

New England Rural Oral Health Conference

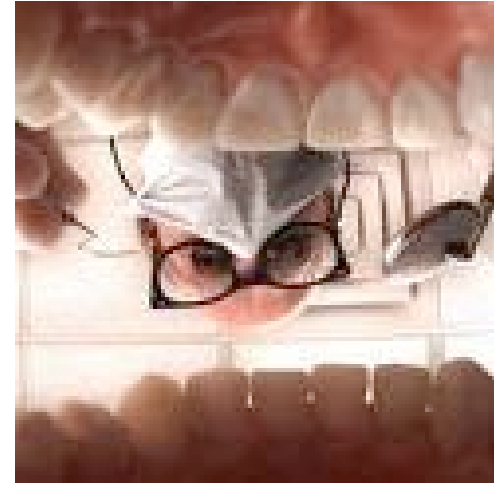
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September 11, 2009

Oral Health

We've Come A Long Way, Baby!

The mouth really is
connected to the
body!

NH State Senator Katie Wheeler



We should charge
Medicaid patients
120% of C & U!

Former President of
NH Dental Society



Medicaid – The Basics

- Medicaid – entitlement program with shared federal and state responsibility
 - Enacted in 1965
 - All states participate and by doing so must meet mandatory requirements
 - 133% FPL – children 0 – 5
 - 100% FPL – children 6 and above
 - Certain mandatory benefits
 - EPSDT – early periodic screening, diagnostic and treatment services for pediatric population
 - No cost-sharing for kids below 150% FPL



CHIP – The Basics

- CHIP – Children’s Health Insurance Program
 - Enacted in 1997 as a block grant program
 - State flexibility in program design, cost-sharing
 - Enhanced federal match (minimum 65%)
- Incentivized states to conduct outreach and implement simplifications to enrollment and retention
- Created welcome mat effect to increase enrollment in both Medicaid and CHIP
- Originally S (State) CHIP; now just CHIP



Federal Support for NE Programs

State	Medicaid 2008/ 2009 Stimulus	CHIP
Connecticut	50% / 60.19%	65%
Maine	63.31% / 72.4%	75.49%
Massachusetts	50% / 58.78%	65%
New Hampshire	50% / 56.20%	65%
Rhode Island	52.51% / 63.09%	66.84%
Vermont	59.03% / 67.71%	71.11%



NE Children's Coverage Eligibility Levels

State	Medicaid	CHIP
Connecticut	185% FPL	300% FPL
Maine	Ages 0-1 – 200% FPL Ages 1 – 19 – 150% FPL	200 % FPL
Massachusetts	Ages 0-1 – 200% FPL Ages 1 – 19 – 150% FPL	300% FPL
New Hampshire	Ages 0-1 – 300% FPL Ages 1-19 - 185% FPL	300% FPL
Rhode Island	250% FPL	250% FPL
Vermont	225% FPL Underinsured 300% FPL	300% FPL

200% FPL = \$36,630 for family of 3; \$54,930 for family of 4

300% FPL = \$44,100 for family of 3; \$66,150 for family of 4



NE Medicaid & CHIP Enrollment

State	Medicaid	CHIP
Connecticut	186,600	17,200
Maine	97,600	13,300
Massachusetts	354,000	92,500
New Hampshire	66,700	7,400
Rhode Island	69,000	12,600
Vermont	49,500	2,800

Source: Kaiser Commission on Medicaid and the Uninsured;
Medicaid December 2006; CHIP June 2007



