

Affordable Care Impacts on Dentistry

Dr. Richard Graham and BCBSNC

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Agenda

Welcome	Dr. Richard E. Graham Braces Plus
Introductions	Linda Moore Director, Dental Programs
Overview of ACA and Recent Changes	Mary Willoughby Health Policy Strategic Consultant
ACA Impacts to Dentistry and BCBSNC	Linda Moore
Education and Resources	Dayna Allmon Manager, Strategic Provider Relationships
Contracting Opportunities	Dave Dugan Dental Contract Consultant
Q&A, Wrap-up	All



ACA Overview

The Basics

The Affordable Care Act (ACA):

- + Mandates coverage
- + Mandates insurance reform
- + Fundamentally changes how insurance is purchased
 - Health Insurance Marketplaces/Exchanges
 - Think: Expedia for health insurance





Where we stand

2010	2011	2012	2013	2014	2015	2016	2017
Small business tax credit							
Early retiree reinsurance program							
Pre-existing condition insurance plans							
Young adults up to age 26 on parents' plan							
Prohibitions against lifetime benefit caps and rescissions			No pre-existing exclusions for children				
Preventive services coverage without cost-sharing			Phased-in ban on annual limits				
		States adopt exchange legislation, implementation exchanges (2011-2013)					
	Annual review of premium increases						
	Public reporting by insurers on share of premiums spent on medical costs						
		Insurers must spend at least 85% of premiums (large group) or 80% (small group/individual) on medical costs or provide rebates to enrollees					
		Exchanges begin certifying Qualified Health Plans					
			HHS certifies exchanges				
			Exchange open enrollment begins				
				Medicaid Expansion			
				Insurance market reforms including no rating on health			
				Essential benefits standard			
				Premium and cost-sharing credits for exchange plans			
				Premium increases a criterion for carrier exchange participation			
				Individual requirements to have insurance			
				Employer shared responsibility payments			
							Option for state waiver to design alternative coverage programs

North Carolina Specifics

+ No Medicaid Expansion

- Last February the General Assembly and Governor McCrory agreed not to take the Medicaid expansion funds
- Between 440,000 and 580,000 would have qualified for expansion

+ Federally-Facilitated Marketplace

- North Carolina chose not to run it's own Marketplace nor partner with the federal government
- 27 states with full FFM or federal government running a portion of the Exchange





Federally-Facilitated Marketplace

The screenshot shows the HealthCare.gov website interface. At the top, there are navigation links for 'Learn', 'Get Insurance', 'Log in', and 'Español'. Below the navigation is a 'HELP' icon. The main content area features a large image of two smiling women. To the left of the image, the text reads: 'Welcome to the Marketplace. The Health Insurance Marketplace is open! Enroll now in a plan that covers essential benefits, pre-existing conditions, and more. Plus, see if you qualify for lower costs.' To the right of the image, there are two tabs: 'Individuals & Families' (selected) and 'Small Business Owners'. Below the image, there is a section titled 'CHOOSE YOUR STATE AND WE'LL TELL YOU YOUR NEXT STEPS'. A dropdown menu shows 'North Carolina' selected. To the right of the dropdown is a green 'APPLY NOW' button. Below this section is a heading 'How the Marketplace works' followed by a four-step process diagram. Step 1: 'HELLO My name is' with a person icon. Step 2: A laptop icon with a dollar sign and a house icon below it. Step 3: Two document icons. Step 4: A person icon, a calendar icon showing 'JAN 1', and a checkmark icon. At the bottom of the screenshot, the Windows taskbar is visible with the 'start' button, several application icons, and the system tray showing the time as 2:06 PM.



Federally-Facilitated Marketplace

- + Exchange serves many functions, including:
 - Allowing individuals and small groups to calculate and compare products.
 - Providing standardized information about coverage and pricing.
 - Determining eligibility for and connecting purchasers with potential subsidies.
 - Plans must be purchased on the Marketplace to receive tax credits and cost-sharing reductions.

- + Exchange provides for initial, annual and special enrollment periods.
 - Initial – 10/1/13 through 3/31/14
 - Annual – 11/15/14 through 1/15/15 (new!)



