



Policy Brief:

Pediatric Dental and Pediatric Vision
Essential Health Benefits

October 2012

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POLICY BRIEF ON PEDIATRIC DENTAL AND PEDIATRIC VISION ESSENTIAL HEALTH BENEFITS

As of January 1, 2014, the Patient Protection and Affordable Care Act of 2010 (ACA) will require many forms of health insurance to cover essential health benefits (EHBs).¹ This includes non-grandfathered small-group and individual market health insurance sold both inside and outside of the health insurance benefit exchange.² In addition, the ACA will require state Medicaid programs to cover EHBs.³ This brief will focus specifically on a subset of the health insurance market subject to EHB coverage requirements in California, non-grandfathered small group and individual market health care service plans and policies regulated by both the Department of Managed Care (DMHC) and the California Department of Insurance (CDI).

Essential health benefits encompass 10 categories of health benefit coverage.⁴ One of these categories includes “pediatric services, including oral and vision care”.⁵ The implementation of this requirement to cover pediatric dental and pediatric vision benefits raises a number of issues for policymakers and stakeholders in California to consider. This policy brief will address the following policy and technical questions:

1. What specific tests, treatments, and services will be covered in the pediatric dental and pediatric vision EHB category?
2. What age group will be eligible for pediatric dental and pediatric vision coverage?
3. How will stand-alone health insurance be coordinated with stand-alone dental insurance to fulfill the pediatric dental EHB requirement?

In California, Assembly Bill 1453 and Senate Bill 951, which were signed into law on September 30, 2012, provide answers to some of the questions outlined above. The legislation enacted by the bills⁶ identifies sources for defining EHB pediatric dental and pediatric vision benefit packages, which clearly addresses question one. However, the identified sources use differing age guidelines, so question two remains unclear. Finally, the new legislation is silent in regards to the third question above, regarding coordination of stand-alone health and dental insurance in complying with EHB requirements.

Background

The California Health Benefits Review Program (CHBRP) previously produced an issue brief on the topic of EHBs, specifically related to their interaction with state-level health benefit mandates.⁷ Three background points from that issue brief serve to frame the subsequent discussion of pediatric dental and pediatric vision EHBs in this policy brief.

¹ Affordable Care Act Section 1302 (b).

² Center for Consumer Information and Insurance Oversight (CCIIO). Essential Health Benefits Bulletin. 12/16/11. Available at: http://cciio.cms.gov/resources/files/Files2/12162011/essential_health_benefits_bulletin.pdf. Accessed August 10, 2012.

³ CCIIO. Frequently Asked Questions on Essential Health Benefits Bulletin, 02/17/12. Available at: <http://cciio.cms.gov/resources/files/Files2/02172012/ehb-faq-508.pdf>. Accessed August 10, 2012.

⁴ Affordable Care Act Section 1302 (b)(1).

⁵ Affordable Care Act Section 1302 (b)(1)(J).

⁶ Health & Safety Code Section 1367.005, Insurance Code Section 10112.27.

⁷ Available at <http://www.chbrp.org/documents/finl-ehb-issuebrief-mar2012.pdf>, Accessed August 10, 2012.

The first point is that California has a bifurcated regulatory system. Two distinct agencies (and thus, regulated health insurance markets), DMHC and CDI, are responsible for regulating the majority of health insurance products in the state.

The second point involves federal oversight of EHBs. Beyond the initial delineation of EHBs in the ACA, the Center for Consumer Information and Insurance Oversight (CCIIO) in the Department of Health & Human Services (HHS) has published a bulletin and subsequent FAQ's that outline rough parameters for pediatric dental and pediatric vision EHBs.⁸

The third point, one of the main takeaways of the CCIIO guidance, is that the states are being tasked with the decision to select EHBs through their choice of a benchmark plan. The benchmark plan choice will define the scope of EHBs in a particular state, and must either directly or through supplementation, meet the 10 EHB categories outlined in the ACA.⁹

This last point is important to note because for pediatric dental and pediatric vision benefit coverage, some proposed benchmark plan options are either not as robust in terms of their covered benefits for these two categories, or they simply do not routinely include dental or vision coverage. For example, the legislation defining EHBs in California selects a small-group health plan as the benchmark, and these types of plans do not commonly include pediatric dental and pediatric vision benefits. In such cases, the state may supplement their benchmark plan choice with specific benefits from other plan designs as per federal guidance from CCIIO in order to fulfill the EHB requirement for pediatric dental and pediatric vision care services.¹⁰ This topic is further detailed in the next section of this brief.

