



Dental Coverage and Health Reform: Where do we go from here?

National Oral Health Conference
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Children's Dental Health Project

Mission: Creating and advancing innovative solutions to achieve oral health for all children.

Our Approach

1. Reduce disease burden
2. Improved access to quality care

Our Goals

- Prevent childhood tooth decay, because cavities are the result of a disease that is overwhelmingly preventable.
- Promote solutions that are grounded in the best available research and support exploration when evidence is lacking
- Engage policymakers and other decision-makers in addressing ongoing inequities in oral health and to implement cost-effective solutions.





Oral Health in the Affordable Care Act (ACA)



ACA and Oral Health

Taken together (funded and unfunded), 23 oral health provisions in ACA offer an **integrated and comprehensive plan**. Including:

PREVENTION & HEALTH PROMOTION

COVERAGE & FINANCING

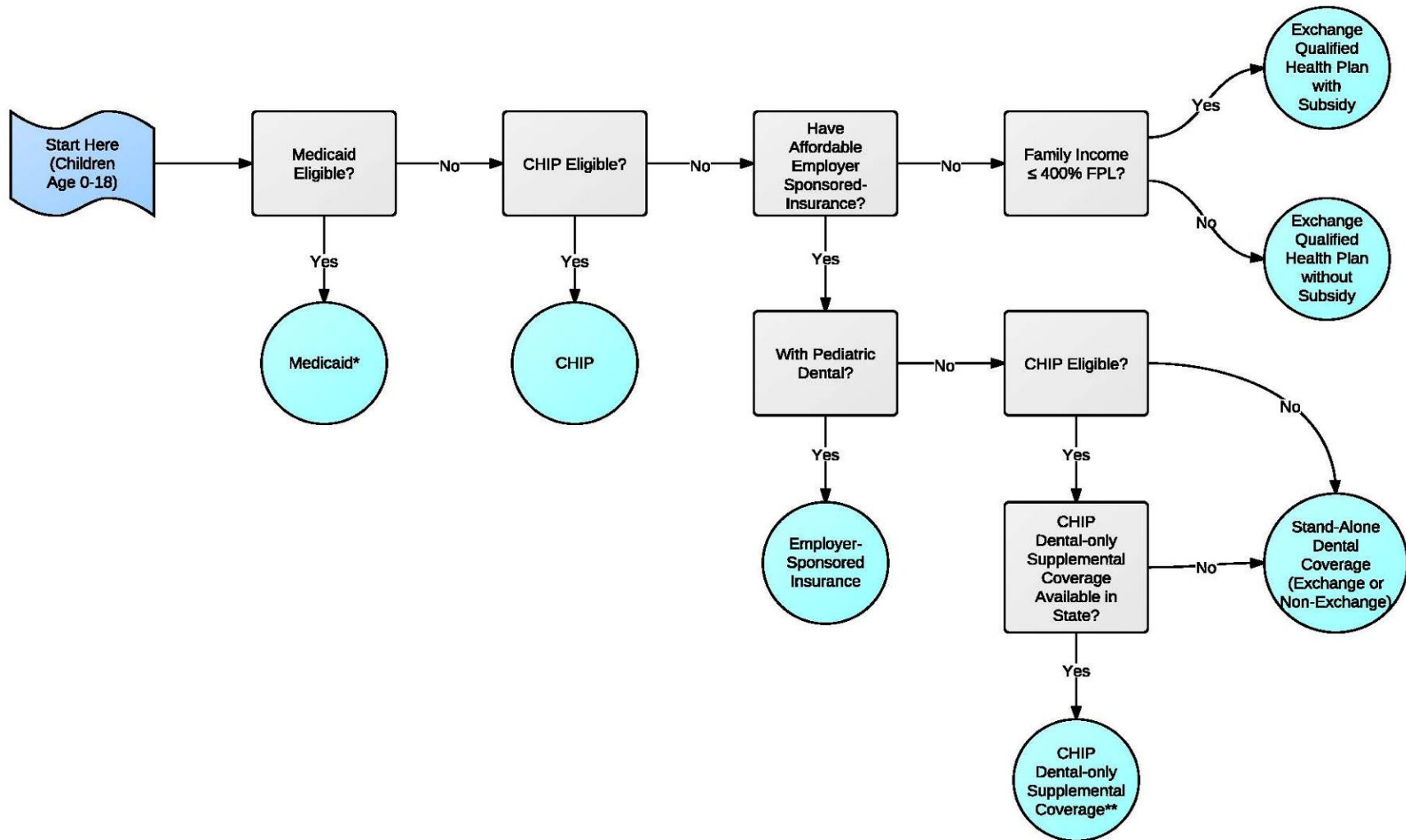
DELIVERY SYSTEM/SAFETY NET

INFRASTRUCTURE & SURVEILLANCE

WORKFORCE & TRAINING



How Children Get Dental Coverage Under the ACA



Overview of Pediatric Dental Benefits

Medicaid: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

CHIP: State determined benefits consistent with federal CHIP rules

Employer-Sponsored Insurance: Dental benefits often limited to a yearly cap (average is \$1500)

Qualified Health Plan: Essential health benefits determined by the state consistent with federal rules

*Medicaid may "wrap around" any existing private coverage as the payer of last resort.

**States have the option under CHIPRA to provide supplemental or wrap around insurance to CHIP eligible children who have medical coverage through their parents but no dental insurance.



Essential Health Benefits: Pediatric Dental Coverage



Background: Pediatric Dental Benefit

- EHB Category 10: “**Pediatric services, including oral and vision care**”
- One part of a comprehensive pediatric benefit
- Spans health care providers and insurance issuers
- Stand-alone dental plans may provide Exchange coverage
- If a stand-alone participates, QHPs exempt from oral care requirement
- Statute treats pediatric dental benefits differently depending on issuer



