



Georgetown University
Health Policy Institute
CENTER FOR CHILDREN
AND FAMILIES



Children's Dental Benefits: Issues and State Choices

CCF-CDHP

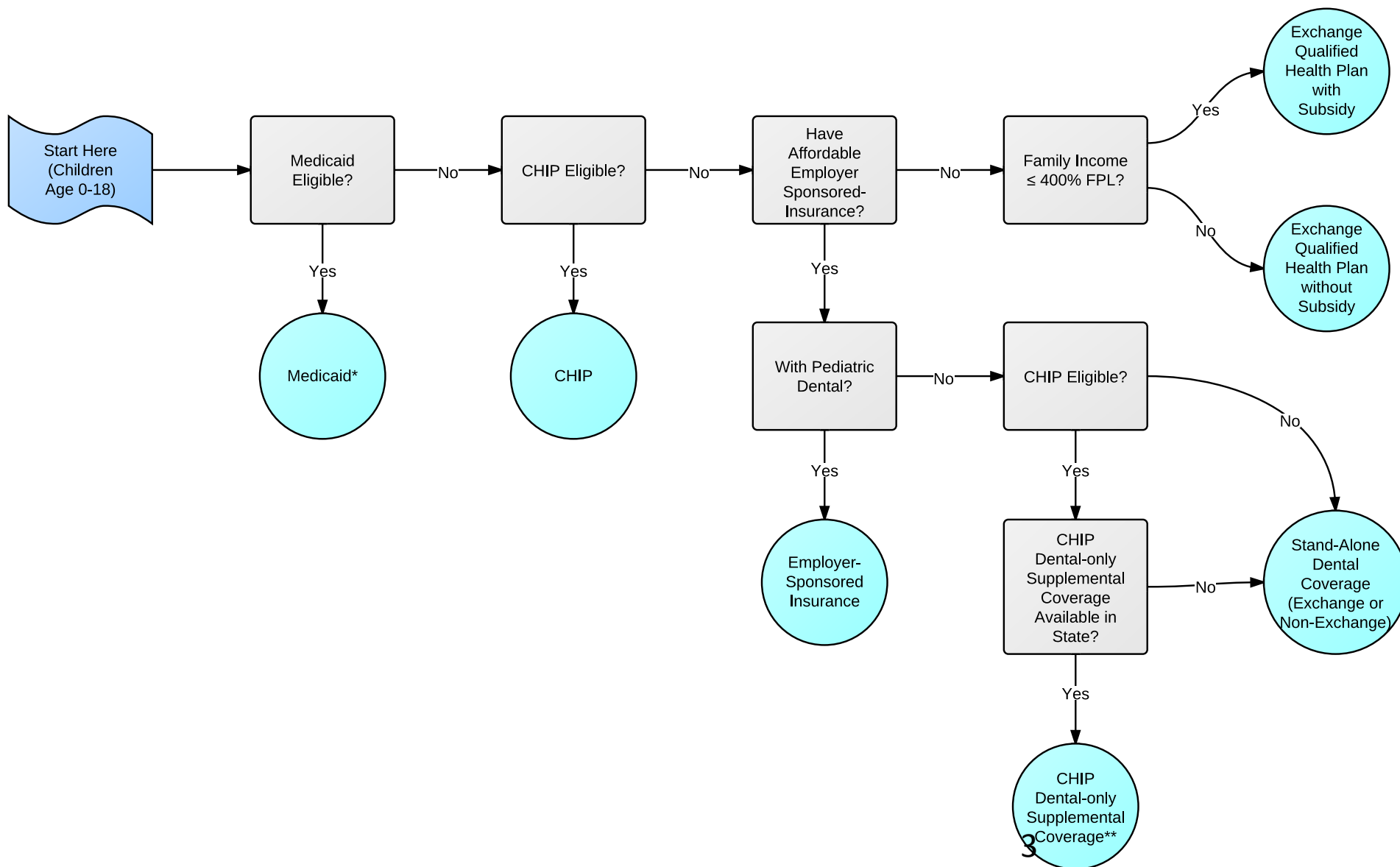
State Partners Webinar

April 16, 2013

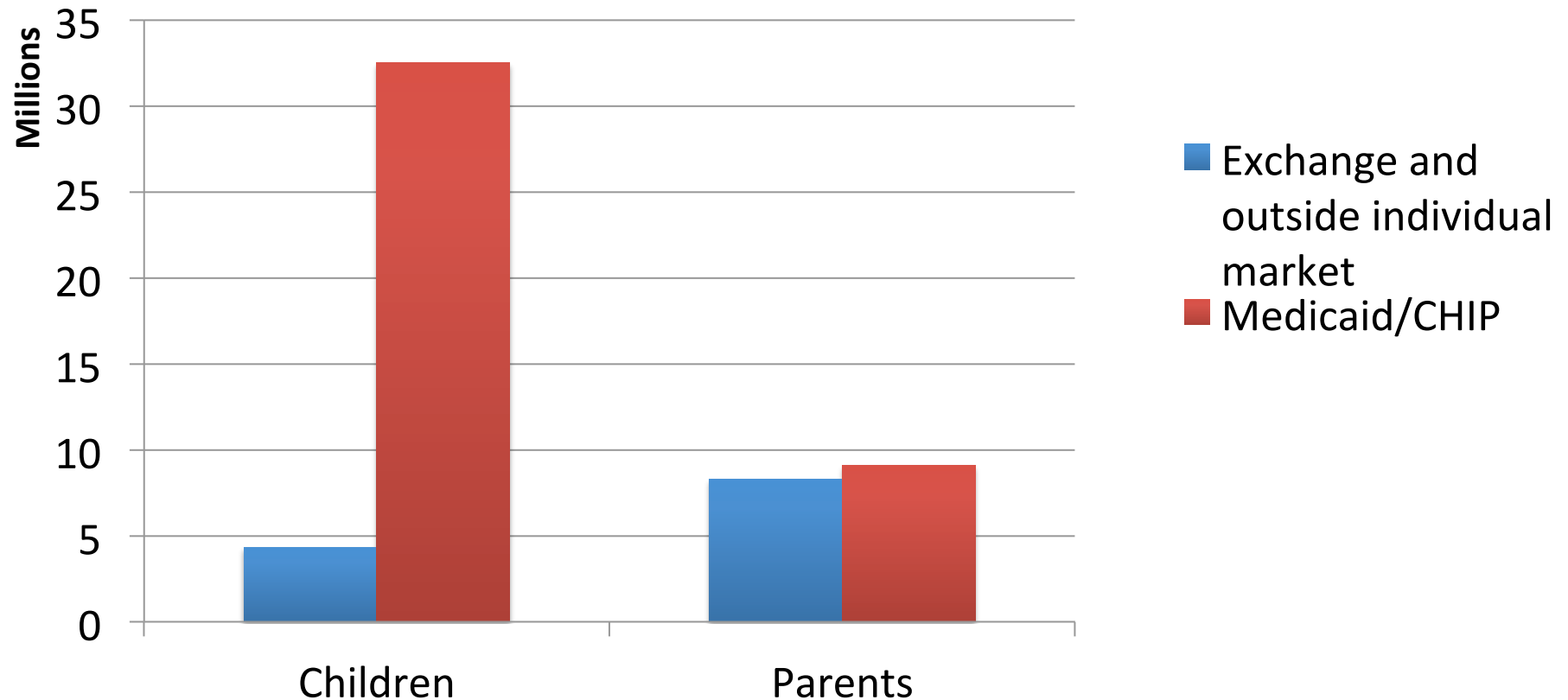
Agenda

- Background
- Three questions
 - What is covered?
 - Who must purchase?
 - What affordability assistance is available?
- State concerns and options
 - Pricing and offering
 - Cost-sharing limits
 - Network adequacy
 - Consumer assistance

Pathways to dental coverage



Expected Enrollment, United States



Source: Genevieve M. Kenney, et al., Improving Coverage For Children Under Health Reform Will Require Maintaining Current Eligibility Standards For Medicaid And CHIP, Health Affairs, December 2011.

Pediatric Dental Benefits are EHBs

An Act

Entitled The Patient Protection and Affordable Care Act.