NE States Uninsured Children <18; Covered by Medicaid & CHIP

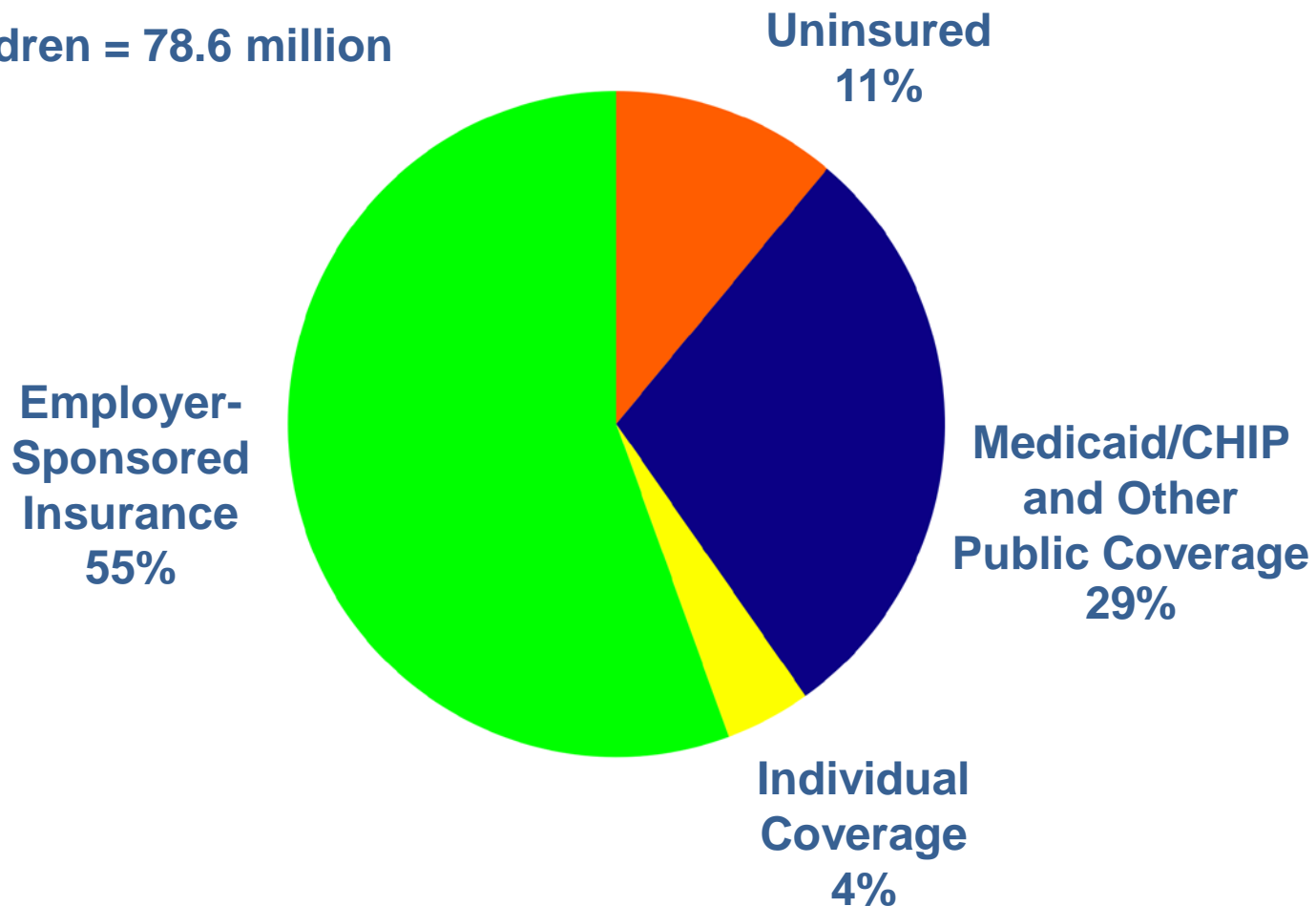
State	% Uninsured Children	% Children Covered by Medicaid & CHIP
Connecticut	5.3%	24.2%
Maine	5.4%	34.8%
Massachusetts	3.2%	27.8%
New Hampshire	5.1%	17.8%
Rhode Island	8.4%	29.2%
Vermont	6.6%	37.6%

