Oral Health Provisions in Recent Health Reform: Opportunities for Public-Private Partnerships

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Children’s Dental Health Project
Children's Dental Health Project is a national non-profit organization working since 1997 to create and advance innovative solutions to achieve oral health for all children.

CDHP commitment:
- Preventing childhood dental decay
- Engaging policymakers
- Promoting solutions

Focus Areas:
- Prevention
- Access, Coverage & Financing
- Workforce & Training
- Infrastructure
- Monitoring & Quality
ORAL HEALTH PROVISIONS
included in the
CHILDREN’S HEALTH INSURANCE PROGRAM
REAUTHORIZATION ACT OF 2009 (CHIPRA)

How to find additional information on CHIPRA:
http://nmcohpc.net/resources/CHIPRA%20Slides.pdf

Provided by....
National Oral Health Policy Center
Children’s Health Insurance Program (CHIP)

- Established in Balanced Budget Act of 1997 (BBA 97; P.L. 105-33), Title XXI of Social Security Act, as a block grant program (vs. entitlement like Medicaid)

- Allows states to cover targeted low-income children with no health insurance and family income above Medicaid eligibility standards

- States may also extend CHIP coverage to pregnant women

- States may create their CHIP program by 1) expanding Medicaid, 2) creating a new separate state program, or 3) a combination of both

- Current CHIP programs: 7 States (including DC) have Medicaid expansions; 18 States have separate state programs; and 26 states have combination programs
CHIP (continued)

• States with Medicaid expansions must provide all Medicaid mandatory and optional benefits covered under the state plan

• Separate CHIP programs must provide coverage and benefit options that are 1. the same as a “benchmark” plan (FEHBP, SEHBP, or largest non-Medicaid commercial HMO in the state) 2. a benchmark equivalent plan, or 3. a Secretary approved plan

• Until 2009, dental coverage was an “optional,” not a mandatory benefit

• Cost-sharing may not exceed 5% of annual family income – includes both physical and dental

• Preventive services are exempt from cost-sharing

• In 2008, nearly 7.4 million children enrolled in CHIP*

CHIP Dental Programs: 1997-2007

Dental Benefits ---

Dental Benefit Option in 2007*:

- 25 states & DC: Medicaid/EPSDT or equivalent dental benefits
- 18 states: State-designed dental benefits
- 7 states: Annual cap on dental benefits
- 1 state: No dental benefit

- Unstable benefit: States could drop or reduce coverage at any time (e.g., TN, TX, UT)

- Children with private medical insurance coverage were not eligible for dental coverage in CHIP

CHIP Reauthorization Act of 2009 (CHIPRA)

• Signed into law February 4, 2009

• Reauthorized through federal fiscal year 2013

• New Dental Provisions:
  ✓ Dental coverage guarantee
  ✓ Dental wrap-around option
  ✓ Mandatory performance reporting
  ✓ New parent education
  ✓ Allowance for public-private contracting
  ✓ Mandatory information for beneficiaries
  ✓ Quality assurance
  ✓ GAO study on dental access and providers
Advantages of Public-Private Contracting for Dental Services

• For Dentists:
  – Ability to provide services to Medicaid patients without necessarily registering as Medicaid providers
  – Simplified billing and payment mechanisms
  – Control over the amount of time, number of patients, or number of visits they wish to provide

• For Health Centers:
  – Assists in fulfilling obligation to provide dental services to their patients
  – Reduces their need for expensive capitalization of dental facilities and equipment
  – Relieves some pressure on staffing requirements
  – Expands the number of available dental providers in their communities
  – Stabilizes their dental service costs
An FQHC Handbook: Increasing Access to Dental Care Through Public Private Partnerships

Contracting Between Private Dentists and Federally Qualified Health Centers

• Best available information and answers to many essential implementation questions
• Explains the contracting opportunities available and the process by which to engage in them
• Provides all participants, center administrators and private dentists, a step-by-step description for establishing and implementing contractual arrangements that meet current federal rules and policy
• Offers a model “Dental Service Agreement” that can facilitate the local discussions

For a free copy: www.cdhp.org
Decision Flow Chart of Necessary Steps to Establish Off-Site Specialty Services
Oral Health in Health Care Reform (Affordable Care Act of 2010)

• Comprehensive systems approach, building on CHIPRA.
• Health coverage bill
• Provides dental coverage to all children and adolescents
• Coverage is supported by numerous additional provisions
• Unfortunately, many of these provisions still await funding.
## What’s in ACA?
### Access, Coverage, & Financing

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Oral Health Services for Children</strong></td>
<td>Requires State Exchanges to include oral health services to children, prohibits cost sharing on preventive services</td>
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<tr>
<td><strong>School-based Health Centers</strong></td>
<td>Provides Grants to SBHCs and includes oral health services in qualified services provided by SBHCs</td>
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<tr>
<td><strong>Stand-Alone Dental Plans</strong></td>
<td>Allows stand-alone dental plans with pediatric benefits to participate in State Exchanges</td>
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<td><strong>MACPAC Reporting on Dental Payments</strong></td>
<td>Requires MACPAC to review payments to dental professionals and report to Congress</td>
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<tr>
<td><strong>Medicaid Expansion</strong></td>
<td>Expands Medicaid coverage to individuals whose income is 150% of FPL or less.</td>
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# What’s in ACA? Prevention

