

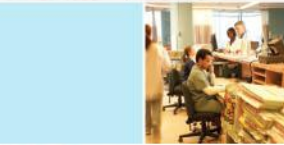
# Defining Essential Health Benefits

---

Arkansas QHP Advisory Committee

May 4, 2012

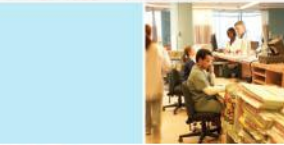




# Agenda



- 
- **Defining Pediatric Oral Services**
  - **Defining Pediatric Vision Services**



# Defining Pediatric Oral Services

- For pediatric oral services, current guidance stipulates two supplement options:
  - Federal Employee Dental and Vision Insurance Program (FEDVIP) dental plan with the largest enrollment; or
  - The State Children's Health Insurance Program (CHIP) benefits
- AR Kids B Dental
  - This option is a limited set of services including some minor restorations. Unlike Medicaid, AR Kids B does not cover orthodontia.
    - One office visit, one cleaning, one set of x-rays and one fluoride treatment (every six months and one day)
    - Panoramic x-ray or full mouth series of x-rays (once every 5 years)
    - Simple tooth pulling and surgical tooth pulling
    - Fillings
    - Root canals



# Defining Pediatric Oral Services

## FEDVIP Summary

- Evaluations, X-rays, and other Diagnostics: 1 – 2 services per year
- Preventive Services, including fluoride and sealants: 1 every 6 months
- Minor Restorative, including temporary crowns: 1 per tooth every 2 years
- Oral Surgery
- Major Restorative, including posts, ceramic crowns, and repair: 1 per tooth every 5 years
- Endodontic services, including root canals
- Periodontal services
- Prosthodontic services: most limited to 1 per tooth every 5 years
- Orthodontic services (under age 19): 1 treatment per lifetime
- Anesthesia and sedation
- Office visits and consultations



# Defining Pediatric Vision

- For pediatric vision, the only supplement option the FEDVIP vision plan

Services	Description	Limitations
<b>Diagnostic</b>	Eye exam for new or established patient	1X per year
<b>Glasses/Lenses</b>	Prescription glasses or contacts lenses: single, conventional bifocal/trifocal	1 pair per year
	Frames	1 frame per every other year
	Contact lens care	1 pair per year in lieu of eyeglasses
<b>Other</b>	Low vision coverage	Preauthorization
	Various lens types/coating	
	Polarized lenses	
	Medically necessary contact lenses	
	Low vision- 1 evaluation every 5 years, follow ups (4 visits per 5 years)	



**Public Consulting Group, Inc.**  
148 State Street, Tenth Floor, Boston, Massachusetts 02109  
(617) 426-2026, [www.publicconsultinggroup.com](http://www.publicconsultinggroup.com)