(b) ESSENTIAL HEALTH BENEFITS.—

(1) IN GENERAL.—Subject to paragraph (2), the Secretary shall define the essential health benefits, except that such benefits shall include at least the following general categories and the items and services covered within the categories:

- (A) Ambulatory patient services.
- (B) Emergency services.
- (C) Hospitalization.
- (D) Maternity and newborn care.
- (E) Mental health and substance use disorder services, including behavioral health treatment.
- (F) Prescription drugs.
- (G) Rehabilitative and habilitative services and devices.
- (H) Laboratory services.
- (I) Preventive and wellness services and chronic disease management.

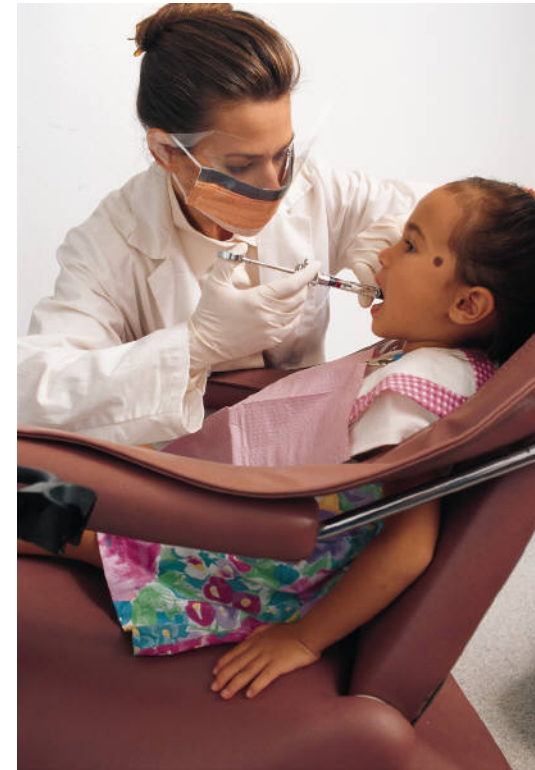
(J) Pediatric services, including oral and vision care.

Which Plans Must Provide EHBs?

Exchange Private Plans	Small Group		Yes
	Non-Group		Yes
Non-Exchange Private Plans	New Plans	Self-insured	No
		Large Group	No
		Small Group	Yes
		Non-Group	Yes
	Grandfathered Plans	Self-insured	No
		Large Group	No
		Small Group	No
		Non-Group	No
Public Plans	Medicaid	Non-benchmark coverage	No
		Benchmark or benchmark-equivalent coverage	Yes
	Basic Health		Yes

Coverage Structure

- Dental benefits may be offered:
 - In one policy integrated with other EHBs
 - As a separate, stand-alone policy
 - In a hybrid structure?



Three Questions



- What is covered?
- Who must purchase?
- What affordability assistance is available?

What is covered?



- States selected pediatric dental benchmarks
 - 31 use the federal employees FEDVIP benefits
 - 19 use the state's CHIP dental benefits
 - 1 uses a state employee plan
- Find out which for your state at statereform.org

Who must purchase?

INSIDE Exchanges

- If a stand-alone plan is ***available***, other QHPs need not offer
- No federal requirement for family to purchase

OUTSIDE Exchanges

- Plans must be “reasonably assured” that their customers ***have purchased*** pediatric dental coverage
- Effectively, a requirement for families to purchase

What affordability assistance is available?

Integrated Pediatric Dental Benefits

- Rating rules apply
- Tax credits available
- Cost-sharing reductions available
- One cost-sharing limit applies



What affordability assistance is available?

Stand-alone Pediatric Dental Benefits

- Rating limitations do not apply
- IRS plans to make only residual tax credits available
- CSR not available
- Cost-sharing limit:
 - May be separate
 - Must be reasonable

What affordability assistance is available?



- Reasonable limit for stand-alone cost-sharing is set by the exchange
- In federal exchanges
 - \$700 for one child
 - \$1400 for more than one child
- State exchanges make their own determinations

