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

Start Here (Children Age 0-18)

- Medicaid Eligible?
  - Yes: Medicaid*
  - No: CHIP

- CHIP Eligible?
  - Yes: CHIP
  - No: Have Affordable Employer Sponsored-Insurance?
    - Yes: Family Income ≤ 400% FPL?
      - Yes: Exchange Qualified Health Plan with Subsidy
      - No: Exchange Qualified Health Plan without Subsidy
    - No: With Pediatric Dental?
      - Yes: Employer-Sponsored Insurance
        - Yes: CHIP Dental-only Supplemental Coverage Available in State?
          - Yes: CHIP Dental-only Supplemental Coverage
          - No: Stand-Alone Dental Coverage (Exchange or Non-Exchange)
        - No: CHIP Eligible?
          - Yes: CHIP Dental-only Supplemental Coverage
          - No: Stand-Alone Dental Coverage (Exchange or Non-Exchange)
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?

<table>
<thead>
<tr>
<th>Exchange Private Plans</th>
<th>Small Group</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Non-Group</td>
<td>Yes</td>
</tr>
<tr>
<td>Non-Exchange Private Plans</td>
<td>Self-insured</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Large Group</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Small Group</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Non-Group</td>
<td>Yes</td>
</tr>
<tr>
<td>Grandfathered Plans</td>
<td>Self-insured</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Large Group</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Small Group</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Non-Group</td>
<td>No</td>
</tr>
<tr>
<td>Public Plans</td>
<td>Medicaid</td>
<td>Non-benchmark coverage</td>
</tr>
<tr>
<td></td>
<td>Benchmark or benchmark-equivalent coverage</td>
<td>Yes</td>
</tr>
<tr>
<td>Basic Health</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 statereforum.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

- EHB Pediatric Dental
  - Stand-alone/ Separate price & offer
  - Bundled/Contracted (QHP & Stand-alone)
  - Dental Embedded in QHP
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 Refor(u)m table on state benchmarks

- Georgetown University Center for Children and Families EHB page

- Children’s Dental Health Project
Contact Info

• Joe Touschner
  Senior Health Policy Analyst
• Center for Children and Families
  Georgetown University Health Policy Institute
  • 202-687-0331
  • jdt38@georgetown.edu

• Colin Reusch
  Policy Analyst
• Children’s Dental Health Project
  • 202.417.3595
  • creusch@cdhp.org