BCBSNC on the Marketplace



- + 2.2 million individual enrolled nationally (according to federal report on enrollees through December 28)
 - NC placed 5th highest in enrollment with almost 108,000 enrollees
- + BCBSNC and Coventry are the only players on the Marketplace in NC
- + BCBSNC is the only state-wide insurer
- + BCBSNC is the only insurer that imbedded pediatric dental benefits

Two Types of Mandates

+ Individual Mandate

- Requires most individuals carry insurance coverage or be faced with a penalty when they file taxes

+ Employer “Pay or Play” Mandate

- Requires that most large employers offer affordable coverage or be faced with paying a penalty





Individual Mandate

- + Beginning this year, most people must have 'minimum essential coverage' or pay a penalty:

Year	Greater of	% of income
2014	\$95	1%
2015	\$325	2%
2016	\$695	2.5%

- + Minimum essential coverage can be an employer-sponsored plan, an individual plan, grandfathered health plan, government-sponsored plan, or other recognized plans (such as a high risk pool).



Employer Mandate, AKA “Pay or Play”

- + Applies to large employers (with 50 or more employees) effective **1/1/15**
 - + Insured, Self-funded & Grandfathered plans
- + Must offer minimum essential coverage that is affordable
 - + 60% paid by employer, cost to employee no more than 9.5%
- + Complex IRS requirements for calculating
 - + Number of employees for large employer status
 - + Determining full-time employees for assessment of tax penalties
 - look-back procedure defined for sole purpose of determining # of FTEs for tax penalty calculation
- + Transition Relief is now 2014

Grandfathering



- + “Keep the Plan You’re On” ... so long as:
 - + Plan was in effect on 3/23/10 and;
 - + Does not significantly cut benefits or increase out-of-pocket spending for consumers.

- + Counts as minimum essential coverage for the mandate

- + Even Grandfathered plans were required to provide certain benefits, starting on September 23, 2010:
 - + No lifetime limits
 - + No rescissions
 - + Extension of parents’ coverage to young adults under 26 years old.

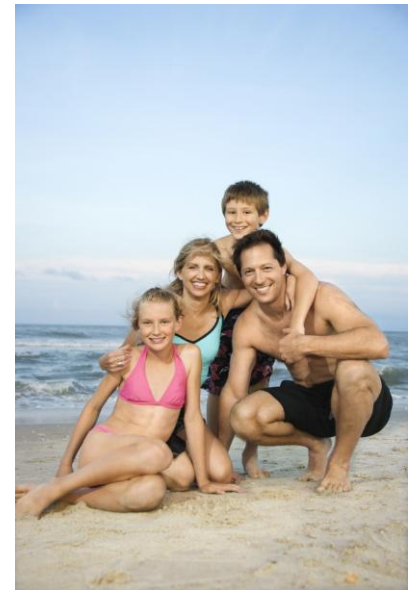


Major Insurance Changes

- + How we rate
- + What's included
- + Impacts to consumers

Rating Changes

- + Guaranteed issue – everyone who applies for insurance must now be accepted
- + Modified community rating:
 - Family structure
 - Age
 - Tobacco use
 - Geographic rating area
 - No underwriting for health status or gender



Essential Health Benefits

- + All non-grandfathered, insured small group and individual plans must cover.
- + State specific benchmark plan (BCBSNC Blue Options PPO)
 - + This benefits package is the same for all plans – on and off the Exchange
- + 10 categories of service including:
 - Maternity and newborn care
 - Rehabilitative and Habilitative
 - **Pediatric services (includes dental and vision)**
- + Not offered as standard option for large group.



Out-Of-Pocket Maximums

- + New individual and group coverage must have out-of-pocket maximums that do not exceed the threshold that applies to HSA-compatible high-deductible health plans
 - + In 2014: \$6,350 for individuals/\$12,700 for families
- + Out-of-pocket includes: deductibles, co-payments, and co-insurance.
 - + Does not include premiums





Values of New Individual and Small Group Plans

- + Actuarial value is the “true” value of a plan
 - The percentage of covered costs that the plan expects to pay for an enrollee in the plan
 - Cannot fall below 60%
- + On the exchange, people will choose plans based on their “metallic level,” with each level representing a different actuarial value

Metallic Level	Actuarial Value (± 2%)
Platinum	90%
Gold	80%
Silver	70%
Bronze	60%
Catastrophic	<60%



“Affordable” Part of ACA

- + Two kinds of subsidies: premium tax credits and cost-sharing reductions:
 - Premium Tax Credits lower the monthly premium amount
 - Cost-Sharing Reductions lower the amount paid out-of-pocket