Policy Questions

What Specific Tests, Treatments, and Services Will Be Covered by the Pediatric Dental and Pediatric Vision EHB Category?

The ACA does not specify which tests, treatments, and services must be covered under the pediatric dental and pediatric vision EHB category, and CHBRP is aware of limited further clarifying guidance from the federal government on this topic. Before examining the possibilities for benefits that might be included in this category, it is important to note that some dental and vision benefits have historically been covered under an enrollee's health insurance plan. Examples include preventive vision screenings for diabetes and advanced dental treatment for patients with cleft palate and other genetic disorders. Discussion of pediatric dental and pediatric vision benefits in this brief, however, is limited to what has traditionally not been included in health care coverage.

The CCIIO EHB bulletin states that in addition to selecting a benchmark plan for EHBs, a state may select supplemental benefits from either its Children's Health Insurance Program (CHIP) or from the

⁸ Available at: http://cciio.cms.gov/resources/files/Files2/12162011/essential_health_benefits_bulletin.pdf and <http://cciio.cms.gov/resources/files/Files2/02172012/ehb-faq-508.pdf>.

⁹ CCIIO. Essential Health Benefits Bulletin. 12/16/11. Available at: http://cciio.cms.gov/resources/files/Files2/12162011/essential_health_benefits_bulletin.pdf. Accessed August 10, 2012.

¹⁰ CCIIO. Essential Health Benefits Bulletin. 12/16/11. Available at: http://cciio.cms.gov/resources/files/Files2/12162011/essential_health_benefits_bulletin.pdf. Accessed August 10, 2012.

largest (by enrollment) Federal Employee Dental and Vision Insurance Program (FEDVIP).¹¹ These two options, which might influence the tests, treatments, and services that would be included in a pediatric dental and pediatric vision benefit, are detailed below and in Appendix Tables 2 and 3.

Healthy Families (CHIP)

Healthy Families, California's CHIP program, offers comprehensive pediatric dental and pediatric vision coverage through contracts with selected insurance plans.¹² The program's dental benefits include preventive care (cleanings, fluoride treatments), fillings, sealants, diagnostic services, and certain major procedures (root canals, oral surgery, crowns, bridges, and dentures).¹³ Healthy Families beneficiaries may also be eligible for orthodontia, but orthodontia is provided through a separate program, the California's Children's Services (CCS), and only when the services are found to be medically necessary by an external medical reviewer.¹⁴ In terms of vision benefits, Healthy Families covers eye examinations and prescription glasses on a yearly basis.¹⁵

Federal Employee Dental and Vision Plan

According to CCIIO, the largest FEDVIP options are the MetLife Federal Dental Plan for dental coverage, and the Blue Cross Blue Shield (BCBS) FEP BlueVision plan for vision coverage.¹⁶ The benefits covered by each of these plans are detailed below and in Appendix Tables 2 and 3.

FEDVIP Dental Benefits - MetLife Dental. The MetLife Dental FEDVIP plan provides coverage for basic preventive and diagnostic services (including evaluations and x-rays), minor and major restorative services (including cleanings, fluoride, fillings, and crowns), prosthodontic services (including dentures), and orthodontic care. The orthodontic care is provided to children up to age 19.¹⁷

FEDVIP Vision Benefits - BCBS FED BlueVision. The BCBS FED BlueVision plan covers routine eye examinations, glasses, and contact lenses.

As of September 30, 2012, California law identifies Healthy Families as the source for defining EHB pediatric dental benefits. The law also identifies the BCBS FED BlueVision FEDVIP plan as the source for defining EHB pediatric vision benefits.

¹¹ CCIIO Essential Health Benefits Bulletin, 12/16/11. Available at: http://cciio.cms.gov/resources/files/Files2/12162011/essential_health_benefits_bulletin.pdf. Accessed August 10, 2012.

¹² Healthy Families, Summary of Benefits. Available at: www.healthyfamilies.ca.gov/HFProgram/Summary_of_Benefits.aspx. Accessed August 10, 2012.

