



November 25, 2013

Marilyn Tavenner  
Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-2380-P  
P.O. Box 8016  
Baltimore, MD 21244-8016

Via Electronic Submission

**RE: Basic Health Program: State Administration of Basic Health Programs; Eligibility and Enrollment in Standard Health Plans; Essential Health Benefits in Standard Health Plans; Performance Standards for Basic Health Programs; Premiums and Cost-Sharing for Basic Health Programs; Federal Funding Process; Trust Fund and Financial Integrity; Proposed Rule (CMS-2380-P)**

Dear Administrator Tavenner:

On behalf of the American Dental Association (ADA) and its 157,000 members and the American Academy of Pediatric Dentistry (AAPD) and its 8,800 members, we appreciate the opportunity to comment on the proposed rule, CMS-2380-P, establishing a Basic Health Program (BHP). Beginning on January 1, 2015, states will have the option of establishing a BHP for individuals who do not qualify for Medicaid but whose income does not exceed 200 percent of the federal poverty level. The BHP shares similarities with other insurance affordability programs such as Medicaid and CHIP and may provide families with the ability to obtain a seamless coverage option. Such an option would allow a more family-centered approach to health care, including oral health care services. The BHP may be a promising coverage option for low-income families but we have detailed a few concerns as you move forward with the rulemaking process.

#### **Standard Health Plan Coverage (\$600.405)**

The BHP is required to provide a benefits package that includes the essential health benefits (EHB) similar to the requirement for qualified health plans offered in the individual and small group markets inside and outside the state marketplaces. Our organizations are pleased the EHB includes a pediatric dental benefit which is benchmarked using benefits offered under a state's Children's Health Insurance Program (CHIP) or benefits offered through the Federal Employee Dental and Vision Insurance Program.<sup>1</sup> While it is not likely that many children will be covered under a BHP in the short-term because they will be covered under an existing Medicaid or CHIP program, we encourage the Centers for Medicare and Medicaid Services (CMS) to review all Blueprint submissions carefully to ensure that low-income children will have access to dental benefits similar to children who may have dental benefits through a qualified health plan offered in the individual or small group market. This would mean all standard health plans should provide a number of choices in relation to covered benefits and could be

---

<sup>1</sup>In a December 16, 2011 bulletin to states, CHIP and the FEDVIP plan with the largest enrollment were provided as additional options for states to fulfill essential health benefits requirements for the pediatric dental benefit in the event the benchmark plan did not contain a pediatric dental benefit. All states except Utah currently supplement with a CHIP or FEDVIP benefits package to meet the EHB requirement.

[http://www.cms.gov/CCIIO/Resources/Files/Downloads/essential\\_health\\_benefits\\_bulletin.pdf](http://www.cms.gov/CCIIO/Resources/Files/Downloads/essential_health_benefits_bulletin.pdf)

done through a standard health plan provided all EHBs or a standard health plan supplemented by a separate dental benefits plan.

Additionally, many Medicaid programs may currently provide dental services to eligible adults, including eligible pregnant women. Under the BHP, states have the flexibility to incorporate additional benefits that extend beyond the EHB. This could include medically necessary dental services for low-income, vulnerable populations that may be at an increased risk for dental disease. Our organizations support such flexibility and encourage states to consider this option as they design their BHP.

#### **Competitive Contracting Process and Contracting Qualifications and Requirements (§600.410 & §600.415)**

The ADA and AAPD remain concerned that the BHP will face many of the same challenges that currently exist in Medicaid and CHIP. Two specific challenges include network adequacy and low reimbursement levels. Network adequacy can impact a beneficiary's ability to access dental services and low reimbursement levels impact a provider's ability to participate in a program. We believe it is crucial that provider network adequacy be considered as part of the competitive bidding process. This would include geographic concerns but also access to necessary specialists; including dentists who are able to serve patients with complex medical conditions or special health care needs.

Our organizations believe that health plans, both public and private, should include payment rates that are established through negotiations with dentists and that dentists should be engaged in the development of policies associated with dental payment rates or practice issues in relation to the BHP. Payment rates should be at a level that will enable dentists to participate in the plans.

The proposed rule would allow states to establish specific contract provisions unique to the BHP to address a number of areas, including quality and performance. The Dental Quality Alliance (DQA) is a voluntary consensus organization with broad representation that has been engaged in the development of quality and performance measures for assessing programs such as Medicaid and CHIP as well as dental plans. In July 2013, the DQA adopted a set of pediatric performance measures that will be submitted to the National Quality Forum in 2014. This is the first formally developed and tested comprehensive set of measures that addresses utilization, quality and cost. We request that any quality and performance requirements included for standard health plans with respect to pediatric dental be directed to the DQA adopted measures. Additionally, the DQA is identifying measure concepts for adults and will be validating the measures in 2014.

#### **Coordination with other Insurance Affordability Programs (§600.425)**

We appreciate the acknowledgement that many low-income individuals may experience changes in household income during a calendar year and the proposed requirement that states work to ensure coordination with other insurance affordability programs. We request that CMS require states to submit a detailed plan as part of their BHP documentation that will address coordination with other insurance affordability programs and alleviate the impact of churn. Continuity of care is important for all patients, especially children, pregnant women, and patients with special health care needs.

#### **Cost-Sharing (§600.510)**

The ADA and AAPD support the proposed requirement for states to identify in the BHP Blueprint document which group(s) of enrollees will be subject to cost-sharing standards. Cost-sharing can impact a patient's ability to access necessary health services, including dental services. We believe that the cost-sharing requirements for dental services offered through the BHP should not exceed those imposed by CHIP for children or pregnant women and should be transparent.

Thank you for the opportunity to comment on the proposed rule for the BHP. The BHP is an approach to coverage for low-income families that may reduce churn and provide enrollees with both continuity of care and family-centered care in the future. We look forward to working with you regarding specific dental concerns as this process moves forward. Should you need any assistance, please contact Ms. Janice Kupiec in the ADA's Washington, DC office at 202-789-5177 or [kupiec@ada.org](mailto:kupiec@ada.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Charles H. Norman".

Charles H. Norman, D.D.S.  
President  
American Dental Association

A handwritten signature in black ink, appearing to read "Warren A. Brill".

Warren A. Brill, D.M.D., M.S. (HYG)  
President  
American Academy of Pediatric Dentistry