Eligibility Requirements

US citizen or legal alien

Not incarcerated

Resident of state in which exchange is based

Between 100-400% Federal Poverty Level (FPL) (up to 250% for cost sharing)

Not been offered qualified coverage through employer/government programs



Poverty Guidelines

# of persons in household	100% FPL	150% FPL	200% FPL	250% FPL	300% FPL	400% FPL
1	\$11,490	\$17,235	\$22,980	\$28,725	\$34,470	\$45,960
2	\$15,510	\$23,265	\$31,020	\$38,775	\$46,530	\$62,040
3	\$19,530	\$29,295	\$39,060	\$48,825	\$59,590	\$78,120
4	\$23,550	\$35,325	\$47,100	\$58,875	\$70,650	\$94,200

Source: US Department of Health and Human Services; based on 2013 data



Premium Tax Credits

- + Based on the premium for the second-lowest silver plan (although not required to buy silver plan)
- + A defined percentage of household income related to FPL

Income Level (% of FPL)	Premium as % of Income
Up to 133%	2%
133-150%	3 – 4%
150-200%	4 – 6.3%
200-250%	6.3 – 8.05%
250-300%	8.05 – 9.5%
300-400%	9.5%

Example: Jane's Tax Credit



Jane's Income	\$28,735
Cost of second lowest silver plan in her area	\$5,733
Income x maximum contribution as a % of income (8.05%)	- \$2,313
Tax credit available	= \$3,420



Cost-Sharing Reductions

- + Subsidies that will reduce cost-sharing costs on a plan for certain individuals
 - Items such as deductibles, coinsurance, and co-pays will be decreased on the plan

- + Available for individuals and families at or below 250% FPL by making them eligible to enroll in health plans with higher actuarial values

Income Level	Actuarial Value
100 – 150% FPL	94%
150 – 200% FPL	87%
200 – 250% FPL	73%

- + An eligible individual must be enrolled in a silver plan to qualify



Costs

- + Subsidies help defray the cost to the individual but don't lower the actual cost

- + Factors driving rates:
 - Rating Changes
 - Adverse Selection
 - Richer Benefits
 - New Taxes and Fees



Transitional Plans and Early Renewal Option

- + **Marketplace Challenges:**
 - Significant rate increases
 - Technical issues with the Marketplace

- + **November announcement to allow transitional plans**
 - BCBSNC decided to participate in the Transitional program for Individuals and Small Groups
 - Transitional coverage meets the requirements of the individual mandate

- + **Small groups also had an early renewal option – could renew for December 1**



ACA Impacts to Dental

ACA – Pediatric Oral Health



- Pediatric Oral Health Services are included as “essential benefits”
 - ❖ Up to age 19
 - ❖ Includes a full slate of dental services – preventive, basic, major and medically necessary orthodontia
- Must be included or offered in all ACA metallic plans sold on or off exchange
 - ❖ Impacts primarily Small Groups and Individuals
 - ❖ For new plans sold on or after 1/1/14
- When Plan is purchased On Exchange, Pediatric Dental must be offered but purchase is not required
- When Plan is purchased Off Exchange, Pediatric Dental must be purchased



ACA – Pediatric Oral Health



- Medical Plans can choose to “embed” Pediatric Dental or offer as Stand Alone through the medical carrier or separate dental carrier
- If “embedded” in Medical, any member costs roll into the medical deductible and maximum out of pocket levels
- If Stand Alone, the pediatric oral health benefits must:
 - ❖ Meet either 70% (low) or 85% (high) AV levels
 - ❖ Out of pocket maximum is \$700 per child or \$1400 for 2 or more children
- Waiting periods are only allowed on Medically Necessary Orthodontia
- No annual or lifetime limits apply

BCBSNC Response

- BCBSNC believes good oral health care should start at an early age
- Pediatric Oral Health Benefits are “EMBEDDED” in all BCBSNC ACA Metallic Plans, whether purchased on or off exchange
- Applies to Small Group and Individual plans purchased with ACA benefits





BCBSNC Pediatric Oral Health Benefits*

Service Type	In Network*	Out of Network*
Preventive (includes exams, cleanings, x-rays, sealants, space maintainers, fluoride, consults, palliative care)	100% after \$25 copay per visit	100% after \$50 copay per visit
Basic & Major (includes fillings, extractions, oral surgery, anesthesia, periodontics, endodontics, crowns, bridges, implants)	80% after medical deductible	60% after medical deductible
Orthodontia (medically necessary only, prior approval required, 12 month waiting period applies)	80% after medical deductible, prior authorization required	60% after medical deductible, prior authorization required

