
Letter Number 2022-01

Date: April 25, 2022

Dental Plans [X]

Vision Plans [X]

Subject: 2023 Federal Employees Dental and Vision Insurance Program Call Letter

Submission of Proposals

This is our annual call letter to Federal Employees Dental and Vision Insurance Program (FEDVIP) Carriers for proposals to amend your benefits and rates for the 2023 plan year. This letter sets forth OPM's policy goals and initiatives for FEDVIP in 2023. For the contract term beginning January 1, 2023, you must submit your benefit and rate proposals on or before May 31, 2022. OPM expects to complete all benefit and rate negotiations by mid-August 2022 to ensure a timely Open Season.

FEDVIP Programs Benefits and Initiatives

Our initiatives for the 2023 plan year relate to health equity and maternal health, along with a continued emphasis on the COVID-19 pandemic by maintaining equitable access to teledentistry. Guidance and policy from previous Carrier Letters remain in effect unless superseded.

We continue to require cost neutrality as outlined in the 2019 Call Letter ([FEDVIP Carrier Letter 2019-01](#)), which indicates that if a FEDVIP Carrier were to propose decreasing a cost share in one benefit and this change in benefits would have an additional cost impact on premium, the Carrier

should also propose a decrease in another benefit with an equal or greater reduction in cost in the same plan option. As in prior years, OPM will consider cost-neutral changes in benefits that benefit enrollees. We continue to believe that imposing cost neutrality on benefit proposals is an important tool in meeting our objective of increasing quality and promoting greater affordability. However, under certain circumstances, we will consider Carrier-generated proposals for exceptions to this requirement. Carrier proposals may include benefit enhancements in one plan option that are offset by reductions in another of that Carrier's plan options to achieve cost neutrality.

Carrier proposals must maintain a meaningful difference between plan options. If proposing a benefit change, the Carrier will be required to provide a clear and specific strategic justification for the potential premium increase and demonstrate the projected cost savings in the current plan year proposal within a single plan option, if the Carrier can show a strategy to achieve cost neutrality within that option and eventual savings in the near-term future (i.e., within three years).

Health Equity and Maternal Care

The same populations that face the highest rates of maternal mortality and poor birth outcomes also face higher rates of oral disease.¹ The Centers for Disease Control and Prevention (CDC) indicates that poor oral health during pregnancy can lead to poor health outcomes for the pregnant person and baby. Physiological changes during pregnancy attributed to peak levels of estrogen and progesterone may result in pregnancy gingivitis, benign oral lesions, tooth mobility, tooth erosion, dental caries, and periodontal diseases. Individuals with periodontitis who become pregnant experience

¹ Families USA, *Improving Pregnancy-Related Oral Health Coverage Would Bolster Maternal Health, Reduce Health Care Costs* (March 2020), https://familiesusa.org/wp-content/uploads/2020/03/OH_Pregnancy-Related-Oral-Health_FactSheet.pdf.

higher risks of preeclampsia, preterm birth, gestational diabetes, and low-birthweight births than pregnant individuals with good oral health.² In addition, 40 to 100 percent of patients with preeclampsia may experience visible retinal vascular changes, while only 25 to 50 percent of preeclamptic patients report visual symptoms. These symptoms, which tend to worsen with increasing disease severity, include blurred or decreased vision, photopsia, scotomata, diplopia, visual field defects, and blindness.³

OPM is committed to addressing the needs of vulnerable populations by encouraging FEDVIP Dental and Vision Carriers to include services such as blood pressure screening, additional prophylaxis such as a third annual dental cleaning, and referring these patients back to their primary physician or specialist to address the unique needs of pregnant individuals. OPM also encourages Carriers to utilize resources such as [Protect Tiny Teeth](#) communications, created by the CDC and the American Academy of Pediatrics. Protect Tiny Teeth resources may be used to increase awareness that oral health is an important part of prenatal care.

Consistent with this emphasis on health equity, OPM is also strongly encouraging FEDVIP Carriers to take the following actions to enhance customer care and service delivery for members to increase cultural competency and proficiency.

- Communication materials and resources accessible by members should be reviewed to utilize gender-inclusive language. Further, member pronoun and gender identity preferences should be captured in member communications.

² Julie Bencosme, RDH, MA, CHES, *Sex-Based Differences in Oral Health*, Dimensions of Dental Hygiene (December 14, 2016), <https://dimensionsofdentalhygiene.com/article/sex-based-differences-in-oral-health/>.

