

A photograph of a woman with dark hair, wearing a floral patterned top, sitting on a dark leather couch and reading a book to a young child with curly hair and a pink hair clip. The child is looking at the book. The background shows a window with a plant.

Safeguarding Oral Health in the Marketplace in Response to New Federal Rules

May 30, 2018



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Children's Dental Health Project

In 1997, Children's Dental Health Project was conceived to advance innovative policy solutions so no child suffers from tooth decay.

We advocate for systems that nourish families...



Remove
poor oral
health as
barrier to
success

Configure
communities to
support families
manage their
health

Champion
solutions to
end inequities

Support those
trusted in
communities

Background

Oral Health in the ACA

Oral Health as part of the ACA's Essential Health Benefits (EHBs)



Part of EHB Category 10 – “Pediatric services, including oral and vision”

Must be offered up to age 19 in individual & small-group insurance markets

Offered separately or as part of qualified health plan (QHP)

EHBs based on private insurance benchmark – most states have supplemental dental benchmark (CHIP or FEDVIP)

Current Marketplace Coverage

Stand-alone dental plans (SADPs) offer “high” (85%) & “low” (70%) actuarial value options

Separate & additional out-of-pocket max for SADPs (\$350/\$700 for single vs. multiple children)

Network adequacy & essential community provider standards for QHPs & SADPs

42% of QHPs embed pediatric dental in federally-facilitated marketplaces

32 States use CHIP or FEDVIP as pediatric dental benchmark

No dental requirements in federal standardized plan options, but some state-based marketplaces optimize dental offerings through standard plan design

Significant Changes

for 2019 and beyond



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Significant Changes for 2019

EHBs

- EHBs can be changed annually
- More options for EHB selection and substitution
- Limits EHB “generosity”

Plan Design

- Eliminates actuarial value standards for SADPs
- Eliminates federal standard plan option designs

Network Adequacy

- Reduces federal oversight of network adequacy
- Reduces % of essential community providers plans must contract with

Consumer Information

- Eliminates “meaningful difference” requirement
- Reduces consumer assistance standards & requirement for non-profit status

New EHB Benchmark Choices

States can now choose from:*

- Another state's entire EHB package
- Individual EHB categories from other states (e.g. pediatric)
- A "typical employer plan"
 - ACA defined benchmark options
 - Largest health plan by enrollment among 5 largest group plan products



* Can't be more generous than 2017 EHB benchmark

Protecting progress

Opportunities for advocates



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Key Takeaways for Advocates



New EHB options open door for skinnier benefits, including pediatric dental



Lack of actuarial value standards for dental could mean lower value plans for consumers



Fewer essential community providers (e.g., FQHCs) in plan networks could limit access



Weakening of consumer assistance and plan information standards a



Standard plan options can ensure oral health coverage & affordability

← Limiting consumer information, choice, & affordability →

Speak up for oral health:

- 1 Ask states to maintain comprehensive pediatric benefits, including dental
- 2 Push for strong network adequacy requirement and reporting
- 3 Demand consumer-friendly info for marketplace shoppers on benefits, cost-sharing, deductibles – be explicit about dental
- 4 Work with partners to maximize reach of navigators & consumer assistance
- 5 Seek standard plan options in state-based marketplaces – use California, DC, Connecticut, Maryland as examples

Engage in advocacy early & often

- **July 2, 2018** - Deadline for EHB selections for 2020 plan year
- States must post notice & allow for comment
- Advocates should identify marketplace authority (e.g., governor, legislator, insurance commissioner)
- CDHP resource for advocates [online now](#)

Thank You!

