



Pediatric Dental Plans: Structure Options in Private Health Insurance (and the Pros & Cons of Each)

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Colorado Division of Insurance (DORA)



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Essential Health Benefits and Dental

- Essential Health Benefit (10 categories of benefits)
- Pediatric Dental is a required Essential Health Benefit (per federal law and regulation)
 - Pediatric dental is for children up to the age of 19
- Adult Dental is not an Essential Health Benefit



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Pediatric dental options

- Embed Pediatric Dental in Medical Plans
- Purchase stand-alone pediatric dental
- Purchase a bundled plan
 - Plans bought together, but separate policies
 - May be from separate carriers



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Common Pediatric Dental



- Prevalence in ACA Plans
 - Number 1 – Stand-alone Plans
 - Number 2 – Embedded Plans
 - Number 3 - Bundled Plans
- Has changed over the years: 2014 (stand-alone), 2015 (Embedded), 2016 & 2017 (stand-alone)

On vs. Off-Exchange Pediatric Dental

- Reasonable Assurance
- Colorado has the same standard for both on-and-off-exchange plans for a reasonable assurance that pediatric dental is purchased (Colorado Regulation 4-2-50).
- If someone buys a medical plan without pediatric dental, there must be some assurance that the pediatric dental was purchased.

Embedded involving HSA

- High Deductible Health Plan (HDHP) is designed for Health Savings Accounts (HSA).
 - HSAs have special tax treatment.
- Deductible applies to all services and a single out-of-pocket maximum (OOPM) - HSA
- Exception: Preventive Care



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Catastrophic Plans

- Have low monthly premiums
- Deductible and Out-of-Pocket set to HHS Maximum Out-of-Pocket
- Protection from work case scenarios
- Most benefits apply to the deductible and out-of-pocket max.
 - Exceptions: Preventive Care and the first 3 Office Visits
- Must be under 30 or have hardship exemption



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Embedded Dental with an HSA

- For 2017 the minimum deductible is \$1,300 for individual and \$2,600 for family; while the maximum OOPM is \$6,550 for individual coverage and \$13,100 for family coverage.
- Dental cleaning is not considered to be preventative under USPSTF A & B Recommendations – no first dollar coverage (www.uspreventiveservicestaskforce.org).



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Embedded non-Catastrophic plans and non-HSA plans

- Can have separate deductibles for dental and medical for 2017 the minimum deductible is \$7150 and the maximum deductible is \$7150
- Out-of-Pocket Maximum
 - Can have separate out of pocket for dental: \$350 per child / \$700 per family or \$7,150 per child and \$14,300 per family.
 - Higher limit only applies when dental benefits apply the medical deductible and out-of-pocket.



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Bundled Plans

- Dental and medical are sold together, but as separate policies
- Separate deductibles and out-of-pocket maximums
- No annual maximums, but OOPM can't exceed \$350 for single child or \$700 for multiple children.
- Meets federal Actuarial Value (AV) requirements of 70%/85%. (AV is the average benefit a person will get – e.g., 70% AV, on average, insurance company pays 70% of charges and you pay 30% of charges.)



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Stand-Alone Plans

- Stand-Alone pediatric dental plans must have Out of Pocket (OOP) maximum.
 - \$350/\$700 national OOPM for 2017
 - Only applies to the pediatric dental benefits
- OOPM max not common in dental plans Pre-ACA.
- Few children hit this maximum.



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Summary

- Embedded Plans Consumer Concerns (including Catastrophic and HSA Plans)
 - Need to understand the Benefits for Pediatric Dental
 - Need to understand the limitations (higher deductibles and out-of-pockets)
 - Due to limitations, do not provide a benefit until deductible and/or out-of-pocket have been met
- Non-Embedded Plans (including Stand-Alone and Bundled)
 - May provide benefits after smaller dental deductible and have separate Out-of-Pocket maximums
 - Allows carrier more flexibility in benefit design, while maintaining the Actuarial Value

Contact Information

- For further information call or email the Division of Insurance.
 - Phone: 303-894-7490 / 800-930-3745 (outside Denver metro area)
 - Email: DORA_insurance@state.co.us



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Medicaid Dental Benefit

Building Better Health

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October 13, 2016



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Department of Health Care
Policy & Financing

Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



Objectives

Medicaid Dental Benefit

- Adults
 - Eligibility
- Children
- Waiver Benefits
- Member Billing (\$1,000 max)
- DentaQuest

CHP+ Dental Benefit

- Delta Dental
- Waiting Period



Adult Dental Benefit

- Eligible Medicaid members age 21 and over
- \$1,000 in dental services per state fiscal year July 1 - June 30.*

*Partial and complete dentures are not subject to cap.