¹³ Healthy Families Summary of Benefits. Available at: www.healthyfamilies.ca.gov/HFProgram/Summary_of_Benefits.aspx. Accessed August 10, 2012.

¹⁴ Healthy Families Summary of Benefits. Available at: www.healthyfamilies.ca.gov/HFProgram/Summary_of_Benefits.aspx. Accessed August 10, 2012.

¹⁵ Healthy Families Summary of Benefits. Available at: www.healthyfamilies.ca.gov/HFProgram/Summary_of_Benefits.aspx. Accessed August 10, 2012.

¹⁶ CCIIO. Essential Health Benefits: List of the Largest Three Small Group Products by State, 07/02/11. Available at: <http://cciio.cms.gov/resources/files/largest-smgroup-products-7-2-2012.pdf>. Accessed August 10, 2012.

¹⁷ U.S. Office of Personnel Management, The MetLife Federal Dental Plan. Available at: www.opm.gov/insure/health/planinfo/2012/brochures/MetLife.pdf. Accessed August 10, 2012.

What Age Group Will Be Eligible for Pediatric Dental and Pediatric Vision Benefits?

The ACA does not specify age eligibility guidelines for the “pediatric” EHBs, leaving this decision to the states. California (or other states) might set its age criteria for pediatric dental and pediatric vision benefits according to one of several possible definitions detailed below and in Appendix Table 1.

Healthy Families Definition

Healthy Families provides comprehensive health coverage, including dental and vision care, to children up to age 19.¹⁸ This age guideline is a possible definition for policymakers because CCIIO’s guidance on EHBs provides states with the option to select pediatric dental and pediatric vision benefits from their CHIP program. Therefore, it would serve policymakers to consider the state’s CHIP age guidelines as well.¹⁹

FEDVIP Definition

Both of the FEDVIP plans with the highest enrollment described above provide services to children up to age 22.²⁰ (The exception to this is the BCBS FED BlueVision’s orthodontic care, which is provided to children up to age 19.) Again, this guideline represents a possible definition for policymakers because CCIIO’s guidance on EHBs also provided states with the options to select pediatric dental and pediatric vision benefits from FEDVIP, so there is a possibility that the age guidelines could also be used.²¹

ACA’s “Dependent Children” Definition

The ACA specifies that “dependent children” must be allowed to stay on their parents’ insurance until age 26.²² Although not explicitly linked in the ACA to EHBs, this age guideline might also be used to define “pediatric” in terms of pediatric dental and pediatric vision benefit coverage.

Clinical Definitions

The term “pediatric” has different definitions in clinical contexts. In dental care, for example, “pediatric” can refer to the period before children lose all of their primary teeth, which typically occurs before the age of 12 years.²³ The American Academy of Pediatrics (AAP), one of the nation’s largest pediatric professional associations, considers “pediatric” to be persons 21 years of age or younger.²⁴ These two

¹⁸ Healthy Families. www.healthyfamilies.ca.gov/HFProgram/Join.aspx. Accessed August 10, 2012.

¹⁹ CCIIO Essential Health Benefits Bulletin, 12/16/11. Available at: http://ccio.cms.gov/resources/files/Files2/12162011/essential_health_benefits_bulletin.pdf. Accessed August 10, 2012.

²⁰ U.S. Office of Personnel Management, FEP BlueVision. Available at: www.opm.gov/insure/health/planinfo/2012/brochures/FEPBlueVi.pdf. Accessed August 10, 2012.

²¹ CCIIO Essential Health Benefits Bulletin, 12/16/11. Available at: http://ccio.cms.gov/resources/files/Files2/12162011/essential_health_benefits_bulletin.pdf. Accessed August 10, 2012.

²² Affordable Care Act Section 2714 (a).

²³ National Association of Dental Plans (NADP) and Delta Dental Plans Association (DDPA). “Offering Dental Benefits in Health Exchanges: A Roadmap for Federal and State Policymakers September 2011.” Available at: www.deltadental.com/ExchangeWhitepaper.pdf. Accessed August 10, 2012.

²⁴ American Academy of Pediatrics (AAP). Age Limits of Pediatrics. Available at: <http://pediatrics.aappublications.org/content/81/5/736.abstract>. Accessed August 10, 2012.

examples illustrate the complexity and conflicting nature of clinical versus health insurance benefit definitions for “pediatric”, but a clinical definition still represents a possibility that should be considered by policymakers should they be required to establish potential age guidelines for EHBs.

