Dental Coverage Under the Affordable Care Act

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ACA Pediatric Dental Benefit
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 Benchmarks

• 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

• Most states have chosen small business benchmarks and supplemented for pediatric dental and vision
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 $1,500)
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.
Regulatory Changes
For all dental plans Exchanges will:

• Apply cost-sharing limits;
• Prohibit annual and lifetime limits;
• Require the offering of 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
Final Exchange Rule – March 2012

Implications:

- More protections for families
- “Traditional” plan structure may have to be significantly adjusted
- Plans may seek new cost control measures
- Dental plans can control costs by focusing on medical necessity
- Risk-based benefit design may be a viable approach that does not shift costs to consumers
• Clarifies benchmark approach and defaults;
• Clarifies supplementing for dental with CHIP and FEDVIP by state-based and federally-facilitated exchanges;
• Proposes separate but additional “reasonable” cost-sharing limit for stand-alone dental;
• Proposes separate actuarial value standards for stand-alone dental;

• 29 Organizations signed comments letter
• 12 Senators and 27 Reps signed similar letter to Secretary
Implications:

- Comprehensive benchmarks
- Standardization between state-based and FFE
- Major affordability barriers
  - Separate OOP Max
  - No cost-sharing reductions
- Complicated approach to AV
- Questions about enrollment and outreach
State Implementation Issues
Pricing and Offering of Pediatric Dental

**Requiring dental to be sold separately:**

- Complicates offering by Qualified Health Plans (QHPs)
- Complicates care coordination and tracking out-of-pocket costs
- Effectively makes all dental benefits stand-alone
- Limits choice
- More expensive for families (additional out-of-pocket-max)
- Removes a number of consumer protections
  - Cost-sharing reductions
  - Ban on denial for pre-existing conditions and rescissions
  - External appeals
Network Adequacy

- Exchanges responsible for ensuring adequate networks
- No national standard for dental network adequacy
- Medicaid & Managed Care standards may be starting points
  - Geographic access measures
  - Wait time
  - Provider to enrollee ratios
- State examples: Connecticut
- Essential Community Provider requirements for dental?
Quality

Background
• November 2012 RFI – No new standards in place until 2016
• Exchange Rule – Standards will apply to stand-alone dental

Moving Forward
• Quality standards that move beyond utilization & process measures
• Look to oral health status and outcomes measures
• Some movement in state Medicaid programs (California)
• End goal of paying for value over volume in dental
Other Issues

- Medically necessary orthodontics
- Tracking out-of-pocket costs across plans
- Educating consumers on available benefits
- Ensuring kids get coverage and that families don’t forgo pediatric dental
- Monitoring implementation and effectiveness
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**
Questions?

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