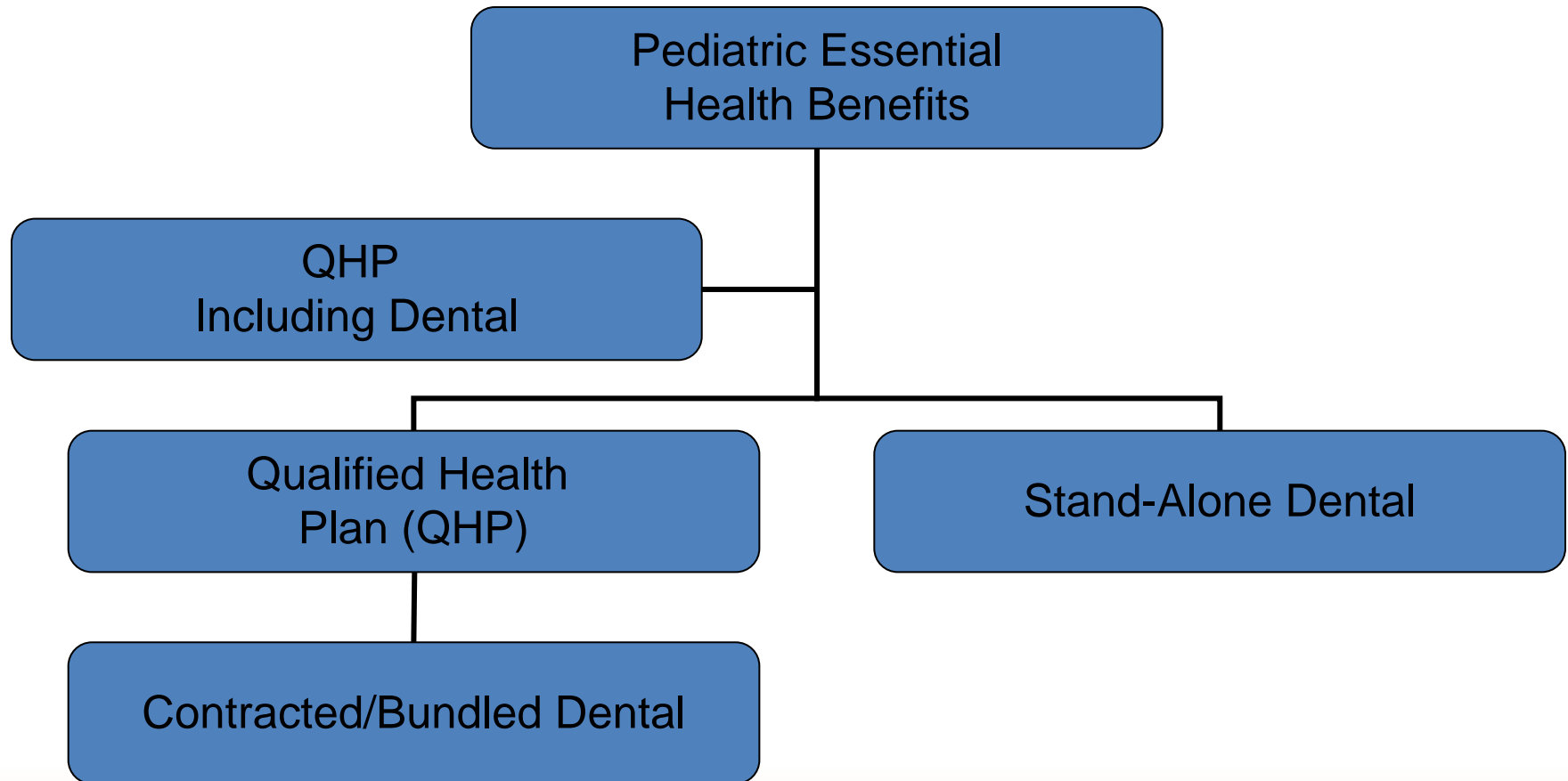


Essential Health Benefits (EHB)

- States selected benchmark plans (services covered)
- If pediatric dental is missing from a state's EHB benchmark, the state must choose either:
 - The Federal Employees Dental and Vision Insurance Program (FEDVIP) dental plan with the largest national enrollment; or
 - The State's separate CHIP program
- For pediatric dental: 31 states use FEDVIP, 19 use CHIP, 1 uses state employee plan



Structure of Coverage





Federal Regulations: Consequences of Our Separate Systems



Final Exchange Rule – March 2012

For all dental plans Exchanges will:

- Apply out-of-pocket maximums;
- Prohibit annual and lifetime caps;
- Require child-only plans;
- Ensure plans possess the "solvency and provider network" to provide coverage;
- Apply QHP certification standards;
- Collect rate information on pediatric dental benefits





EHB Rule – February 2013

- Clarifies benchmark approach and defaults;
 - FEDVIP and CHIP supplemental for FFE states
- Allows for separate but additional “reasonable” cost-sharing limit for stand-alone dental;
- Establishes separate actuarial value standards for stand-alone dental;
- No requirement to purchase separate dental inside exchange
- Outside exchange – QHPs must have “reasonable assurance” of purchase