Adult Dental Benefit

- Basic preventive dental exams
- Diagnostic and restorative dental services (such as x-rays and fillings)
- Extractions (tooth pulling)
- Root canals
- Crowns
- Partial dentures*
- Complete dentures*
- Periodontal scaling
- Root planing

* Partial and complete dentures are not subject to the \$1,000 cap per state fiscal year



Eligible Adult

October, 2016

Adults eligible for full Medicaid
State plan benefits are eligible for
the adult dental benefit.



Eligibility Exclusions

October 2016

The following programs are excluded from the adult dental benefit:

- Medicare Savings Program:
 - Qualified Medicare Beneficiary (QMB)
 - Specified Low Income Medicare Beneficiary (SLMB)
 - Qualifying Individual (QI-1)
 - Qualified Disabled Working Individual (QDWI)
- Non-Citizens
- Presumptive Eligible Adults*

*Varies by program



Children's Dental Benefit

- Comprehensive
- Allow for treatment beyond the scope of the benefit to be evaluated for medical necessity under Early, Periodic, Screening, Diagnostic, Treatment or EPSDT guidelines.

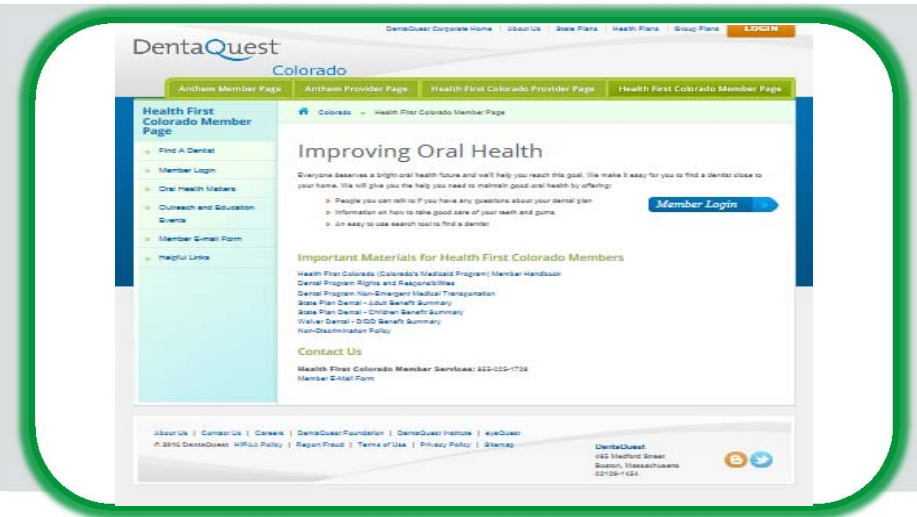


DentaQuest Member Page

DentaQuest Member Services

855-225-1729

DentaQuest.com



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DIDD Waiver Benefits

Home/Community Based Services

- Developmental Disabilities Waiver
- Supported Living Services Waiver
 - Dental benefit previously administered through Community Centered Boards. Administered through DentaQuest beginning July 1, 2015.

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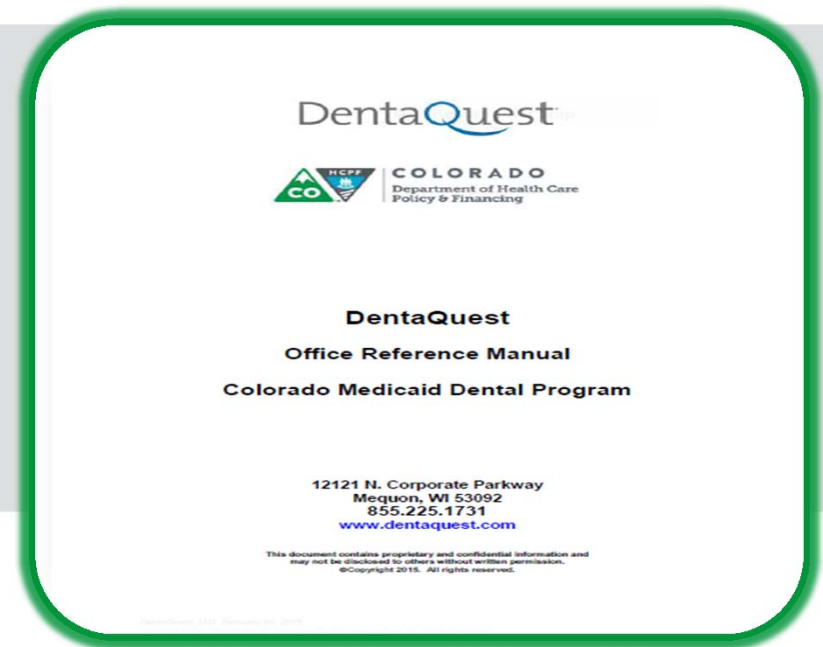
Member Billing

- Member cannot be charged for covered services
- No balance billing on covered services
- Members can be charged non-covered services
 - Provider can see member's balance
 - Provider must have a signed agreement from member before service is rendered. See Member Billing Form in ORM



The Office Reference Manual (ORM)

The ORM outlines
the benefit for
Providers.



