

Essential Health Benefits  
Monday July 16, 2012  
8:00am – 200 Dyer Street  
Meeting Minutes

Attendees: Patricia Blenkiron, Judy Bentkover, William Freitas, Tim Bonin, Steve Brown, Mark Deion, Owen Heleen, Amy Black, Kathryn Shanley, Amanda Clarke, Jason Brown, Lucy-Ann Lepreau, John Cucco, Doug Byrd, Clive Bridgham, Lauren Lapolla, Lindsay McAllister, Commissioner Koller, Jill Beckwith, Christ Kent, Stacey Paterno, Elaine Jones, Susan Roberts, Vivian Weissman, Jennifer Wood, Carlos Fuentes, Rebecca Kislak

- I. Call to Order – John Cucco, Office of the Governor, called the meeting to order at 8:00am. He advised we would first take a quick look back at the last session and follow up on the conversation regarding benchmark plans and benefits covered, and then we will dive into dental benefits.
- II. Clarification on Policies – BCBS and United (slides available on website and upon request)
  - a. The slides reviewed are these benefits covered and are there limitations under benchmarks with some of the major carriers, namely BCBS and United.
- III. Pediatric Dental (Slides available upon request and on website).  
Questions/Comments/Clarifications
  - a. Commissioner Koller: When we were getting ready for this it was pointed out that most of the benefits discussed here, because it is pediatric, will be in class A and Class B, but most of the cost drivers will be in Class C.
  - b. Kathryn Shanley: Can you clarify, the upper age limit, the definition of pediatric, is that totally up to the states or did the Feds give any guidance on what is considered a dependent?
    - i. John Cucco: We have not received guidance on this at time. Medicaid goes up to age 21, the commercial standard is 19, but at this time we have not received any guidance from the feds.
  - c. Steve Brown: Rite Smiles goes up to age 12?
    - i. John Cucco: Right, but if you are over 12 and under 21 and eligible, you are in fee for service Medicaid. Rite Smiles is a managed care as opposed to a directly paid by Medicare, so the benefits
  - d. \_Unidentified Guest: If it does go to 21, this will now include a lot of wisdom tooth extractions.
    - i. John Cucco: Right, and that was flagged for us as what of the more costly procedures that would be then covered.
    - ii. Commissioner Koller: There were ways to discuss limits, placing perhaps interpretations on wisdom tooth extraction.

- e. Commissioner Koller: This is the section – anyone have any other feedback on Rite Smiles vs. FEDVIP, apart from the issue of age?
    - i. Kathryn Shanley: So this is really by going with Metlife and FEDVIP package that would open the door to cost sharing? It does look like the FEDVIP is much more specific on what is covered, Rite Smiles seems a bit more open ended, and I think from an insurance point of view the less open ended program may be better.
  - f. Steve Brown: There are no state mandates – are there no state mandates for special needs patients?
    - i. John Cucco: No, at least not in the commercial market, and none of them apply to dental directly.
    - ii. Kathryn Shanley: The only dental mandate is that state employees have mandated benefits for composite fillings on all teeth.
  - g. Unidentified Guest : The things that are rarely used in kids are going to be used in kids that are medically complex and it seems if you are removing those things you are going to be unnecessarily burdening those families.
  - h. Vivian Weissman: Also those with very serious accidents, with children then you need things like sealant to be covered, as that is something that is not generally done for adults.
  - i. Kathryn Shanley: Under the coding terminology used and put out by the ADA, there is a classification of benefits. If they are classified then would that give the state guidance? If the profession categorizes them as preventative, would that be a useful tool?
    - i. Commissioner Koller: The first place you have to go is the federal statute, and need to see how it is written and see if preventive healthcare includes dental.
- IV. Looking Forward:
- a. Next meeting is August 6, 2012 at 8:00am on Habilitative Services
  - b. Mid August – Public Comment Period
    - i. Commissioner Koller: There will be some sort of document put out for public comment, a summary put out by the staff, a recommendation on pediatric vision, a recommendation on habilitative services, etc.
  - c. End of August – Final EHB Workgroup Meetings
  - d. Mid September – Presentation to Executive Committee
  - e. September 30 – Deadline for EHB Decisions
    - i. Kathryn Shanley: What does that entail? The feds then review our plan and say yay or nay? Lindsay McAllister: That is a great question, we know they are expecting a communication at the state level to HHS, beyond that we know there will be guidance following from that communication, but that this time, unsure what that will look like.
- V. Adjourn – Next Meeting Aug 6, 2012