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
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<tbody>
<tr>
<td>Dental Caries Disease Management</td>
<td>Establishes a national grant program to demonstrate the effectiveness of research-based dental caries disease management</td>
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<tr>
<td>School-based Dental Sealant Programs</td>
<td>Requires that states receive grants for school-based dental sealant programs</td>
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<tr>
<td>Oral Health Public Education Campaign</td>
<td>Requires HHS Secretary to establish a 5-year public education campaign to promote oral health</td>
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<tr>
<td>Prevention and Public Health Trust Fund</td>
<td>Establishes a fund to provide an expanded and sustained national investment in prevention and public health programs – may include oral health</td>
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<td>National Prevention, Health Promotion, and Public Health Council</td>
<td>Charged with coordinating Federal prevention policy and developing a national prevention strategic plan</td>
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<tr>
<td>Community Transformation Grants</td>
<td>Establishes grants to state and local agencies and community organizations for prevention efforts outside the doctor’s office</td>
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### What’s in ACA? Workforce and Training

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<th>Alternative Dental Health Care Providers</th>
<th>Establishes a 15-site demonstration project to train or employ alternative dental health care professionals</th>
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<tbody>
<tr>
<td>National Health Care Workforce Commission</td>
<td>Establishes the Commission and makes the oral health care workforce a high priority for review</td>
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<tr>
<td>Dental Training Programs</td>
<td>Establishes a number of provisions to promote and encourage the training of dental professionals including loan repayment</td>
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<tr>
<td>Primary Care Residency Programs</td>
<td>Establishes three-year, $500,000 grants for new primary care residency programs, including oral health</td>
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<tr>
<td>Graduate Medical Education Programs</td>
<td>Provides funding for new and expanded graduate medical education, including dental education</td>
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### What’s in ACA?
**Oral Health Infrastructure, Monitoring, and Quality**

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<th><strong>Oral Health Infrastructure</strong></th>
<th>Requires the CDC to provide cooperative agreements to states for improving oral health infrastructure</th>
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<td><strong>Pregnancy Risk Assessment and Monitoring System (PRAMS)</strong></td>
<td>Requires that oral health measurements be included in PRAMS</td>
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<tr>
<td><strong>National Health and Nutrition Examination Survey (NHANES)</strong></td>
<td>Requires that oral health components be included in NHANES</td>
</tr>
<tr>
<td><strong>National Oral Health Surveillance System (NOHSS)</strong></td>
<td>Requires that NOHSS include measurement of early childhood caries and authorizes funding to expand the system to all 50 states</td>
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Moving the Oral Health Authorizations through Appropriations

- May 2010: Sign-on letter w/ 70 organizations requesting funding for the ACA oral health provisions
- September 2010: Congress passed a continuing resolution (CR) for FY 2011. Funds most agencies at 2010 levels through December 3.
- Senate Appropriations Committee and House Labor HHS Appropriations Subcommittee included oral health, but fell short of full funding
- House deferring to Senate proposal is likely best case scenario for FY 2011 when CR expires.
- Despite lack of funding, Federal government is moving forward with implementation through regulations & rulemaking, ARRA funding, and shifting money between agencies (Title VII)
## Good News

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<tr>
<th>Program</th>
<th>FY11 Proposed:</th>
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<tr>
<td>Oral Health Services for Children (Dental Benefit)</td>
<td></td>
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<tr>
<td>Prevention and Public Health Trust Fund</td>
<td>Required: $750 million for FY11</td>
</tr>
<tr>
<td>School-Based Health Centers Capital Program</td>
<td>Required: $200 million through 2013 for construction and improvements</td>
</tr>
<tr>
<td>Community Health Center Expansion (operations, construction, and improvements)</td>
<td>$11 billion through 2015</td>
</tr>
<tr>
<td>Training in oral health care (may contain alternative provider demo funding)</td>
<td>$47.982 million (increase of $15.1 million)</td>
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<tr>
<td>Community Transformation Grants</td>
<td>$220 million</td>
</tr>
<tr>
<td>CDC Division of Oral Health</td>
<td>$25 million (increase of $10 million)</td>
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<tr>
<td>National Health Workforce Commission</td>
<td>$3 million</td>
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**Good News (Continued)**

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<th><strong>CDC Division of Oral Health</strong></th>
<th><strong>FY11 Proposed:</strong> $25 million (increase of $10 million)</th>
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<tr>
<td><strong>Maternal and Child Health Block Grant</strong></td>
<td><strong>FY11 Proposed:</strong> $673 million (increase of $12 million)</td>
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<tr>
<td><strong>Medicaid and CHIP Access and Payment Commission (MACPAC)</strong></td>
<td>In effect: Now meeting once a month</td>
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## Missing in Action

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<th></th>
<th>Request:</th>
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<tr>
<td>Oral Health Public Education Campaign</td>
<td>$5 million</td>
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<tr>
<td>Dental Caries Disease Management</td>
<td>$8 million</td>
</tr>
<tr>
<td>Workforce &amp; Training: Alternative Dental Health Care Providers</td>
<td>$15 million</td>
</tr>
<tr>
<td>Oral Health Surveillance and Monitoring</td>
<td>$5 million</td>
</tr>
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Next Steps: Federal-Level

• Continue to press oral health provisions, as FY12 funding is essential to get these programs off the ground
• FY12 is currently in the administrative budget process so now is the time to contact executive agencies about budget requests for adequate funding
• Contact your Representatives to educate them of oral health provisions and use CDHP talking points
• Encourage your Representatives to champion a specific provision for upcoming appropriations
• Comment on Federal regulations and rules
Next Steps: State-Level

• Organize and educate oral health and child advocates to prepare for state policymaking

• Much work will be in States to get the Exchanges up and running with all required benefits

• Identify successful comprehensive oral health programs that may be useful as models for the pediatric oral health benefit
Resources

• CDHP Healthcare Reform Center: 
  http://cdhp.org/cdhp_healthcare_reform_center

• Office of Consumer Information & Insurance Oversight: 
  http://www.hhs.gov/ociio/index.html

...or contact
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