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Part V

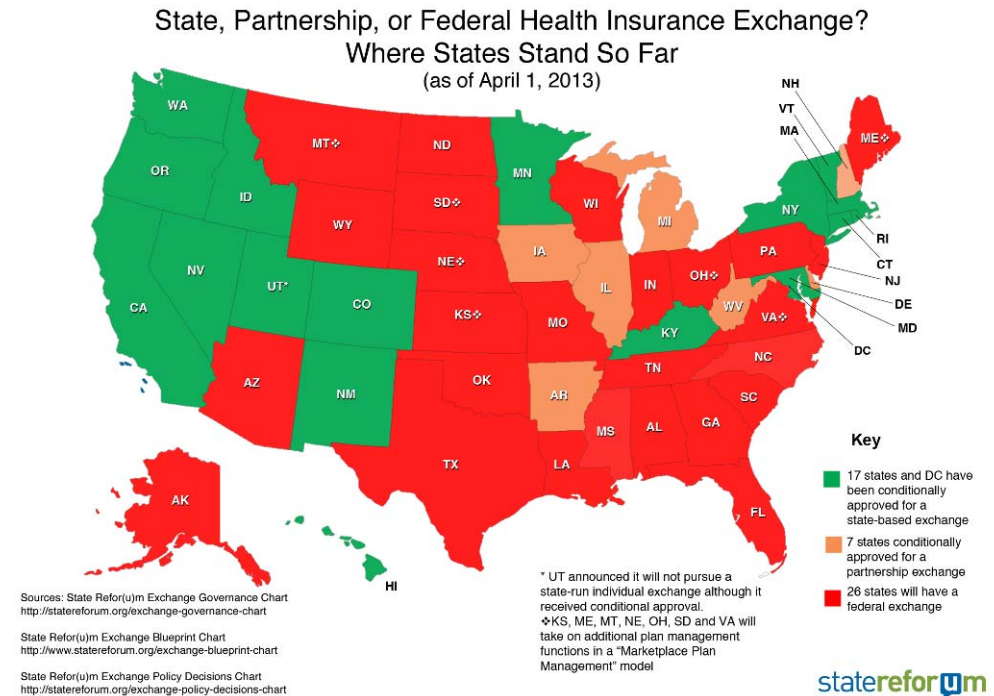
Department of Health and Human Services

45 CFR Parts 147, 155, and 156
Patient Protection and Affordable Care Act; Standards Related to Essential Health Benefits, Actuarial Value, and Accreditation; Proposed Rule



Letter to Issuers on Federally-Facilitated and Partnership Exchanges – April 2013

- 26 States with FFE, 7 States with partnership exchange
- QHP Certification standards apply to stand-alone dental plans
- Requirement to include essential community providers
- “Reasonable OOP Maximum”
 - \$700 per child, \$1,400 per family
- QHPs may offer embedded pediatric dental





Premium Tax Credits



- Tax credits available for families up to 400% FPL
- Applicable to pediatric dental EHB
- Tax credit goes to insurers on behalf of enrollees
 - Goes to QHP first, residuals go to stand-alone dental plans
- **Unofficial Interpretation of Tax Credit Rule:** Calculation of tax credit amount may be insufficient to cover cost of separate dental



Federal Regulatory Approach

Implications:

- Comprehensive benchmarks
- Some standardization between state-based and FFE
- Separate OOP Max = potential affordability barrier
- Tax credit issue could prevent many from purchasing
- Questions about enrollment and outreach





State Implementation Issues



State Implementation Issues

- **How will dental be offered?**
 - Separate offering – Implications for care coordination, affordability, & consumer protections
- **Network Adequacy**
 - No national standard for dental network adequacy
- **Quality Standards**
 - November 2012 RFI – No new standards in place until 2016
 - Moving towards paying for health outcomes?
- **Evaluation and monitoring of implementation process**
- **Educating consumers on benefits and enrollment**



Medicaid Expansion

- States may expand Medicaid to adults up to 133% FPL
- Millions more adults on Medicaid but no guarantee of dental benefits
- Expansion provides Medicaid Benchmark benefits through one of:
 - FEHBP
 - State EHB
 - Largest HMO
 - Secretary-Approved (may include adult dental)



What about the rest of the ACA?



