



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

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**Children's Dental Health Project**



# 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**

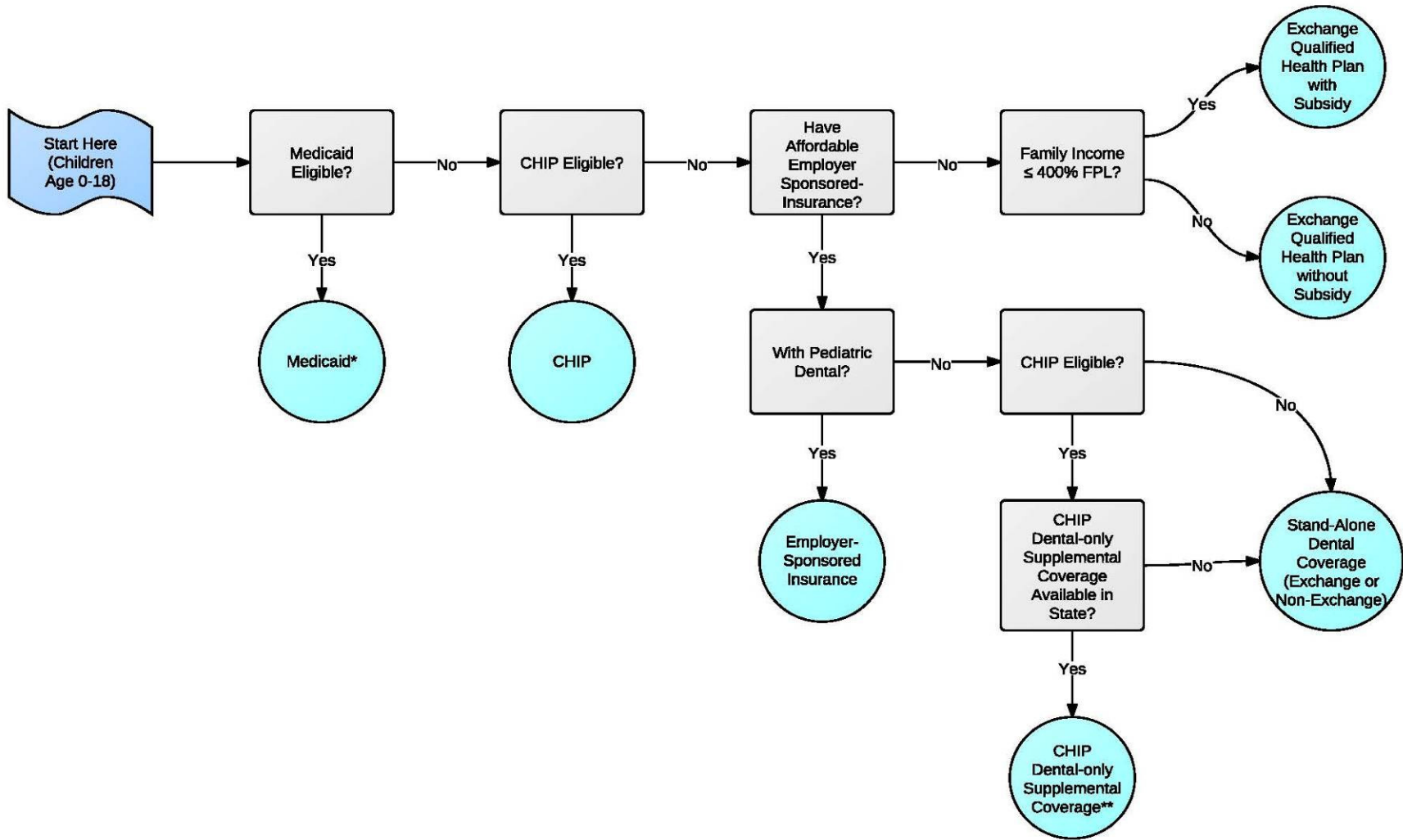
**DELIVERY SYSTEM/SAFETY NET**

**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





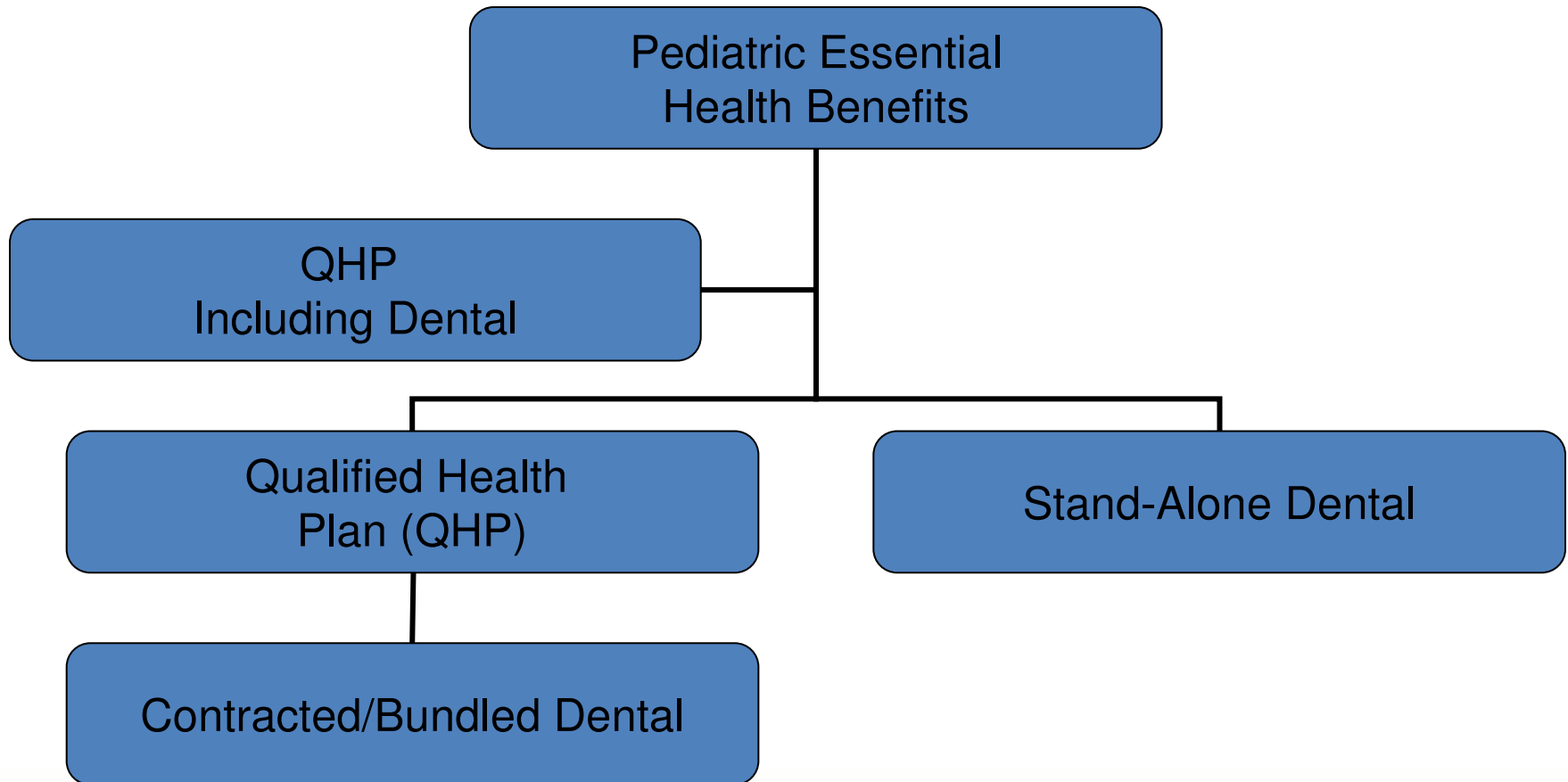


## Essential Health Benefits (EHB)

- 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



## FEDERAL REGISTER

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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





# 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
- **IRS 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 EHBP
  - Largest HMO
  - Secretary-Approved (may include adult dental)



## What about the rest of the ACA?



# Prevention & Health Promotion

<p><b>Dental Caries Disease Management</b></p>	<p>Establishes a national grant program to demonstrate the effectiveness of research-based dental caries disease management</p>
<p><b>School-based Dental Sealant Programs</b></p>	<p>Requires that states receive grants for school-based dental sealant programs</p>
<p><b>Oral Health Public Education Campaign</b></p>	<p>Requires HHS Secretary to establish a 5-year public education campaign to promote oral health</p>
<p><b>Prevention and Public Health Trust Fund</b></p>	<p>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.</p>
<p><b>National Prevention, Health Promotion, and Public Health Council</b></p>	<p>Charged with coordinating Federal prevention policy and developing a national prevention strategic plan</p>
<p><b>Community Transformation Grants</b></p>	<p>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 &amp; 2012</p>



# Effective Coverage

<b>★ Oral Health Services for Children</b>	Requires State Exchanges to include oral health services to children as part of the Essential Health Benefits Package
<b>Stand-Alone Dental Plans</b>	Allows stand-alone dental plans with pediatric benefits to participate in State Exchanges
<b>MACPAC Reporting on Dental Payments</b>	Requires MACPAC to review payments to dental professionals and report to Congress: \$9 million for FY 2010 to remain available until expended
<b>CHIP Maintenance</b>	Funding made available through FY 2015 – increased federal assistance in FY 2016 , CHIP maintained until 2019
<b>Medicaid Expansion</b>	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](http://www.cdhp.org)  
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