- Systemic fluoride supplements, if indicated;
- Caries risk assessment;
- Topical fluoride treatments every six months or as indicated by the individual patient's needs (ages 12 months and above);
- Scale and clean the teeth every six months or as indicated by the individual patient's needs (ages two years and above);
- Pit and fissure sealants for caries- susceptible primary and permanent molars, premolars, and anterior teeth (ages two years and above);
- Substance abuse counseling (e.g. smoking, smokeless tobacco) (ages 12 years and above).

We urge CCIIO to evaluate whether the benchmark plans meet these requirements.

We continue to see areas for improvement for marketplace plans and recommend that CCIIO continue to work towards ensuring further transparency for consumers and to make additional data available. In a number of states, hyperlinks to a plan's dental network were not available for pediatric embedded dental services; specific information on a separate dental deductible was not available; enrollment data for plans providing embedded dental benefits were not available; and information regarding the treatment of medically necessary orthodontia and major services was not clearly available on each state's marketplace website. We recommend that CCIIO plan for additional enhancements to the healthcare.gov site to increase transparency.

Empowering consumers to shop, compare and select health insurance coverage for themselves and their children is a significant task. Making data available, including specific information on plan networks, deductibles, out-of-pocket maximums and additional exclusions would help consumers make sure their plan choice is the most appropriate for that plan year. Network adequacy and provider availability is important for all consumers, especially for individuals with chronic conditions or children with special health care needs. We believe this should be available for all consumers and not vary depending on geographic location.

Thank you for the opportunity to provide comment. Should there be further questions please contact Ms. Janice Kupiec, kupiecj@ada.org/202-789-5177, or Mr. C. Scott Litch, slitch@aapd.org/312-337-2169.

Sincerely,

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