* Coinsurance applied to UCR levels, Benefits vary slightly for HSA plans



Medically Necessary Orthodontia

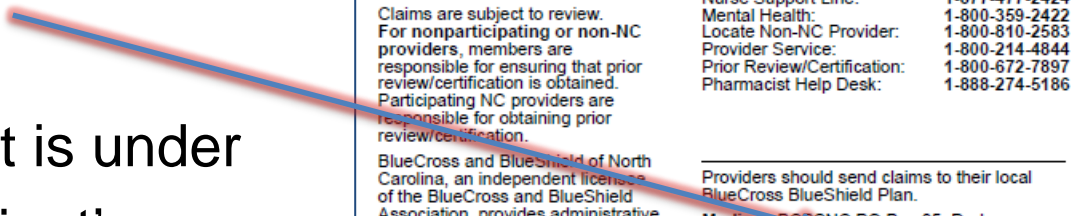
- + All policies carry a 12 month waiting period – therefore no coverage available until 1/1/15 at the earliest
- + “Medically necessary” criteria – plan to establish this during the 1st qtr 2014
- + Prior approval required
- + Treatment in process when waiting period expires will be considered on a pro-rata basis





How do Dental Offices determine if there is ACA Coverage?

+ For BCBSNC, if patient is under age 19, ask for the patient's medical and dental id cards

- On the back of the medical card, look for emdeon # 61472 below the medical mailing address
 - If found, member is on a medical policy that includes pediatric dental
- + If a member has pediatric dental in their medical policy:
- File claim to medical mailing address first
 - Once claim has been processed under medical, if the member also has an additional dental plan, then file to dental address along with a copy of the EOB



	BCBSNC.COM Customer Service: 1-877-275-9787 Dental: 1-800-305-6638 Nurse Support Line: 1-877-477-2424 Mental Health: 1-800-359-2422 Locate Non-NC Provider: 1-800-810-2583 Provider Service: 1-800-214-4844 Prior Review/Certification: 1-800-672-7897 Pharmacist Help Desk: 1-888-274-5186
<p>Claims are subject to review. For nonparticipating or non-NC providers, members are responsible for ensuring that prior review/certification is obtained. Participating NC providers are responsible for obtaining prior review/certification.</p> <p>BlueCross and BlueShield of North Carolina, an independent licensee of the BlueCross and BlueShield Association, provides administrative services only and does not assume any financial risk for claims.</p>	<p>Providers should send claims to their local BlueCross BlueShield Plan.</p> <p>Medical: BCBSNC PO Box 35, Durham, NC 27702-0035 or dental emdeon #61472</p> <p>Dental: BCBSNC PO Box 2100, Winston-Salem, NC 27102 or emdeon #61473</p>
	Pharmacy Benefits Administrator



Provider Resources



Dental Blue for Groups – group dental plan

Dental Customer Service	1.800.305.6638
Dental Claims	Dental Emdeon payor #61473 (electronic claims filing) BCBSNC Dental Blue Claims Unit PO Box 2100 Winston-Salem, NC 27102-2100
Medical Claims (Medical/accident/TMJ)	BCBSNC Claims PO Box 35 Durham, NC 27702-0035
Medical Customer Service	1.800.214.4844
Web sites Benefits/Claims/Eligibility Eligibility	www.bcbsnc-dental.com www.bcbsnc.com/content/providers/edi/bluee

Dental Blue for Groups – group dental plan



Dental Blue Select – group dental plan

Dental Customer Service	1.888.471.2738
Dental Claims	Dental Emdeon payor #61474 (electronic claims filing) BCBSNC Dental Blue Claims Unit PO Box 2400 Winston-Salem, NC 27102-2400
Medical Claims (Medical/accident/TMJ)	BCBSNC Claims PO Box 35 Durham, NC 27702-0035
Medical Customer Service	1.800.214.4844
Web sites Benefits/Claims/Eligibility Eligibility	www.bcbsnc-dental.com www.bcbsnc.com/content/providers/edi/bluee