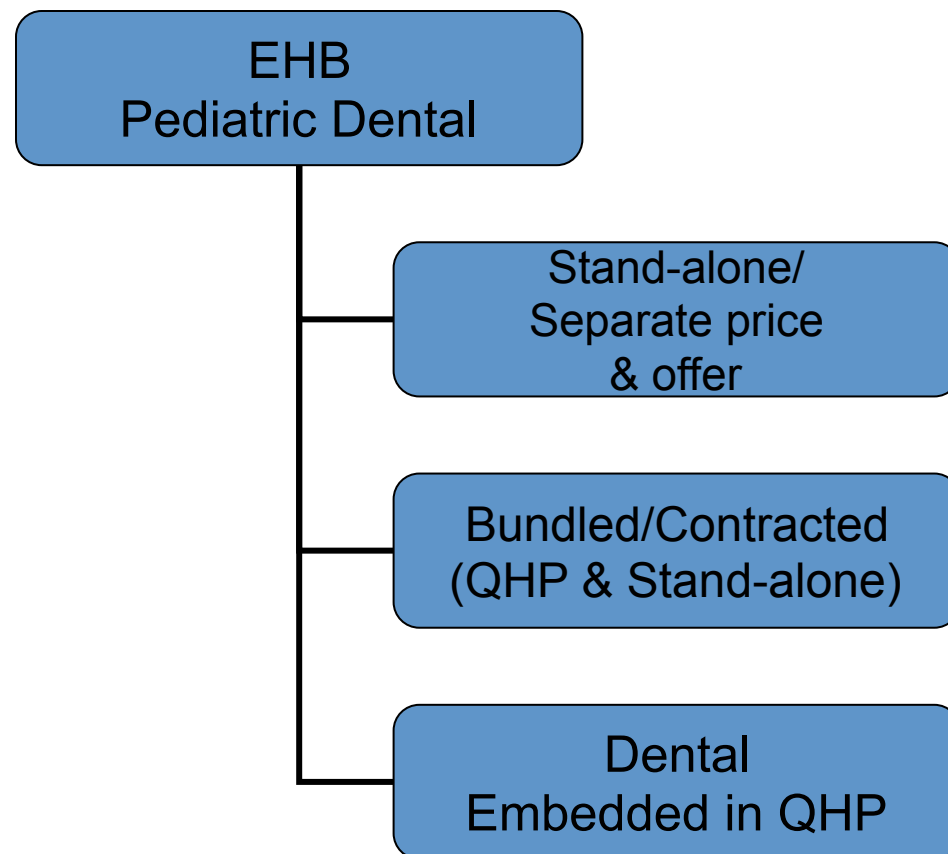
State Concerns and Options

- Pricing and offering
- Cost-sharing limits
- Network adequacy
- Consumer assistance



Pricing and Offering

- State requirements to offer only stand-alone
- Option to allow for embedded dental benefits
- HHS advising states they cannot require embedded dental



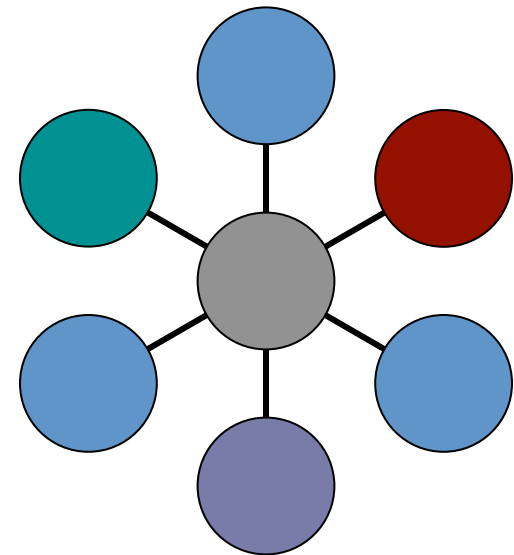
Cost-sharing limits

- Separate limits vs. coordinated limits
- Impact on premium of lower limits
 - NADP Milliman study shows negligible increase
- Can states require coordination of limits?
 - Subtract dental maximum from overall medical maximum



Network adequacy

- Requiring dental plans to submit access plans
- Look to Medicaid standards:
 - Geographic access measures (distance to dentist)
 - Wait times
 - Provider to patient ratio
- Thoughts from other states?



Consumer assistance

- Navigator and Assister training
- Requiring transparency and education on dental implications
 - cost-sharing limits
 - premium tax credits
 - consumer protections



Pediatric Dental Coverage Resources

- State Reform table on state benchmarks
<http://www.statereform.org/analyses/state-progress-on-essential-health-benefits>
- Georgetown University Center for Children and Families EHB page
<http://ccf.georgetown.edu/aca/essential-health-benefits/>
- Children's Dental Health Project
<http://www.cdhp.org/>

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