Source: CCF Analysis of Census Current Population Survey 2007-08



Children's Coverage Status

Children = 78.6 million

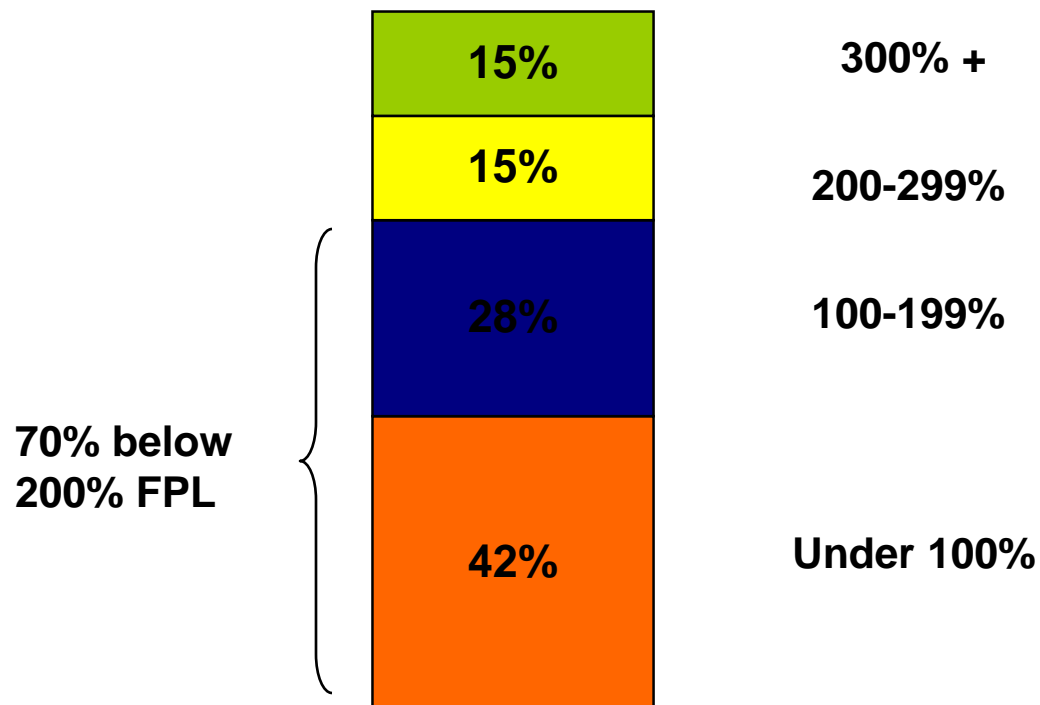


Source: Kaiser Commission on Medicaid and the Uninsured/Urban Institute analysis of 2008 ASEC Supplement to the CPS.

