



NEVADA DENTAL ASSOCIATION

August 23, 2012

Chairwoman Barbara Smith Campbell
Chairman Ronald Kline, M.D.
Silver State Health Insurance Exchange Board
Plan Certification and Management Subcommittee

Jon Hager, Executive Director
Silver State Health Insurance Exchange

Re: **Request by the Nevada Dental Association to include a comprehensive pediatric dental benefit as an Essential Health Benefit in the Silver State Health Insurance Exchange**

Dear Chairwoman Campbell, Chairman Kline, Director Hager and Subcommittee Members:

As you know, the Nevada Dental Association has taken an active role in monitoring the status of implementation of the Silver State Health Insurance Exchange (SSHIX), and we must commend you on the time and effort you have put forth thus far. We have testified previously to the Board of Directors that the Association stands ready to assist you in developing the pediatric dental benefit to be covered as part of the Essential Health Benefits (EHB) package.

As the Plan Certification Committee gets ready to tackle the task of selecting the essential health benefits to be covered in the Exchange, we are pleased to offer the following initial comments on the pediatric dental benefit. We are committed to working with the Board and Subcommittee members and reserve the option to supplement these remarks based on ensuing discussion or potential guidance from the federal government.

For the reasons more fully stated in this letter, the Nevada Dental Association requests that you consider:

- choosing the Children's Health Insurance Program (CHIP) benefit as the benchmark for the pediatric dental benefit, considering the specific peculiarities of the dental insurance market, and the number of persons covered under stand-alone dental plans;
- consider issues and scenarios under which there may be crossover areas in which clinical dental and medical services are provided, and ensure that the responsibility for coverage and reimbursement for interrelated services, such as anesthesia, is specifically delineated in and between Qualified Health Plans, and any stand-alone dental plans in the Exchange; and
- allow or recommend that insurers participating in the Exchange to offer adult-specific coverage in conjunction with the pediatric dental benefit, to allow parents or caregivers to obtain care

- from the same provider treating their child, as well as allow the opportunity to purchase supplemental coverage for any services not covered in the essential health benefit; and
- reinforce public awareness that the pediatric dental benefit is an essential health benefit, eligible for a federal subsidy for that reason, through the business solution vendor's web portal and through Navigators who will guide Nevadans in accessing the Exchange.

Background

The Affordable Care Act (ACA) requires coverage of ten categories of essential health benefits by plans including pediatric services in dental and vision care. These essential health benefits must be covered by the Qualified Health Plans (QHP) offered in the Exchange, both in the individual and Small Business Health Options (SHOP) markets.

The Center for Consumer Insurance and Oversight (CCIIO) recognized in its Frequently Asked Questions about Essential Health Benefits (cited in Director Hager's report to the Committee regarding Essential Health Benefits), that many large group plans do not cover pediatric dental services. If this Committee chooses a benchmark plan that does not cover dental services generally, or does not adequately cover pediatric services, specifically, the Committee must "supplement" the chosen plan by choosing from either: (1) the Federal Employees Dental and Vision Insurance Program (FEDVIP) or (2) the Nevada Medicaid Children's Health Insurance Program (CHIP) benefit to define the pediatric dental health benefit.

The Benchmark Plans and Defining the Essential Health Benefit:

Dental coverage varies widely in private insurance plans. The Subcommittee can see this in viewing the benchmark plans before you for current consideration from the small and large group markets. Of the ten proposed plans, few have comprehensive dental coverage sufficient to be used as the benchmark for developing the essential pediatric dental benefit to meet the oral health needs of Nevada's children.¹

This is consistent with the state of dental plans nationwide. As analyzed by the Organized Dentistry Coalition, in its comments to CCIIO dated January 7, 2012, regarding the December 2011 Essential Health Benefits Bulletin, dental services are infrequently covered in medical plans in the small group market; in fact, approximately 98% of services nationwide are offered through stand-alone dental plans. ([Organized Dentistry Coalition comment to CCIIO, at page 3](#)). A copy of this comment letter is attached for your reference. Please note that Delta Dental, in their comment letter submitted before the August 20, 2012 Plan Certification meeting, also expressed concern that the benchmark plans may not accurately reflect the average dental benefits being offered in the market today (Delta Dental Comment letter, at page 1).