Assuming the states have flexibility in determining the eligibility age range for pediatric dental and pediatric vision benefits, there is still a question of which entity has legal authority to define age group eligibility. At the state level, legislation could be passed to more clearly specify an age group, or the two California regulators (DMHC and CDI) could promulgate definitions of their own. At the federal level, additional guidance could also be provided from HHS to clarify this question in the future.

Although the new California laws are silent as to the exact age of enrollees eligible for EHB pediatric dental and pediatric vision benefits, the two sources the law specifies for defining the benefit packages use two distinct age guidelines. Healthy Families provides pediatric dental benefits to beneficiaries up to age 19. BCBS FED BlueVision FEDVIP provides pediatric vision benefits to enrollees up to age 22. Therefore, the sources suggest that benefit packages may be made available to differing age groups. However, as the law is silent, further regulation may be needed to clarify the situation.

How Will Stand-Alone Health Insurance be Coordinated with Stand-Alone Dental Insurance to Fulfill the Pediatric Dental EHB Requirement?

The ACA allows the pediatric dental benefit to be covered either through a stand-alone dental insurance carrier or through an enrollee’s health insurance carrier.²⁵ Therefore, two different carriers could fulfill the EHB requirement, one covering all other benefits and a second covering pediatric dental benefits. The possible presence of two carriers raises the following compliance-related questions.

What entity will confirm that an enrollee has full EHB-compliant coverage?

For cases in which an enrollee has health insurance from one carrier and pediatric dental insurance from another, it is currently unclear which entity(s) will confirm that the enrollee has EHB-compliant coverage. For plans and policies sold through the exchange, the exchange could verify that EHB-compliant coverage is being provided through two separate carriers. For DMHC-regulated plans and CDI-regulated policies sold outside of the exchange, the state regulators or some other entity would have to confirm these benefits are being fulfilled in order to comply with ACA requirements. Along with establishing the responsible party for monitoring compliance, there is also the issue of maintaining compliant coverage throughout the year. For example, if an enrollee with health insurance from one carrier and pediatric dental insurance from another carrier chooses to stop paying for their pediatric dental coverage, they would cease to be in compliance with EHBs. Currently, it is unclear which entity will be responsible for ensuring that the enrollee is in compliance of the EHB requirement for the full year, and whether that entity will have to monitor premium payments on an ongoing (monthly or otherwise) basis.

²⁵ Affordable Care Act Section 1311 (d)(2)(B)(ii).

How will annual out-of-pocket limits and maximums be coordinated by two insurance carriers?

An annual out-of-pocket limit is another area that requires attention when an enrollee has separate pediatric dental and health coverage. Along with defining EHBs, the ACA requires plans that cover EHBs to have an annual limitation on out-of-pocket spending.²⁶ One important technical question is how this annual spending limit will be coordinated when the pediatric dental EHB is provided by two separate insurance carriers. Currently, for commercial insurance, each carrier is responsible for tracking the annual out-of-pocket expenditures for each of its enrollees. Once the enrollee has met their out-of-pocket limit, the carrier is responsible for covering the full cost of subsequent tests, treatments, and services without further cost sharing from the enrollee. If an enrollee has separate health and dental coverage, tracking of expenditures is done on a separate basis by both the individual health insurance carrier and the dental carrier for the same enrollee. Under the ACA's EHB provision, where an enrollee purchases health insurance from one carrier and pediatric dental insurance from another carrier, the two carriers (health and dental) will need to coordinate their tracking of that enrollee's single annual out-of-pocket limit. Such coordination channels do not currently exist, and will need to be established for this to be done.

Although the first two policy questions in this brief were either fully or partially answered by California's new legislation, the coordination issues between a stand-alone dental and health insurance carrier in fulfilling the pediatric dental EHB still remain unresolved.

Conclusion

Policymakers throughout California are working toward full implementation of the health reform law. As these various stakeholders deal with all of the complexities involved in health reform implementation on the state level, several issues involving the pediatric dental and pediatric vision EHB category remain unresolved. California's new legislation specifies sources for defining these EHBs, but does not clarify which ages are "pediatric", and thus eligible to use these benefits. Additionally, it is currently unclear how compliance and coordination of this EHB will be handled in situations where enrollees purchase separate health insurance and stand-alone dental coverage. These questions will need to be addressed at some point in the future in order to assist both the regulators and the carriers providing coverage for this EHB to comply with ACA requirements. The goal of this brief was to highlight some of the lingering policy and technical issues for these two categories of EHBs and to lay out possible options for policymakers to consider in addressing these questions.