DentaQuest Scope of Services

- Network Development, Provider Relations and Education
- Utilization Management-review by specialty appropriate dentist
- Customer Service
- Member Outreach and Wellness Programs
- Utilization Review
- Claims Processing and Payment
- Quality Improvement
- Eligibility Data
- Encounter Data Transmission
- Complaint and Grievance Resolution



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Medicaid Dental Resources

- DentaQuest Member Services:
 - 1-855-225-1729
 - Monday-Friday 7:30-5pm MT
 - For TTY assistance, dial 411
- DentaQuest Provider Services:
 - 1-855-225-1731
 - Monday-Friday 7:30-5pm MT
 - For TTY assistance, dial 411



CHP+ Dental Benefit

Managed through Delta Dental of Colorado

- Delta Dental Provider Network-Member will receive the appropriate provider directory upon enrollment
- Eligible CHP+ members age 18 and younger
- \$1,000 in dental services per calendar year
- Co pays: \$0, \$5, \$10 depending on income level
 - \$0 for Preventive Visits
- Waiting period
- Limited Orthodontic Coverage separate \$1500 lifetime max



CHP+ Delta Dental Contact

- Visit Colorado.gov/HCPF/CHPPlus-Dental, or
- Call Delta Dental at 1-800-610-0201; State Relay 711.



Contact Information

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Medicaid Dental Specialist

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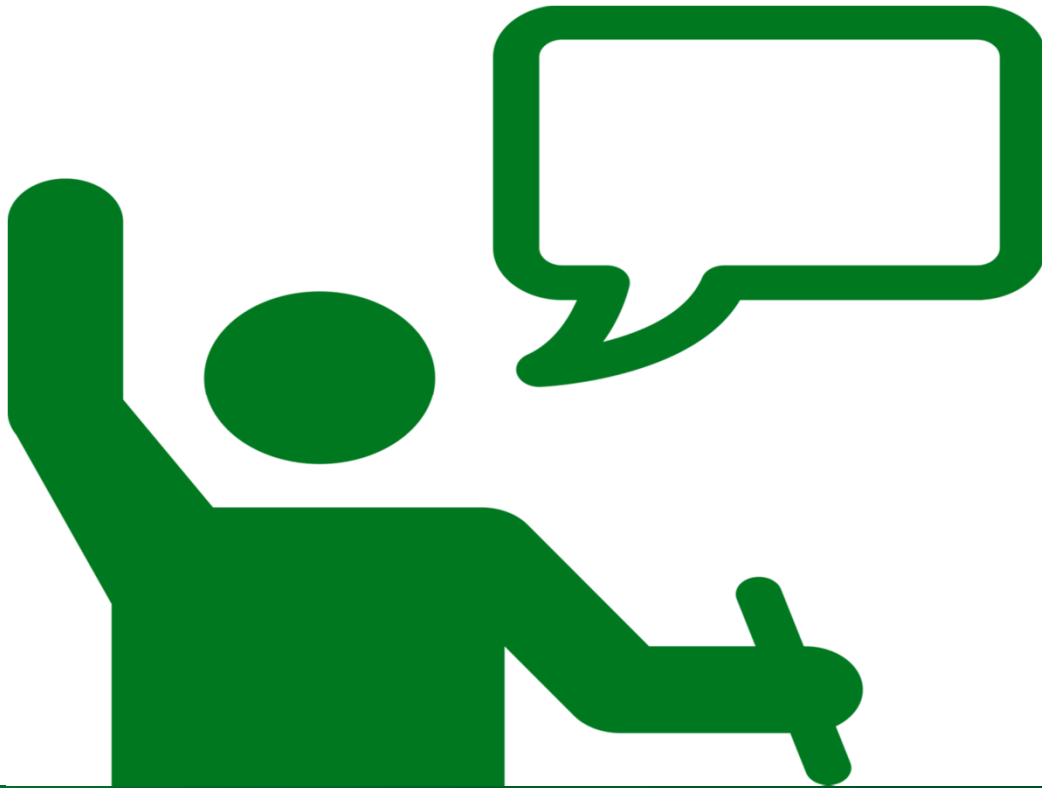
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Questions or Concerns?



Thank You!