¹ From NDA's initial review of the Plan Documents before you, dental coverage is contained in Rider 3 to **Plans C** (Anthem PPO) and **Plan I** (Blue Cross/Blue Shield Federal Service Benefit Plan – see also, section 5(g) of the Blue Cross/Blue Shield Federal Service Benefit Plan); **Plan D**: NV PEPB Self-Funded Dental PPO Program (pages 119 to 132 of the Plan Document); **Plan G**: Government Employees Health Association, at section 5 (g). Dental services are excluded from **Plan B** (Aetna), and from **Plan F** (Hometown Health), unless purchased through a rider. **Plan A** (HPN) only covers dental TMJ treatment up to \$2500, and **Plan H** (HPN – Federal Employees Health Benefit Program) only covers accidental injury dental benefits (see section 5(g)).

Should the Subcommittee choose a benchmark plan without specific pediatric dental coverage, you will then have to consider the FEDVIP and Nevada CHIP plans to define the pediatric dental benefit. NDA has reviewed the letter of public comment submitted by Delta Dental, and advocating for selection of Nevada (CHIP) dental program as the benchmark for the pediatric dental benefit. **NDA supports this position.** CHIP covers crucial Early Periodic Screening, Diagnosis and Treatment (EPSDT) services such as dental examinations by a dentist, sealant and fluoride treatments, oral hygiene instruction, critical diagnostic and treatment services, and was specifically designed to meet the needs of Nevada's children requiring dental care.

We would also recommend that no matter what plan is ultimately chosen, that a comprehensive oral examination be included in the benefit, for each child, preferably every six months, but at the minimum every year.

Recognize that Crossover Dental/Medical Issues May Arise

In our comments to this Subcommittee earlier this year, we asked that this Subcommittee consider the ways in which health care situations may arise requiring both medical and dental intervention at the same time. It is important to ensure that every child will be able to access needed services to address a health condition where medical and dental care are both clinically required.

This situation arises when a child may acquire a dental infection while being treated for another condition, such as cancer, and the infection must be treated prior to receiving other treatment. The concurrent treatment situation has caused problems in the past, as separate medical and dental plans question whether and how the dental service and the anesthesia needed to perform the service are covered, and has resulted in denials of coverage, or delays and headaches to patients and providers, as the scope of what is covered, and responsibility for what service is often not clearly defined between the two plans.

Other Important Factors to Consider

Ensure Adult Dental Coverage is Offered in Conjunction with the Pediatric Dental Benefit: In its earlier comments to the Committee (delivered at the March 18, 2012 Plan Certification Subcommittee meeting) NDA suggested that supplemental dental coverage for adults benefits should be offered alongside the essential "pediatric oral services" so parents have access to family coverage, from the same provider as their children. This has been suggested by the National Association of Dental Plans (NADP) at the federal level, and at health insurance exchanges around the nation. It is important to ensure that enrollment in the plans is streamlined, and avoid anything that may discourage parents or caregivers from obtaining that coverage. The option to purchase additional services not covered under the essential pediatric dental benefit should be offered, for the same reason.

Encouraging Competition: Multiple dental stand-alone plans, at varying levels of coverage, should be offered to encourage competition. Generally, NDA supports policies leading to the maximum level of consumer choice to ensure that dental coverage is readily available, and affordable to the public.

Nevada Dental Association

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Public Outreach and Education: All efforts should be taken to educate the public that pediatric dental coverage is an essential health benefit covered under a Qualified Health Plan, or via a stand-alone dental plan. We also believe that Navigators should be knowledgeable and conversant on the dental delivery method of care, which varies from other methods of delivery, in that most dental care is provided in private dental offices, and may involve crossover issues of oral and medical care identified above. NDA stands ready to assist the Exchange Board in any capacity in this area.

In conclusion, we hope that this letter will assist you in this important decision. We stand ready to assist in any way that you may need. Please do not hesitate to contact me at the Nevada Dental Association offices directly, at Robert.Talleydds@nvda.org or (702) 255-4211, or via our lobbyist, Chris Ferrari at chris@ferraripa.com; telephone number (702) 574 – 8781.

Very truly yours,



Robert Talley, DDS, CAE
Executive Director,
Nevada Dental Association



Gilbert Trujillo, DDS
President
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cc: Plan Certification Committee Members
Members of the SSHIX Board of Directors