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**Letter Number 2021-01****Date: May 13, 2021**

Dental Plans [X]

Vision Plans [X]

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**Subject: Federal Employees Dental and Vision  
Insurance Program (FEDVIP) Call Letter*****Submission of Proposals***

This is our annual call letter to FEDVIP Carriers for proposals to amend your benefits and rates for the 2022 plan year. This letter outlines OPM's goals and priorities, as well as continuing priorities for the upcoming negotiations. You must submit your benefit and rate proposals for the contract term beginning January 1, 2022 on or before May 31, 2021. OPM expects to complete benefit negotiations by July 31 and rate negotiations by mid-August to ensure a timely Open Season. This year, we are focusing on ensuring that our members have ample access to care during the world-wide COVID-19 pandemic.

**Member Access to Teledentistry**

Teledentistry can enhance access to care when in-person visits are not possible. As a result of the pandemic, there has been increasing interest in teledentistry, especially for triaging emergent dental conditions such as a broken tooth, lost filling, or an abscess. FEDVIP Carriers should review plan benefits to minimize barriers to evaluation and treatment for FEDVIP members during restrictions for in-person treatment caused by the COVID-19 outbreak. OPM continues to encourage all FEDVIP Carriers to make appropriate use of teledentistry services available to the widest degree

possible during the pandemic, whether it was an established part of the coverage or not.

The ADA recognizes the unprecedented and extraordinary circumstances dentists and their patients face during the current COVID-19 pandemic. They state their guiding principles are to mitigate transmission while also supporting emergency care for patients to help prevent overwhelming busy hospital emergency departments. Under current circumstances, while some services will continue to be performed in dental offices, the ADA recognizes that patients would be best served when telecommunication technology can be leveraged to support dental care. The guidance issued by ADA dental offices outlines coding for services rendered using telecommunication technology.

### **Member Access to Providers**

Member access to providers may be limited due to restrictions on the number of patients that can be evaluated and treated and/or restrictions on hours reserved for seeing patients during the pandemic. These limitations and restrictions may impact both existing and new patients attempting to obtain access to treatment. OPM encourages FEDVIP Carriers to include provider network and coverage flexibilities when necessary to ensure FEDVIP members have access to needed dental and vision care.

### **Treatment of Costs Associated with Personal Protective Equipment (PPE)**

Due to the pandemic, many providers may be exploring ways to offset their increased costs of PPE. OPM is aware that in the industry these costs may be passed on to the patient as a COVID-19 fee. FEDVIP Carriers should review plan benefits to ensure FEDVIP members are not charged these PPE supplemental fees.

## **Surprise Billing - Transparency of Costs for FEDVIP Services**

Surprise billing is a widespread and costly problem in the United States.<sup>1</sup> A person may receive a large bill for services received in an emergency situation where there is no realistic opportunity to select providers. Or a person may receive a bill for care received at an in-network facility that is provided by an out-of-network provider, without being forewarned that this is occurring. OPM encourages FEDVIP carriers to take all available measures to protect enrollees against surprise bills from out-of-network providers.

### ***Technical Guidance***

#### **FEDVIP Dental First Payor COB**

By law, if an individual has dental coverage under the Federal Employees Health Benefits (FEHB) Program, the FEHB plan shall be the first payor of any benefit payments.<sup>2</sup> The intent of 5 U.S.C. § 8954(e) is for the enrollee to pay the least amount of out-of-pocket expenses based on the combination of the two coverages. (i.e., FEDVIP and FEHB).

OPM wants to ensure clarity that coordination of benefits (COB) should not be used to advantage providers, consistent with a drafting note in the [NAIC Model Rule 120](#). The model rule states, "Because the provider has agreed to accept the negotiated payment, less any required deductibles, coinsurance or copayments for the services, COB is not to be used to increase the provider payment." Within the same drafting note, is the statement, "Plans should include provisions in their provider contracts to account for payments under coordination of benefits".

A FEDVIP Carrier requested guidance on handling an assertion made by a participating provider group when processing claims for an enrollee that had both FEHB and FEDVIP. In this situation, the provider asserted the enrollee

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<sup>1</sup> Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health & Human Services. [Secretary of Health and Human Services' Report on: Addressing Surprise Medical Billing](#). 2020.

<sup>2</sup> 5 U.S.C. § 8954(e)

was responsible for more out-of-pocket costs when the FEDVIP allowance prevailed than when the FEHB allowance was used. The provider submitted for the larger payment. The carrier stated several of their providers believed they could collect up to the higher FEDVIP allowable when it is more than the FEHB allowable, which creates the possibility for the member to pay more out of pocket as illustrated in the example below:

**If FEHB allowable prevails:**

<b>FEHB Carriers Payment, FEDVIP Carrier is secondary or tertiary</b>	<b>In-Network</b>
FEHB PPO Allowable	\$1,200
FEDVIP Carrier's (FEDVIP) Allowable	\$1,450
FEHB Carrier's Payment	\$100
FEDVIP Carrier's Regular Benefit (using FEHB allowable)	\$960 (\$1,200 x 80%)
FEDVIP Carrier's Payment	\$960
Member's Responsibility	<b>\$140</b>

**If FEDVIP allowable prevails:**

<b>FEHB Carriers Payment, FEDVIP Carrier is secondary or tertiary</b>	<b>In-Network</b>
FEHB PPO Allowable	\$1,200
FEDVIP Carrier's (FEDVIP) Allowable	\$1,450
FEHB Carrier's Payment	\$100
FEDVIP Carrier's Regular Benefit	\$1160 (\$1,450 x 80%)
FEDVIP Carrier's Payment	\$1160
Member's Responsibility	<b>\$190</b>

In cases where the FEHB allowance would result in lesser out-of-pocket expenses for the enrollee than the FEDVIP plan allowance, the FEDVIP enrollee should not be disadvantaged and the FEHB allowance should be applied.

While this is not a matter reported by any FEDVIP vision carriers, the guidance also applies to coordination of vision benefits. In order to implement this clarification, please advise your FEDVIP participating providers that, when treating a FEDVIP member, generally the FEDVIP contractual allowance will prevail. However, in cases where the provider participates in both FEHB and FEDVIP, the lesser of the contractual plan allowances will prevail. Any benefits available under FEHB will be deducted from the FEDVIP allowance, and the FEDVIP plan will pay the balance up to, but not exceeding, the FEDVIP plan's normal liability. Thus, members will no longer bear the burden of increased out-of-pocket costs when using services of a participating provider of both plans.

Please provide sample language that you intend to send to your participating providers, advising them when treating a FEDVIP member, generally the FEDVIP contractual allowance will prevail. However, in cases where the provider participates in both FEHB and FEDVIP, the lesser of the contractual plan allowances will prevail. It should emphasize that FEDVIP members will be held harmless/made whole in accordance with this guidance. Please email this language to the FEDVIP program office by May 31, 2021.

Your response to this call letter must be received by May 31, 2021 by email to [connie.delorimier@opm.gov](mailto:connie.delorimier@opm.gov). If you have any questions, please contact Connie deLorimier.

Sincerely,

Edward M. DeHarde  
Contracting Officer and Assistant  
Director  
Federal Employee Insurance  
Operations  
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U.S. Office of Personnel Management