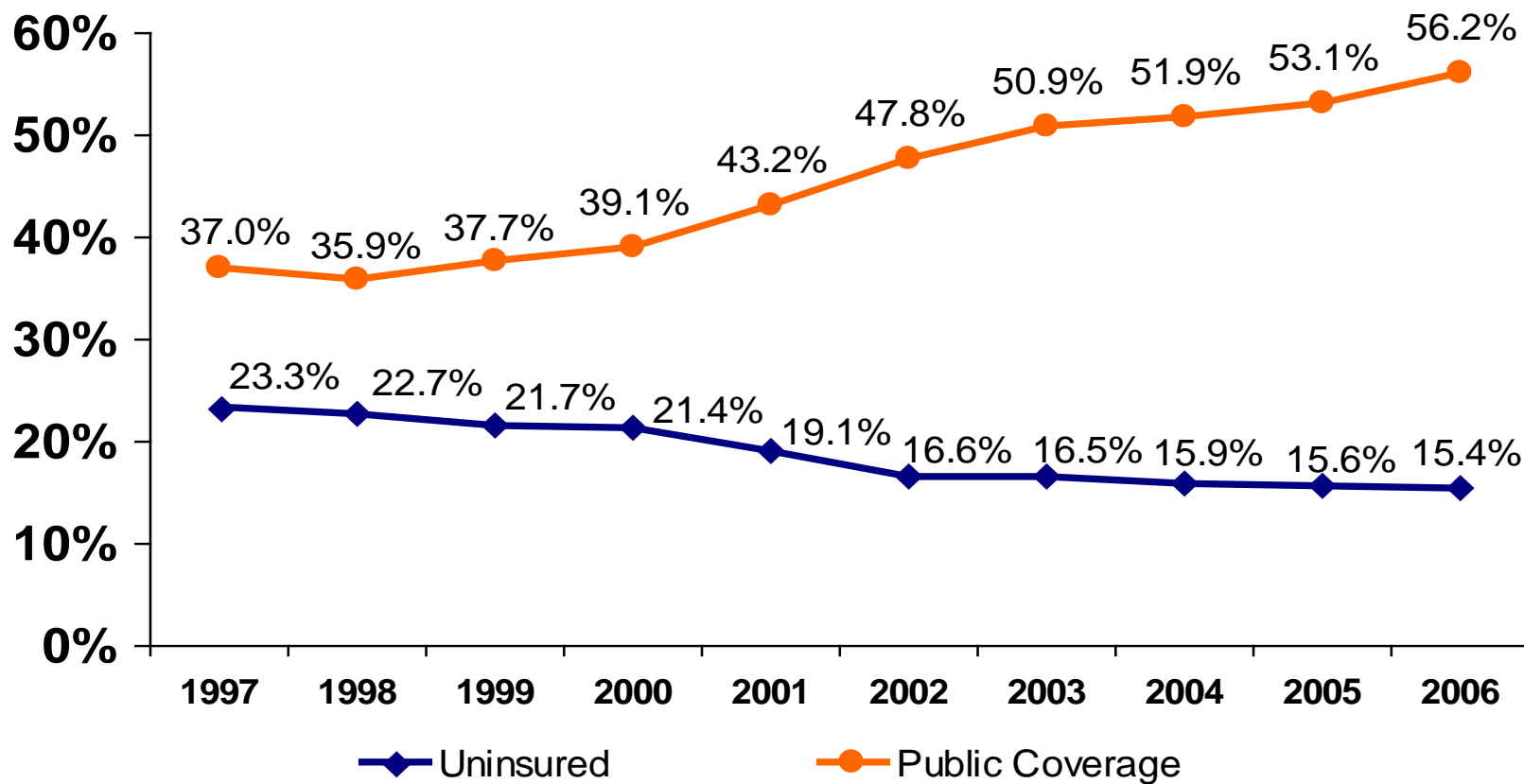


70% of Uninsured Children are Below 200% FPL

Children = 8.9 million



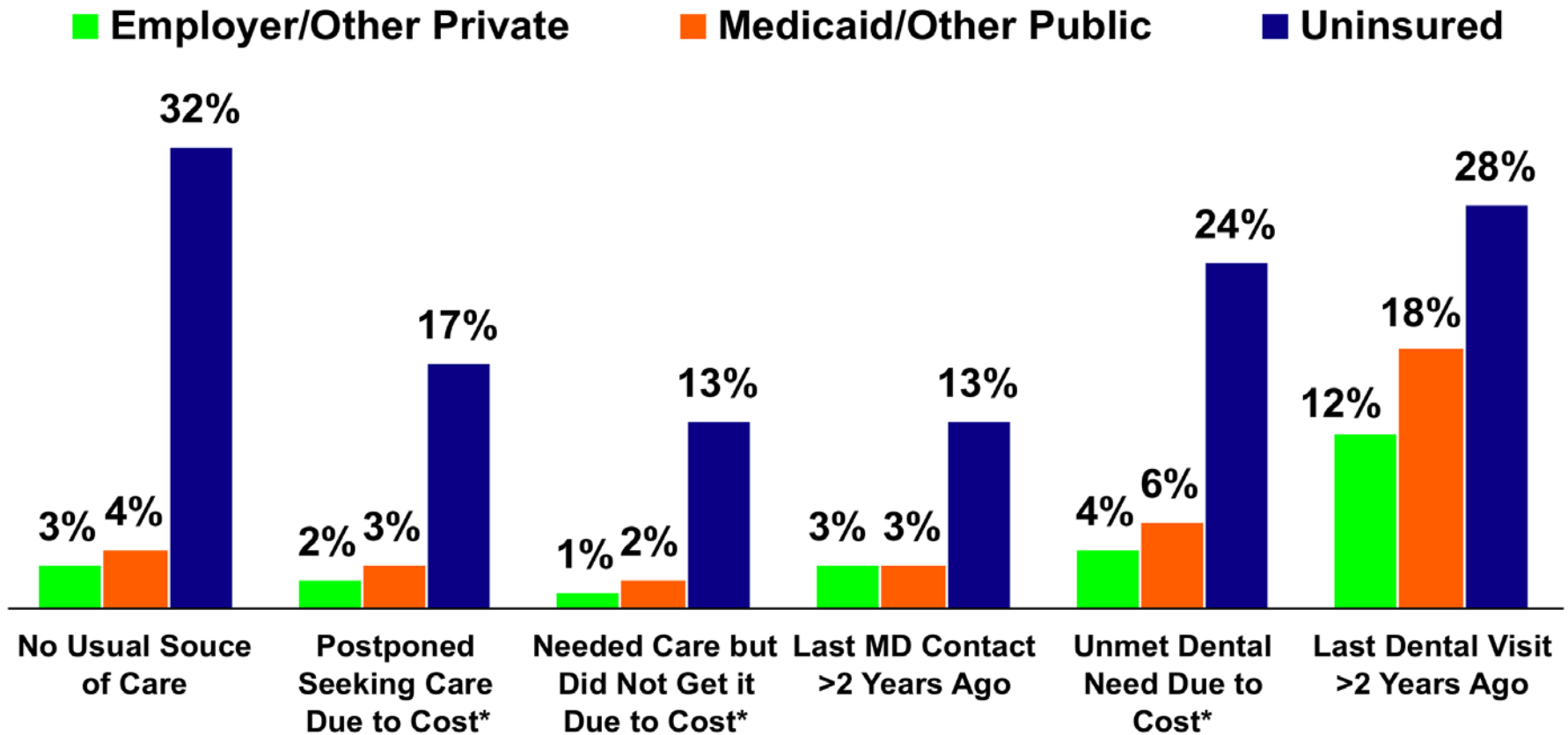
Decline in Children under 200% FPL is Attributable to Medicaid and CHIP



Source: Data reflects low-income (<200% FPL) children. Johns Hopkins University Bloomberg School of Public Health analysis of the National Health Interview Survey for the Center for Children and Families (March 1, 2008).



Medicaid/CHIP Coverage Improves Access to Care



Source: Kaiser Commission on Medicaid and the Uninsured analysis of National Center for Health Statistics, CDC. 2007. Summary of Health Statistics for U.S. Children: NHIS, 2007. Note: Questions about dental care were analyzed for children age 2-17. Respondents who said usual source of care was the emergency room were included among those not having a usual source of care. An asterisk (*) means in the past 12 months.

Children Currently Eligible but Not Enrolled

8.9 Million Uninsured Children



4.4 Million are
Eligible for
Medicaid

1.7 Million
are Eligible
for SCHIP



Great News on Kids Coverage

- Census Current Population Survey data released yesterday
- Data from March 2008 doesn't capture latest economic trends
- Number of uninsured children declined:
 - From 8.1 million to 7.3 million (10% decline)
 - From 11% in 2007 to 9.9% in 2008
 - Lowest since 1987



Weathering the Storm

States Moving Forward Despite Economy

- In 2009
 - 18 states increased or passed legislation to increase Medicaid and/or CHIP eligibility
 - 11 states (including 6 of those that expanded coverage) cut red tape
 - Despite unprecedented fiscal challenges, only 3 states slid backwards (CA, AZ, WY)
- CCF Report to be released 9/15/09