Dental Blue for Individuals



Dental Blue for Individuals

Dental Customer Service	1.800.305.6638
Dental Claims	Dental Emdeon payor #61473 (electronic claims filing) BCBSNC Dental Blue Claims Unit PO Box 2100 Winston-Salem, NC 27102-2100
Medical Claims (Medical/accident/TMJ)	BCBSNC Claims PO Box 35 Durham, NC 27702-0035
Medical Customer Service	1.800.214.4844
Web sites Benefits/Claims/Eligibility Eligibility	www.bcbsnc-dental.com www.bcbsnc.com/content/providers/edi/bluee

Federal Employee Program



Federal Employees	FEHBP Medical Plan	Dental Blue for FEP
Dental Customer Service	1.800.222.4739	1.800.305.6638
Dental Claims (dental services)	Dental Emdeon payor #61472 (electronic claims filing) BCBSNC Claims PO Box 35 Durham, NC 27702-0035	Dental Emdeon payor #61473 (electronic claims filing) BCBSNC Claims PO Box 2100 Winston Salem, NC 27102
Medical Claims (Medical/accident/TMJ)	BCBSNC Claims PO Box 35 Durham, NC 27702-0035	N/A
Medical Customer Service	1.800.222.4739	N/A
Web sites Benefits/Claims Eligibility	www.fepblue.org www.bcbsnc.com/content/fep/index.htm www.opm.gov/insure/index.aspx	www.bcbsnc-dental.com www.bcbsnc.com



Eligibility, Benefits and Claim Status Verification

- + Dental providers can easily verify member's Dental Blue eligibility and benefits on the Web at *bcbsnc-dental.com*
 - Access is provided at no charge and is available 24 hours a day, 7 days a week. This allows dental providers the convenience of verifying information in real-time.
- + Eligibility and benefits may also be verified by calling customer service
 - 1-800-305-6638 – Dental Blue for Groups, Dental Blue for Individuals and Dental Blue for FEP members
 - 1-800-471-2738 – Dental Blue Select members (large employer groups)



ICD-10



ICD-10: Federal Mandate

- + Effective October 1, 2014, ICD-10 diagnosis codes will be required on claims.
- + For dental providers, a diagnosis code is not required on routine dental claims today, however, accidental injury and medical claims do require a diagnosis code. After 10/1/14, please be sure to use the appropriate ICD-10 diagnosis code.
 - Otherwise, claims and other transactions will be rejected, and will need to be resubmitted.
 - 2012 ADA claim form has diagnosis fields, those fields will require ICD-10 codes if you submit a diagnosis code
- + It is important to begin preparing for the implementation of ICD-10 codes.
 - Delays may impact your reimbursements

BCBSNC Network Management

- + Your local Network Management team is responsible for developing and supporting relationships with dental providers and their staff – we are dedicated to serving as a liaison between you and BCBSNC.
- + Network Management staff is available to assist your practice with the following issues:
 - Questions regarding BCBSNC contracts, policies, and procedures
 - Changes to your organization including:
 - Opening/closing locations
 - Change in name or ownership
 - Change in Tax ID#, address or phone number
 - Merging with another group practice



Provider Services Associates (PSA)

- + Your PSA's are able to assist with:
 - Providing you information on how to obtain your fee schedule
 - Making any necessary demographic changes – notice address, billing address and etc.
 - Add/Remove providers from your practice

P: (800) 777-1643 8am-4pm

F: (919) 765-4349

NMSpecialist@bcbsnc.com

Available on the Web

Online resources – bcbsnc.com/providers/

I'm a provider



Health care partner

Maximizing members health

- [See resources and information for Blue Medicare HMO™ and Blue Medicare PPO™ providers](#)
- [Diagnostic imaging management program](#)
- [See our new television ads online!](#)
- [Important news affecting our providers](#)

Providers home

Important news

Appeals

Blue Medicare HMO and PPO providers

Blue Book Provider Manual

Blue Link newsletter

Electronic Solutions

Contact information

Apply for credentialing

Provider enrollment applications

Medical policies

Prior Plan Approval

Access to Care Standards

Provider resources

Some of the most widely used resources and information specifically for BCBSNC providers at a convenient location.

- [Download](#)
- [Medical r](#)
- [Find a dr](#)
- [Find a dr](#)
- [File a cla](#)
- [Make an](#)
- [Download sheets](#)
- [Download credentiali](#)
- [Importa](#)

Medical policies

Medical policy consists of medical guidelines, including diagnostic imaging management policies, payment guidelines, and evidence based guidelines.

Medical policy search

Type the policy name, number, CPT code, or keyword to search for:

Important News

orized the most recent policy updates, product updates, and may be useful to you. How to view the article listings for each section.