Prevention & Health Promotion

Dental Caries Disease Management	Establishes a national grant program to demonstrate the effectiveness of research-based dental caries disease management
School-based Dental Sealant Programs	Requires that states receive grants for school-based dental sealant programs
Oral Health Public Education Campaign	Requires HHS Secretary to establish a 5-year public education campaign to promote oral health
Prevention and Public Health Trust Fund	Establishes a fund to provide an expanded and sustained national investment in prevention and public health programs – may include oral health. Appropriates the following amounts to the PPHF: FY2010 = \$500 million; FY2011 = \$750 million; FY2012 = \$1 billion; FY2013 = \$1.25 billion; FY2014 = \$1.5 billion; FY2015 and each fiscal year thereafter = \$2 billion.
National Prevention, Health Promotion, and Public Health Council	Charged with coordinating Federal prevention policy and developing a national prevention strategic plan
Community Transformation Grants	Establishes grants to state and local agencies and community organizations for prevention efforts outside the doctor's office. Funded through the Prevention and Public Health Trust Fund at \$221 million for FY 2011 & 2012



Effective Coverage

★ Oral Health Services for Children	Requires State Exchanges to include oral health services to children as part of the Essential Health Benefits Package
Stand-Alone Dental Plans	Allows stand-alone dental plans with pediatric benefits to participate in State Exchanges
MACPAC Reporting on Dental Payments	Requires MACPAC to review payments to dental professionals and report to Congress: \$9 million for FY 2010 to remain available until expended
CHIP Maintenance	Funding made available through FY 2015 – increased federal assistance in FY 2016 , CHIP maintained until 2019
Medicaid Expansion	Expands Medicaid coverage to individuals whose income is 133% of FPL or less.



Workforce and Training

Alternative Dental Health Care Providers

Establishes a 15-site demonstration project to train or employ alternative dental health care professionals

National Health Care Workforce Commission

Establishes the Commission and makes the oral health care workforce a high priority for review

Dental Training Programs

SEC 5303 - General, pediatric, and public health dentistry training program funded at \$30 million for FY 2010.

Primary Care Residency Programs

Establishes three-year, \$500,000 grants for new primary care residency programs, including oral health
Funded through the Prevention and Public Health Trust Fund for FY 2010 at \$168 million.

Graduate Medical Education Programs

Provides funding for new and expanded graduate medical education, including dental education



Delivery System

Federally Qualified Community Health Centers

- Community Health Center Fund (CHCF): Establishes a CHCF and appropriates a total of \$11 billion over the five-year period FY2011 through FY2015 to the fund, to be transferred by the Secretary to HHS accounts to increase funding, over the FY2008 level, for (1) community health center operations; and (2) NHSC operations, scholarships, and loan repayments.
- Health center construction and renovation: \$1.5 billion, to be available for the period FY2011 through FY2015, and to remain available until expended.

School-based Health Centers

- Grant program for the establishment of school-based health centers for facility construction, expansion, and equipment: \$50 million for each of FY2010 through FY2013, to remain available until expended.
- Expands school-based dental sealant programs to all states, territories and tribes (unfunded)
- Provides Grants to SBHCs for operations and includes oral health services in qualified services provided by SBHCs (unfunded)



Infrastructure, Quality & Surveillance

Oral Health Infrastructure

Requires the CDC to provide cooperative agreements to states for improving oral health infrastructure (from 19 states → 50 states, territories, & tribes)

Pregnancy Risk Assessment and Monitoring System

Requires that oral health measurements be included in PRAMS

National Health and Nutrition Examination Survey

Retains “tooth-level” surveillance in NHANES

Medical Expenditure Panel

Requires a “look-back” validation for dental - parity with medical

National Oral Health Surveillance System

Requires that NOHSS include measurement of early childhood caries and authorizes funding to expand the system to all 50 states



What Can You Do?

- Find out what's happening in your state
- Work with partners to educate policymakers and families
- Get involved in Exchange development process
 - Ensure dental isn't a secondary issue
 - Advocate for integration of dental into coverage packages
 - Advocate for robust certification standards (network adequacy, etc.)
- **Pursue innovation** – prevention, financing, quality, delivery, care coordination





Questions?

Visit us at www.cdhp.org
...or contact us!

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