

Pediatric Dental Essential Health Benefit Plan Selections for Individual Market

Andrea Rosen | June 20, 2013



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“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

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QUALIFIED HEALTH PLAN SOLICITATION REGULATIONS

- **QHP Solicitation Emergency Regulations outlining process for selecting and evaluating potential QHPs were:**
 - **Approved by the Board on November 14, 2012**
 - **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.**