

September 4, 2012

Marilyn Tavenner
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-2370-P
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Acting Administrator Tavenner:

The undersigned organizations appreciate the opportunity to comment on guidance the Centers for Medicare and Medicaid Services (CMS) is developing on essential health benefits. As advocates for infant, child, adolescent, young adult and maternal health, we are concerned that the health insurance plans available to states as benchmark plans were not developed to address the needs of children, particularly those with complex or chronic conditions. We strongly encourage CMS to reconsider its proposed approach and allow states to choose their current Children's Health Insurance Program (CHIP) plans as the benchmark package for children.

This option is supported by new data that demonstrate allowing states to choose their CHIP plans as the benchmark for children would ensure a better benefit package for children based on their unique health care needs. First, a recent study commissioned by the American Academy of Pediatrics examined plan options from which states may choose their benchmark and then compared those plans to benefits offered by Medicaid and CHIP programs in five states. Not surprisingly, the study found that CHIP plans cover the benefits that children need more appropriately because they were developed for children. Second, allowing CHIP as an option would be consistent with the approach proposed by CMS. The current guidance to states allows them to supplement pediatric oral services with those from the state's CHIP plan. Since CHIP plans provide more appropriate care for children in all of the 10 categories of benefits, CMS could allow states to use CHIP to supplement children's benefits overall, not just in the area of oral services.

We also believe the use of CHIP plans as a benchmark for children would help strengthen coverage for children served by state CHIP plans. Allowing CHIP plans as a benchmark option would ensure a seamless transition for children who may move back and forth between the Exchange and CHIP coverage. Further, it would assist the Department of Health and Human Services down the road when the agency needs to certify qualified health plans that offer benefits and cost sharing for children comparable to those offered by state CHIP plans.

For these reasons, we strongly recommend that you include state CHIP plans as an option for states as a benchmark plan for children in the guidance you are developing for states. We have attached a copy of the study results for more details. Please feel free to contact Robert Hall at 202/347-8600 or RHall@aap.org for more information.

Sincerely,

American Academy of Pediatrics

Children's Defense Fund

Children's Hospital Association

Community Catalyst, New England Alliance for Children's Health

Family Voices

First Focus

March of Dimes

Voices for America's Children