



# CHIP Reauthorization: *Renewed Support for Children's Oral Health*

On February 4, 2009, President Obama signed into law the reauthorization of the Children's Health Insurance Program (CHIP)<sup>1</sup> that for the first time addresses children's oral health and dental care. Included in the bill are eight major dental provisions that range from mandating dental coverage to encouraging primary preventive care. The Centers for Medicare and Medicaid Services (CMS) is beginning to develop regulations that will further detail and interpret each of the following new provisions.

When CHIP was created in 1997, Congress defined dental care as an "optional" service and left it to states to determine whether a dental benefit would be included. Ultimately all states implemented dental benefits but coverage varied widely in extent and has been inherently unstable, subject to cuts when states faced budgetary pressures. The new law will seek to improve access to dental care in addition to expanding efforts to prevent dental disease, improve quality of care, and increase accountability through the following provisions.

## **Dental coverage guarantee**

Requires that states provide dental coverage for CHIP beneficiaries, stating that *"The child health assistance provided to a targeted low-income child shall include coverage of dental services"* and the dental benefit must include coverage for services *"necessary to prevent disease and promote oral health, restore oral structures to health and function, and treat emergency conditions."*

## **Dental wrap-around option**

Allows states to provide dental coverage that "wraps" around commercial medical coverage for children who are eligible for CHIP and who receive private medical but no dental insurance, stating that *"in the case of any child who is enrolled in a group health plan or health insurance coverage offered through an employer who would...satisfy the requirements for being a targeted low-income child under the State child health plan, a State may ...provide dental coverage..."*

## **Mandatory performance reporting**

Establishes a requirement that states report on CHIP dental program performance, stating that *"For children within each ... age grouping, information [must be provided on the] ...number of enrolled targeted low income children who receive any, preventive, or restorative dental care under the State plan."* and *"For the age grouping that includes children 8 years of age, [states must report] the number of such children who have received a protective sealant on at least one permanent molar tooth."* The law further requires that states obtain this information from managed care plans and other vendors who administer CHIP programs.

## **Quality assurance**

Requires federal reports on the quality of children's health care under Medicaid and CHIP and specifies that these reports must include information on the *"status of efforts to improve dental care."* Additionally, dental professionals are to be involved in quality assurance programs, stating that *"in identifying gaps in existing pediatric quality measures and establishing priorities for development and advancement of such measures, the Secretary shall consult with...dental professionals, including pediatric dental professionals;"*

## **New parent education**

Establishes a requirement that parents of newborns be informed of risks for early childhood caries and its prevention, stating that *"The Secretary shall develop and implement, through entities that fund or provide perinatal care services to targeted low-income children...a program to deliver oral health educational materials that inform new parents about risks for, and prevention of, early childhood caries and the need for a dental visit within their newborn's first year of life."*

### **Allowance of public-private contracting**

Clarification that federally qualified health centers may contract with private dentists in order to expand their capacity to deliver dental services to their clients, stating that *“the State will not prevent a Federally-qualified health center from entering into contractual relationships with private practice dental providers in the provision of Federally-qualified health center services.”*

### **Dental access and mid-level provider study**

Governmental Accountability Office study *“that examines (A) access to dental services by children in underserved areas; (B) children’s access to oral health care, including preventive and restorative services, under Medicaid and CHIP, including (i) the extent to which dental providers are willing to treat children eligible for such programs; (ii) information on such children’s access to networks of care, including such networks that serve special needs children; and (iii) geographic availability of oral health care, including preventive and restorative services, under such programs; and (C) the feasibility and appropriateness of using qualified mid-level dental health providers, in coordination with dentists, to improve access for children to oral health services and public health overall.”*

### **Mandatory information for beneficiaries**

Requires that enrollees have ready access to information on dental providers and on the dental benefits contained in their insurance, stating, *The Secretary shall--(1) work with States, pediatric dentists, and other dental providers (including providers that are, or are affiliated with, a school of dentistry) to include, not later than 6 months after the date of the enactment of this Act, on the Insure Kids Now website (<http://www.insurekidsnow.gov/>) and hotline (1-877-KIDS-NOW) (or on any successor websites or hotlines) a current and accurate list of all such dentists and providers within each State that provide dental services to children enrolled in the State plan (or waiver) under Medicaid or the State child health plan (or waiver) under CHIP, and shall ensure that such list is updated at least quarterly; and(2) work with States to include, not later than 6 months after the date of the enactment of this Act, a description of the dental services provided under each State plan (or waiver) under Medicaid and each State child health plan (or waiver) under CHIP on such Insure Kids Now website, and shall ensure that such list is updated at least annually.*

### **Education & outreach about health insurance options**

Creates a taskforce for a national education and outreach campaign about health insurance options, *“for small business concerns regarding the availability of coverage for children through private insurance options, the Medicaid program, and the State Children’s Health Insurance Program.”*

### **Medicaid and CHIP Payment and Access Commission**

Establishes a Medicaid and CHIP Payment and Access Commission (MACPAC) to examine access and provider payment issues in Medicaid and CHIP including, *“(A) Medicaid and CHIP Payment Policies... (B) Interaction of Medicaid and CHIP Payment Policies with Health Care Delivery Generally...(C) Other Access Policies.”*

The inclusion of these provisions was a great victory for assuring access, quality, accountability and promotion of children’s oral health within CHIP. Look for more information at [www.cdhp.org](http://www.cdhp.org) for more detailed information on each of these new requirements and options from Children’s Dental Health Project.

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<sup>i</sup> Children’s Health Insurance Program Reauthorization Act of 2009, P.L. 111-3.