CHIPRA – Great Victory for Children’s Oral Health



- Benefits
- Access
- Quality
- Accountability
- Health promotion



Guaranteed Dental Coverage

- Previously an option in CHIP, mandatory as of October 1
- Requires coverage of services ***“necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions”***



Benefit Standards

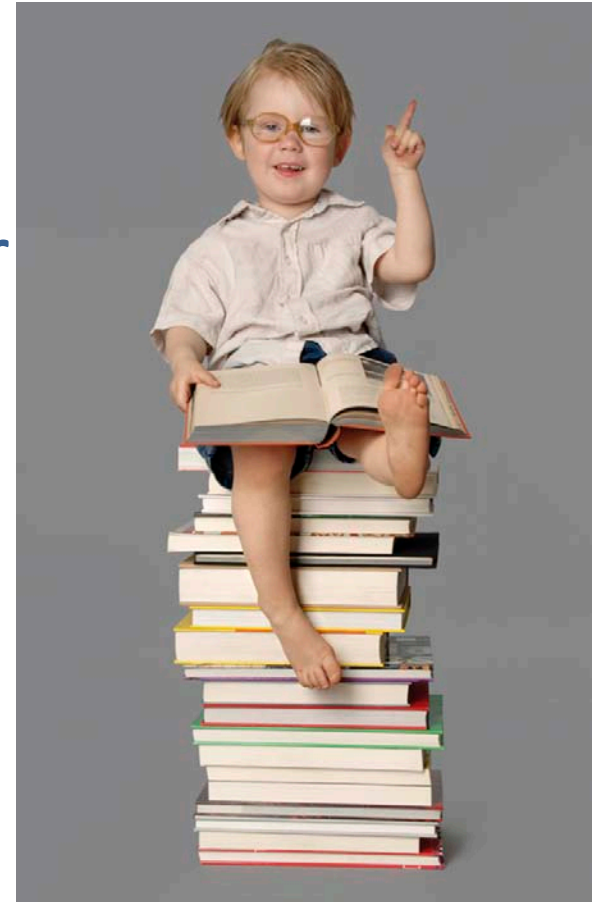


- Equivalent to benchmark plans
 - Most popular Federal Employee Plan
 - Most popular State Employee Plan
 - Commercial dental plan with largest non-Medicaid enrollment of children



How Do the NE States Stack Up?

- All New England states with exception of New Hampshire have EPSDT dental services for both their Medicaid and CHIP programs
- NH offers a limited, capped benefit in CHIP that may not meet the new CHIPRA benchmark standards



Stand-Alone Dental Plan

- Option to use CHIP funds to cover dental only



- Only separate CHIP programs
 - Insured kids who otherwise qualify for CHIP
 - Can waive waiting period
 - Must cover kids to 200% FPL
 - No wait-list in place for CHIP
- Coverage consistent with CHIP but not better
 - Subject to 5% maximum cost-sharing
 - Can't be more favorable than CHIP



Mandatory Annual Reporting

- Performance measures on use/access of preventive or restorative dental care
- By aging groupings
- At age 8, reporting to include number of children with at least one sealant
- Required of both fee-for-service and managed care plans



Quality Assurance

- New Child Health Quality Measures (§1139A)
 - Specifically includes dental
- GAO study due by August 4, 2010
 - Access to care, geographic availability
 - Status of efforts to improve dental care
 - Feasibility and appropriateness of using mid-level professionals
- MACPAC to examine access/payment issues



Education and Information

- Parents of newborns to receive oral health educational materials and need for a dental visit in the first year
- Insure Kids Now website to have list of dental providers (to be updated quarterly) and covered benefits

Insure Kids Now!

Linking the Nation's Children to Health Insurance



Other Nuggets in CHIPRA

- Outreach grants
- Performance bonuses for enrollment and retention
- Lawfully residing immigrant children and pregnant women
- Express lane eligibility
- Electronic match with SSA to verify citizenship
- Enhanced funding for interpretation/translation
- Sufficient funding with safety valves



What About Oral Health in Health Care Reform?



