THE AFFORDABLE CARE ACT AND DENTAL COVERAGE IN ILLINOIS

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Health & Disability Advocates

- Based in Chicago – but state and national in scope.
- Lawyers, social workers and policy analysts on staff.
- Client Representation (SSI, SSDI, Medicaid, Medicare.)
- Medical Legal Collaborations including Federally Qualified Health Centers, Children’s Hospitals and Cook County Hospital.
- Training and Technical Assistance to Community Based Medical and Social Service Providers.
- Policy/Advocacy (Medicaid, Health Care Reform, Veterans, Military Families, Special Education.)
- Presentations and Webinars through Illinois Health Matters.
Background on Affordable Care Act

• Signed into law on March 23, 2010.
• Establishes a floor, not a ceiling.
• States are largely responsible for implementation.
• Phases-in changes to private health insurance coverage and expands public coverage through health insurance exchange and Medicaid.
• Sets standard coverage package for insurance.
• Enacts tax credits to help individuals and small businesses access more affordable insurance options.
• Reforms Medicare.
• Individual and employer responsibility provisions.
• Authorization of numerous grant programs and pilot projects.
Background on Dental Coverage

• Dental care in the United States is provided predominantly through private practice.
• As of 2007, there were 181,725 active dentists in the U.S.; of these, 166,837 were in private practice.
• Roughly two-thirds of the U.S. population accesses the private practice delivery system over a given 12-month period.
• The remaining one-third of the population experiences difficulty in accessing care through the traditional fee-for-service private practice model primarily because of the mal-distribution of dentists, low or no Medicaid reimbursement, and lack of personal dental insurance.
  • These patients are more likely to have higher rates of decayed teeth and more advanced periodontal disease and other pathology, complicating the delivery of care.
ACA and Dental Coverage

• The health care reform law expands coverage under Medicaid to 133% of the federal poverty level for individuals under age 65; although the Supreme Court held that states cannot be financially penalized for failure to expand.
• No provisions, however, require an adult dental benefit for existing or new enrollees in Medicaid.
• Currently, dental benefits for adults (age 21 and older) are optional for state Medicaid programs.
• ACA only required that the Essential Health Benefits benchmark plan includes dental coverage for children.
Essential Health Benefits and the Health Insurance Exchange

- All health plans sold on and off of the health care exchange must cover a designated set of essential benefits at a minimum beginning on January 1, 2014.
- States could use the State Employee Health Plan, large insurers, or largest small group plan as their designated benchmark package.
- Illinois made its benchmark EHB recommendation to the Department of Health and Human Services on October 1 and is awaiting approval.
- Illinois selected BCBS Blue Advantage small group plan as their benchmark selection and will supplement with FEDVIP for children’s vision and All Kids for children’s dental coverage.
- All insurance plans after 2014 must provide coverage in each of the Essential Health Benefits categories that is at the same or greater actuarial value as the benchmark plan.
Services Covered in EHB Benchmark Plan

- Ambulatory patient services;
- Emergency services;
- Hospitalization;
- Maternity and newborn care;
- Mental health and substance use disorder services;
- Prescription drugs;
- Rehabilitative and habilitative services and devices;
- Laboratory services;
- Preventive and wellness services including chronic disease management;
- Pediatric services including oral and vision care.

Children’s Dental Benefits in EHB

• Most insurance plans considered by Illinois for benchmark coverage did not include dental coverage; therefore, Illinois proposed using All Kids coverage as the benchmark.

• Advocates suggested that the state "benchmark" the EHB dental care benefits for children to the dental care available to children under Medicaid and SCHIP in Illinois.

• The Medicaid and SCHIP dental benefit is generally an appropriate benchmark because it is based on the AAP periodicity schedule and ensures appropriate coverage for preventative and specialty dental care.

• Not clear yet what the “actuarial value” of the coverage will be.
ACA and Dental Coverage

• Several states including Illinois have begun cutting back on adult dental benefits or not providing any coverage at all.
• Like their medical counterparts, another issue for dental providers has been Medicaid’s low compensation.
• The health reform law added a requirement for Medicaid and the Children Health Insurance Program (CHIP) Payment and Access Commission (MACPAC) to report to Congress on payments to dental and healthcare professionals.
• ACA provided for various grants to expand dental care to low income and low access populations but some of the grants depend upon appropriations including funds to increase the workforce; demonstration projects for alternative dental health providers; and funding for dental school scholarships.
Additional Funding for Community Health Centers

• $11 Billion in the ACA for Community Health Center Grants which will bolster medical and oral health for uninsured and underinsured populations.

• Illinois Association of Free and Charitable Clinics: Over 70 clinics providing free medical and dental care to uninsured and underinsured populations including those who remain uninsured after 2014 such as non-citizens.
SMART Act: Public Act 097-0689

• Most services for adults were eliminated such as dentures, fillings, gum treatments, crowns, and root canals. Limited emergency services for the relief of pain and infection remain available.

• Services for the relief of pain and infection are emergency dental services. HFS covers exams, X-rays, extractions and sedation, if it is necessary for the removal of a tooth.

• Dental X-rays are only covered when the X-ray is required prior to the removal of a tooth to treat an emergency condition. Removal of a tooth is a covered adult dental service.

• These cuts affect all beneficiaries age 21 and older.

• All Kids Dental Program remains the same. Dental services for children from birth through age 20 are still covered.
Dental Services Limited Coverage

• Beneficiaries may receive dental services that are necessary in order to undergo a covered medical service, like a transplant, heart surgery, or joint replacement. The dentist must send a request to DentaQuest (the Illinois Dental Contractor) with written documentation from their primary care doctor stating why the dental services are necessary, before the medical service.

• Denial of a covered service may be appealed.

• Managed care contracts may still cover dental services; must check with MCO.
Selected Resources for Uninsured Clients

- http://www.cds.org/clinics/
- http://www.freedentalcare.us/st/illinois
- http://findahealthcenter.hrsa.gov/Search_HCC.aspx
- http://www.sihf.org/About.aspx
What is IllinoisHealthMatters.org?

Mission of IHM:

• To help Illinois individuals, small businesses, policymakers and community organizations understand and benefit from improvements and access to health care under national health care reform.
Questions? About Illinois Health Matters? Or Health Care Reform?

• Questions:

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