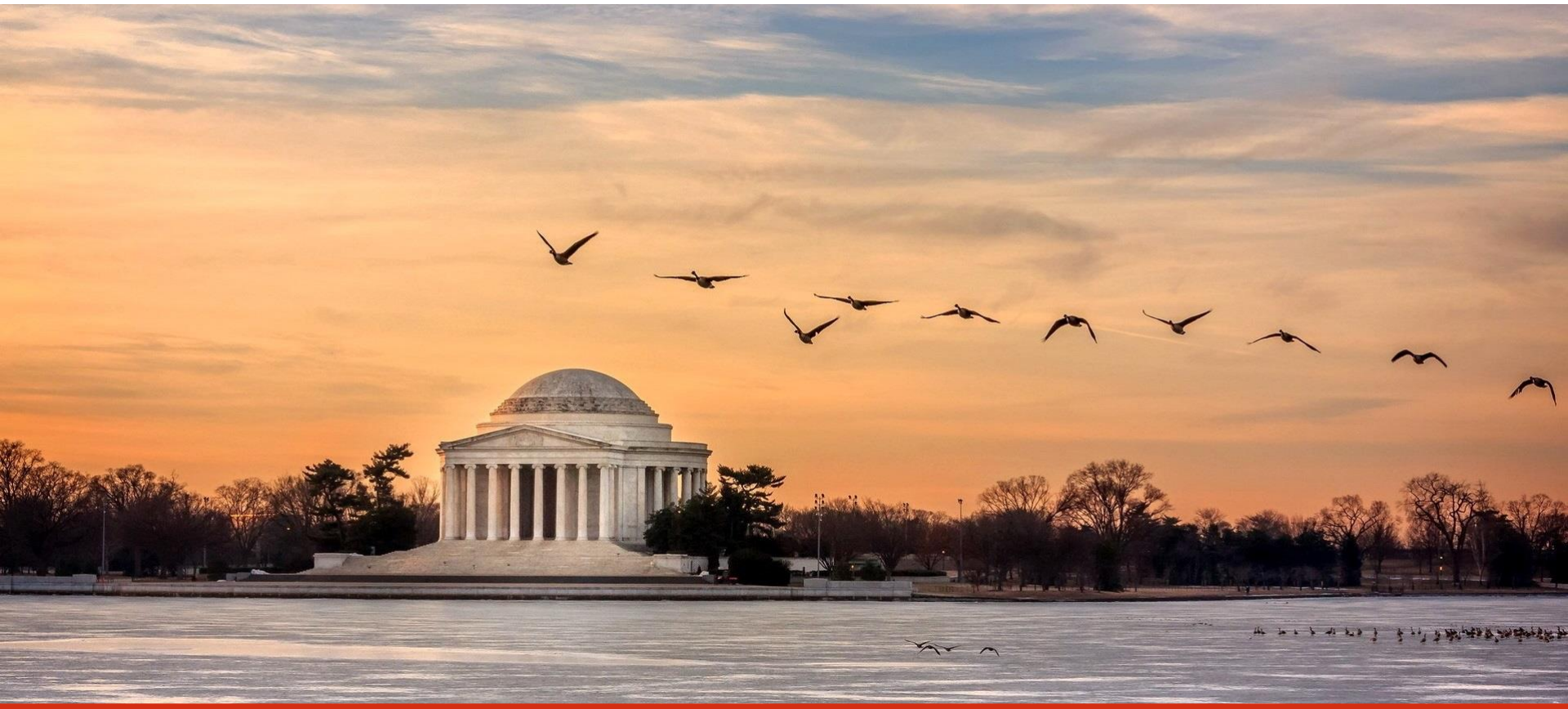
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Safeguarding Oral Health in the Marketplace: What Can Advocates Do?



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May 30, 2018

Community Catalyst

Community Catalyst is a national non-profit advocacy organization that works with national, state and local consumer organizations, policymakers and foundations to build consumer and community leadership to improve the health care system.

We support consumer advocacy networks that impact state and federal health care policy, and ensure consumers have a seat at the table as health care decisions are made.

Tips for Successful Advocacy



- States have flexibility
- Room for advocacy!
 - Oral health = overall health
 - Protect/expand benchmark plans
 - Push for transparency
 - Organize and educate

Opportunities for Action



Mark your calendars:
July 2, 2018



Opportunities for Action



- Review your state's EHB plan



- Submit formal comments



- Contact state officials

Opportunities for Action



- Attend public hearings



- Reach out to your communities

What Can We Learn from Other States?



- Illinois: Choosing a new benchmark plan for 2020

- Connecticut: Mandating EHB coverage through legislation



What Can We Learn from Other States?

Massachusetts: Advocating for adequate pediatric vision coverage



Reach Out!



Your national partners are here to
help!

Thank You!



Questions & Answers

Use the chat box to pose your question.

Thank You!

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