Pediatric Dental Essential Health Benefit Plan Selections for Individual Market

Andrea Rosen | June 20, 2013

Open Session
“DENTAL IS DIFFERENT”

• Dramatic difference between Dental PPO (DPPO) and Dental HMO (DHMO) in price, delivery system and consumer choice

• Pediatric dental benefit available only to individuals under age 19

• Voluntary purchase per state and federal rules; may change in 2015

• While a required purchase for children might ensure more kids have this benefit, such a requirement could limit pediatric enrollment in Covered California

• Limited benefit, relatively expensive for a price-sensitive population
“DENTAL IS DIFFERENT”

• Any Standalone dental plan can be purchased with any Qualified Health Plan

• Every Covered California Health Plan required to partner with a pediatric dental plan (bundled approach)

• Covered California adopted standard dental plan designs (which allows for a separate and lower out of pocket max than medical)

• Federal rules established two actuarial value dental plans: 70% and 85%
“DENTAL IS DIFFERENT”

- No federal subsidies available
- No regulatory rate review required
- No medical loss ratio requirement
- Currently Individual dental market is very small
DENTAL SELECTION CRITERIA

• Affordability and competitive pricing

• Mix of dental plan product types e.g. DHMO, DEPO and DPPO in most regions

• Evaluate broad vs. narrow networks by size and access (pediatric dentist requires referral in DHMO, for example)

• Plans which reported experience with Healthy Families Program and Medi-Cal pediatric dental were favored due to the importance of experience with the target population

• Prioritized plan’s response to the following performance standard during negotiation sessions: Seek to have 100% of enrollees receive at least one preventive/diagnostic visit in 2014

• Qualified Health Plan Bidders were required to declare a bundled dental plan partner

• Evaluated organizational capacity
PEDIATRIC DENTAL PLAN PARTNERS TO BE ANNOUNCED TUESDAY, JUNE 25TH
Re-adoption of Qualified Health Plan Solicitation Regulations

Andrea Rosen | June 20, 2013

Open Session
QUALIFIED HEALTH PLAN SOLICITATION REGULATIONS

• QHP Solicitation Emergency Regulations outlining process for selecting and evaluating potential QHPs were:
  o Approved by the Board on November 14, 2012
  o Approved by the Office of Administrative Law on January 17, 2013

• Our QHP Solicitation Emergency regulations are effective for 180 days, with two 90-day extensions, called re-adoptions allowed and this is what we are requesting today.

• QHP Solicitation Regulations expire on July 17, 2013.

• Request Board approval for a 90 day extension of these regulations so they will be in effect through the completion of the QHP contract execution phase.

• For QHP certification, re-certification and decertification in 2015, Board will be asked to approve a new set of QHP regulations which the Board should make permanent.