³ Albert Cheung and Ingrid U. Scot, M.M., *Ocular Changes During Pregnancy*, American Academy of Ophthalmology (May 2012), <https://www.aao.org/eyenet/article/ocular-changes-during-pregnancy>.

- Additional training should be offered to customer service employees to facilitate the use of a member's correct name and pronouns during encounters.

Ensuring the Federal Government Continues to be a Model Employer

COVID-19 Pandemic

OPM applauds FEDVIP Carriers for their efforts to address the COVID-19 pandemic. We will continue to work with FEDVIP Carriers to safeguard the health of their members. To that end, we encourage FEDVIP Carriers to continue initiatives related to telehealth as well as opioid abuse prevention.

Teledentistry

Teledentistry services have rapidly expanded during the COVID-19 pandemic. OPM believes that teledentistry continues to have an important role in both dental care and education delivery. The ADA believes that examinations performed using teledentistry can be an effective way to extend the reach of dental professionals, increasing access to care by reducing the effect of distance barriers to care. Teledentistry has the capability to expand the reach of a dental home to provide needed dental care to a population within reasonable geographic distances and varied locations where the services are rendered.⁴ OPM strongly encourages FEDVIP Carriers to continue supporting the efforts of providers to furnish these services to their patients by coming to reasonable agreements on reimbursement.

⁴ The American Dental Association, (2020) *ADA Policy on Teledentistry*
<https://www.ada.org/about/governance/current-policies/ada-policy-on-teledentistry>.

Opioid Abuse Prevention

As we indicated in previous call letters, FEDVIP Carriers can play a vital role in addressing the national opioid crisis. Studies reveal that prescription medications, even when taken as directed, are often the gateway to addiction. A 2018 study published in the Journal of the American Medical Association (JAMA) indicated a link between filling an opioid prescription after wisdom tooth extraction and long-term opioid use.⁵ Please urge your network dental providers to make non-opioid regimens their first choice for pain management. When opioids are needed, experts advise prescribing the lowest possible dose and shortest treatment duration. Prescription Drug Monitoring Programs (PDMPs) are an electronic database run at the state level that track controlled substance prescriptions. The CDC notes that PDMPs are among the most promising interventions to improve opioid prescribing, inform clinical practice, and protect patients at risk.⁶ OPM encourages Carriers to include providers in their provider networks who participate in their state's PDMPs.

Mercury-Containing Dental Amalgam

The U.S. Food and Drug Administration (FDA) is providing recommendations about the use of [dental amalgam](#) in certain groups of people who may be at greater risk to the potential adverse health effects of mercury exposure, to include:

- Pregnant persons and their developing fetuses;
- Individuals who are planning to become pregnant;

⁵ Calista M. Harbaugh, MD, et al., *Persistent Opioid Use After Wisdom Tooth Extraction*, JAMA (Aug. 7, 2018), <https://jamanetwork.com/journals/jama/fullarticle/2695661>.

⁶ Centers for Disease Control and Prevention, *Prescription Drug Monitoring Programs (PDMPs) What States Need to Know* (May 29, 2021), <https://www.cdc.gov/drugoverdose/pdmp/index.html>; Centers for Disease Control and Prevention, *Prescription Drug Monitoring Programs (PDMPs) What Healthcare Providers Need to Know* (February 12, 2021), <https://www.cdc.gov/opioids/providers/pdmps.html>.

- Individuals who are nursing and their newborns and infants;
- Children, especially those younger than six years of age;
- People with pre-existing neurological disease;
- People with impaired kidney function; and
- People with known heightened sensitivity (allergy) to mercury or other components of dental amalgam.⁷

OPM is interested in hearing from dental Carriers on their thoughts to mitigate exposure to amalgam with these vulnerable populations.

Conclusion

OPM's goal for the FEDVIP Program is to provide quality, affordable dental and vision benefits for Federal employees, annuitants, their family members, and other eligible persons and groups. Continuous open and effective communication between OPM program staff and FEDVIP Carriers should occur to ensure a seamless negotiation cycle. Please discuss all proposed benefit changes with your Program Analyst.

We look forward to the negotiations for the upcoming contract year. Thank you for your commitment to the FEDVIP Program.

Sincerely,

Laurie Bodenheimer
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⁷ U.S. Food and Drug Administration, *Recommendations About the Use of Dental Amalgam in Certain High-Risk Populations: FDA Safety Communication* (Sept. 24, 2020), <https://www.fda.gov/medical-devices/safety-communications/recommendations-about-use-dental-amalgam-certain-high-risk-populations-fda-safety-communication>.