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December 20, 2012

Via Electronic Submission at www.regulations.gov

Ms. Marilyn Tavenner
Acting Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
P.O. Box 8010
Baltimore, Maryland 21244-8010

**Re: Patient Protection and Affordable Care Act; Standards Related to Essential Health Benefits, Actuarial Value, and Accreditation (File Code CMS-9980-P)
Comment on Appendix A: List of Proposed Essential Health Benefits Benchmarks**

Dear Ms. Tavenner:

On behalf of the Mississippi Insurance Department and the State of Mississippi, I appreciate the opportunity to comment on the Notice of Proposed Rulemaking ("NPRM") entitled "Patient Protection and Affordable Care Act; Standards Related to Essential Health Benefits, Actuarial Value, and Accreditation." Our comments specifically concern Mississippi's supplementary plan types found in the list of proposed essential health benefits ("EHB") benchmarks in Appendix A to said NPRM.

Pursuant to the "Essential Health Benefits Bulletin," released by the Center for Consumer Information and Insurance Oversight ("CCIIO") on December 16, 2011, and the "Frequently Asked Questions on Essential Health Benefits Bulletin," released by the Centers for Medicare and Medicaid Services ("CMS") on February 17, 2012, the United States Department of Health and Human Services ("HHS") proposed that a State's EHB would be defined by the selection of a benchmark plan. HHS proposed four (4) benchmark plan types, one of which was "the largest plan by enrollment in any of the three largest small group insurance products in the State's small group market." Through HHS' Health Insurance Oversight System ("HIOS"), the Mississippi Insurance Department ("MID") selected a benchmark plan prior to the deadline of October 1, 2012. The benchmark plan type, issuer, plan name, and other information may be found in Appendix A to the NPRM.

HHS recognized that some states' benchmark plans may not include coverage for all ten (10) categories of benefits prescribed under Section 1302(b) of the Affordable Care Act ("ACA"). To

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ensure coverage of all the benefit categories, HHS proposed a process for states to supplement their selected benchmark plan with other benefits. For example, the EHB Bulletin released on December 16, 2011, states: "For pediatric vision services we intend to propose the plan must supplement with the benefits covered by the FEDVIP vision plan with the largest enrollment."

The plan selected by MID as the State's benchmark plan did not include coverage of pediatric vision services. Therefore, based on the guidance available at the time, MID was compelled to supplement the selected benchmark plan with benefits covered by the FEDVIP vision plan with the largest enrollment.

The NPRM has provided states with additional policy options that were not previously available under the EHB Bulletin. Specifically, Section II, Provisions of the Proposed Regulation, states:

[I]f the base-benchmark plan does not include pediatric vision services, then these benefits may be supplemented from one of two options. The first option, described in [§156.110] (b)(3)(i), is to supplement pediatric vision coverage included in the FEDVIP vision plan with the largest national enrollment offered to Federal employees under 5 U.S.C. 8982. The second option, described in [§156.110] (b)(3)(ii), is to supplement pediatric vision coverage with the state's separate CHIP plan, if applicable. We believe that this additional option—an expansion of the policy presented in the EHB bulletin—will provide states with valuable flexibility as they select their EHB benchmark plans.

Based on the expanded policy options in the NPRM, MID proposes to designate the State's separate CHIP plan as the pediatric vision coverage supplementary plan type for Mississippi's benchmark plan, as listed in Appendix A of the NPRM. MID appreciates the flexibility HHS has given states through this additional option, and we believe that using the State's CHIP plan as the supplementary plan type for pediatric vision services will best serve the unique needs of Mississippians. Required supporting documentation for the State's separate CHIP plan has already been submitted through HIOS.

Thank you for your consideration of our comments and suggestions regarding the proposed rule. If you should have questions or concerns, please contact Mr. Aaron Sisk at aaron.sisk@mid.ms.gov or 601-359-2012.

Sincerely,



Mike Chaney
Commissioner of Insurance

cc: Mr. Aaron Sisk, Mississippi Insurance Department