News – Updated May 01, 2008

Announcement

The Blue Book™ Dental e-Manual

A guide for dental care providers

Guidelines	Payment Guidelines	Evidence Based Guidelines
Alphabetical Index	Alphabetical Index	Alphabetical Index
Categorical Index	Categorical Index	Categorical Index
Diagnostic Imaging Management Policies		

Online resources – bcbsnc-dental.com



Spanish speaking patients



Su plan para una mejor salud.™

Web site:

www.bcbsnc.com/azul/

Servicios para el afiliado

Regístrese en bcbsnc.com/memberservices para manejar su plan de seguro médico y tomar el control de su salud de manera fácil y rápida. Una vez se inscriba como afiliado, podrá aprovechar muchos programas personalizados y recursos informativos que le ayudarán a alcanzar sus metas de salud, recibir descuentos para productos y servicios relacionados con la salud y mantenerse motivado con los premios que puede recibir por hacer actividad física. Adicionalmente, podrá administrar su plan de salud 24 horas al día, 7 días a la semana. Todo está a su alcance, ¡visite hoy bcbsnc.com/memberservices!

Servicios para el afiliado

- ✓ **Programas de salud**
- ✓ **Recursos de salud**
- ✓ **Descuentos y premios**
- ✓ **Administración de su cuenta a través de Internet**

Visite



bcbsnc.com/memberservices

AVISO. La sección de afiliados «Member Services» de nuestro sitio Web está disponible únicamente en inglés.

Spanish-speaking customer service
1-877-258-3334



Partnering with BCBSNC



Why Join Dental Blue?

- + Over 400,000 members currently have BCBSNC dental coverage
 - Additional growth expected from the new FEP BlueDental program and from BCBSNC medical groups with ACA coverage for children under age 19
- + Maximize your new patient opportunities
- + Dental Blue will promote your practice to our members via “Find a Doctor” search tool on the BCBSNC website
- + Being in network can also help your office with cash flow, reduction in billing issues, and patient satisfaction
- + **Direct Fast Payments** – Dental Blue reimburses you directly, allowing you to improve your cash flow and payment turn-around
- + **Convenient payment options** – Check, EFT or Credit card “QuicRemit” payment.



How do I join the network?

- + Email dentalcontracts@bcbsnc.com requesting information, or
- + Visit www.bcbsnc.com/content/providers/dental-providers for forms and checklist
- + **Credentialing process:**
 - Credentialing is required by NCDOI (North Carolina Department of Insurance)
 - NC Uniform Credentialing Application available online
 - BCBSNC also supports use of CAQH
 - Re-credentialing occurs every 3 years
- + **Enrollment:**
 - Enrollment paperwork is also available online and must be completed in order to be a part of the dental network
 - Provider numbers can be obtained for individuals or for a group practice.
- + **Contracting:**
 - Once Credentialing and Enrollment are completed, a formal contract will be emailed for your review and electronic signature.
 - Dental Blue contracts cover services under both Dental and Medical lines of business
 - Contracts are for a 1 year initial term and are considered evergreen (auto renewable).
 - 90 day notice of termination is required



New Dental Blue Payment Guidelines

+ What changes are being made?

- Effective 1/1/14, Blue Cross and Blue Shield of North Carolina will discontinue paying non-participating providers directly. All claims from non-participating providers will be paid directly to the member, regardless of who filed the claim.

+ Why is BCBSNC making this change?

- Consistency: Under our medical plans, BCBSNC has had a long standing policy that claims incurred at any non-participating provider are reimbursed directly to the member.
- ACA Pediatric Dental Benefits will be paid out of the medical system
- Since some members will be eligible for coverage under both ACA medical plans and Dental Blue plans, the payments should be issued to the same entity
- Non-participating providers were notified in October, members were notified in November



New Dental Blue Payment Guidelines

- + **What options do you have as a non-participating provider?**
 - Bill the member – they can endorse the BCBSNC check and send to you or they can send you a personal check, or
 - Charge the member at the time of service
 - Set up payment plan for the member

- + **Can you still file claims or does the member now have to file claims?**
 - We encourage you to file claims on behalf of the member, especially if filing electronically
 - Payments are processed more quickly if filed electronically
 - Member will receive payment in a more timely manner and can then pay their provider



Questions?



Presentation will be posted on the website at
bcbsnc.com/content/providers/dental/blue-book-dental.htm