²⁶Affordable Care Act Section 1302 (c)(1)(a).

APPENDIX

Table 1. Age Definitions for “Pediatric”

Source	Healthy Families (CHIP)	FEDVIP	Affordable Care Act	Clinical (Dental)	Clinical (American Academy of Pediatrics)
Age group considered pediatric	0-18 years	0-22 years	0-25 years	0-12 years (or until last primary tooth is lost)	0-20 years

Sources: Healthy Families. Available at: www.healthyfamilies.ca.gov/HFProgram/Join.aspx, Accessed August 10, 2012, and U.S. Office of Personnel Management, The MetLife Federal Dental Plan. Available at: www.opm.gov/insure/health/planinfo/2012/brochures/MetLife.pdf. Accessed August 10, 2012.

Key: CHIP =Children’s Health Insurance Program. FEDVIP = Federal Employee Dental and Vision Plan.

Table 2. Potential Pediatric Dental Benefit Options

Benefits Provided	Healthy Families	MetLife Dental
Preventive care	Every 6 months	Every 6 months
Fillings	As needed	Limited to primary incisor teeth for members 6 years of age and younger and for primary molars and cuspids for members 11 years of age and younger, once per tooth per lifetime
Sealants	Only for permanent 1 st and 2 nd molars, as needed	Once per tooth every 36 months
Diagnostic services	Consultations, x-rays (bitewing, full-mouth, panoramic)	Evaluations, x-rays (bitewing, panoramic), once every 6 months
Major services	Root canals, oral surgery, crowns, bridges, dentures	Varies depending on coverage tier and procedure
Orthodontia	Provided to subscribers younger than age 19 years through California Children’s Services Program when condition meets program criteria	Provided to members 19 years of age and younger

Source: U.S. Office of Personnel Management, The MetLife Federal Dental Plan. Available at: www.opm.gov/insure/health/planinfo/2012/brochures/MetLife.pdf. Accessed August 10, 2012.

APPENDIX (cont'd)

Table 3. Potential Pediatric Vision Benefit Options

Benefits Provided	Healthy Families	BCBS BlueVision
Eye examinations	Once every 12 months	Once every 12 months
Prescription glasses (frames and lenses)	Once every 12 months	Once every 12 months
Contact lenses	Once every 12 months	Once every 12 months in lieu of eyeglasses
Laser correction surgery	Not covered by program	Offered at a 25% discounted rate

Source: U.S. Office of Personnel Management, FEP BlueVision. Available at: www.opm.gov/insure/health/planinfo/2012/brochures/FEPBlueVi.pdf. Accessed August 10, 2012.

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A group of faculty and staff undertakes most of the analysis that informs reports by the California Health Benefits Review Program (CHBRP). The CHBRP **Faculty Task Force** comprises rotating representatives from six University of California (UC) campuses and three private universities in California. In addition to these representatives, there are other ongoing contributors to CHBRP from UC. This larger group provides advice to the CHBRP staff on the overall administration of the program and conducts much of the analysis. The **CHBRP staff** coordinates the efforts of the Faculty Task Force, works with Task Force members in preparing parts of the analysis, and coordinates all external communications, including those with the California Legislature. The level of involvement of members of the CHBRP Faculty Task Force and staff varies on each report, with individual participants more closely involved in the preparation of some reports and less involved in others. As required by CHBRP's authorizing legislation, UC contracts with a certified actuary, Milliman Inc., to assist in assessing the financial impact of each legislative proposal mandating or repealing a health insurance benefit. Milliman also helped with the initial development of CHBRP methods for assessing that impact.

The **National Advisory Council** provides expert reviews of draft analyses and offers general guidance on the program to CHBRP staff and the Faculty Task Force. CHBRP is grateful for the valuable assistance and thoughtful critiques provided by the members of the National Advisory Council. However, the Council does not necessarily approve or disapprove of or endorse this report. CHBRP assumes full responsibility for the report and the accuracy of its contents.

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