Current Health Reform Proposals

House Tri-Committee Bill

- Establishes national “Health Insurance Exchange” through public, private or non-profit co-op plans
- Employer “play or pay;” exempts small business

Senate HELP Committee Bill

- Establishes “Affordable Benefit Gateway” providing access to public or private plans
- Employer “play or pay;” exempts small business

Senate Finance Framework

- Establishes state-based “Health Insurance Exchanges”
- Authorizes co-ops: non-profit, member-run insurance plans
- Business with >50 employees “play or pay”



Current Health Reform Proposals

House Tri-Committee Bill

- Individual mandate with some exemptions
- Sliding scale subsidies to 400% FPL

Senate HELP Committee Bill

- Individual mandate with exemptions if premiums are >12.5% income
- Sliding scale subsidies from 150% to 500% FPL

Senate Finance Framework

- Individual mandates >100% FPL with tax and premium credits up to 300% FPL; premium credits 300 – 400% FPL
- Small business tax credits



Medicaid & CHIP in Health Reform

House Tri-Committee Bill

- Medicaid for all up to 133% FPL
- CHIP kids into exchange after Secretary certifies comparability

Senate HELP Committee Bill

- Medicaid for all up to 150% FPL
- CHIP future not addressed except CHIP eligibles have option to go into exchange
- Without further action CHIP would expire in 2013

Senate Finance Framework

- Medicaid for all up to 133% FPL
- CHIP kids into Exchange with state wrap of EPSDT benefits
- Individuals between 100 – 133% FPL could opt into exchange



Dental Coverage for Children

House Tri-Committee Bill

- All Exchange plans required to include oral health services for < age 21

Senate HELP Committee Bill

- All Gateway plans required to include oral care for children

Senate Finance Framework

- CHIP wrap in the Exchange to provide full EPSDT services including dental
- Exchange plans to include kids' dental



Dental Coverage for Pregnant Women and Adults

House Tri-Committee Bill

- Expert panel to determine benefits but adult oral health is not specifically offered

Senate HELP Committee Bill

- Expert panel to determine benefits

Senate Finance Framework

- Not detailed



Oral Health Prevention

House Tri-Committee Bill

- Includes children's oral health in "well child and well baby care"

Senate HELP Committee Bill

- Establishes a public campaign on oral health; demonstration grants for caries mgnt and school-based sealant programs

Senate Finance Framework

- Not detailed



Oral Health Infrastructure

House Tri-Committee Bill

- None

Senate HELP Committee Bill

- CDC to improve public dental health programs
- Tracks population oral health and use of dental services

Senate Finance Framework

- Not detailed



Oral Health Workforce

House Tri-Committee Bill

- Pediatric, general, and public health dentistry training focused on underserved
- Public health scholarships/loans
- Team-based delivery models
- Permanent workforce advisory committee

Senate HELP Committee Bill

- Pediatric, general, and public health dentistry training focused on underserved
- Demonstration grants to test alternative delivery models

Senate Finance Framework

- Not detailed



School-Based Programs

House Tri-Committee Bill

- Allows federally funded school-based health centers to use funds for dental programs

Senate HELP Committee Bill

- Allows federally funded school-based health centers to use funds for dental programs

Senate Finance Framework

- Not detailed



Meeting Children's Needs in Health Reform

- Access to affordable coverage for all children
- A benefit package designed for children and their unique developmental needs, including oral health
- High quality care with access to needed providers
- Removal of red tape to ensure enrollment and retention



For More Information

- Center on Children and Families
 - Website – <http://ccf.georgetown.edu>
 - Blog - <http://www.theccfblog.org/>
- The Children's Dental Health Project
 - Website - <http://www.cdhp.org/>
 - Sign up there for oral health specific health care reform updates
- Centers for Medicaid and Medicare
 - Sign up for Medicaid and CHIP updates
 - <http://cms.hhs.gov> (under featured content)



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