The Affordable Care Act: What It Means to Your Community’s Oral Health

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About CDHP

Our Mission
Creating and advancing innovative solutions to achieve oral health for all children.

Our Approach
1. Reduce dental disease burden
2. Improve access to high-quality dental care

Our Goals
• Prevent childhood tooth decay, because cavities are the result of a disease that is overwhelmingly preventable.
• Promote solutions that are grounded in the best available research and support exploration when evidence is lacking
• Engage policymakers and other decision-makers in addressing ongoing inequities in oral health and to implement cost-effective solutions.
ACA Coverage: The basics

• 10 Essential Health Benefits (EHB), including “pediatric oral and vision services”
• Health insurance marketplaces (exchanges)
• Premium tax credits & cost-sharing subsidies
• Insurance market reforms/consumer protections
• Medicaid expansion
• Supporting public health provisions
• Focus on the Triple Aim
ACA Dental Coverage: Community Impact

- Increases in:
  - Children & adolescents w/ private coverage
  - Adults with private coverage
  - Children enrolled in Medicaid and CHIP (78,849 as of March 1)
  - Adults w/ Medicaid dental (some states)

*ACA coverage may increase demand for care, especially in underserved areas*
ACA reforms to pediatric dental benefits:

- Part of 10 essential health benefits (EHB)
  - Offered in Marketplaces (exchanges) and small group/individual insurance markets in each state
- Attempts to subsidize through premium tax credits
- Limits cost-sharing (out-of-pocket maximums)
- Removes annual and lifetime dollar limits on coverage (children only)
- Requires offer of child-only plans (up to age 19)
- Limits orthodontic coverage to medically necessary
Marketplace Dental Coverage

For Children:

• State-selected EHB determines covered services
• May be sold in a health plan (QHP) or stand-alone plan (SADP)
• No annual or lifetime dollar limits on coverage
• Annual OOP maximum (SADP):
  – $350/child
  – $700/2 or more children
Marketplace Pediatric Dental Coverage

**Stand-alone**
- Optional purchase (unless state requires)
- Additional premium (excluded from tax credit calculation)
- Separate deductibles and out-of-pocket maximum
- Adult coverage often available
- No cost-sharing reductions
- Some consumer protections may not apply

**QHP w/ Embedded Dental**
- Integrated dental benefits; all children have dental coverage
- One premium for health and dental
- May have high unified deductible
- Adult dental often not included
- Cost-sharing reductions apply
- All consumer protections apply
- Transparency a major concern
### QHPs with Embedded Pediatric Dental Coverage by State
(FFM & Partnership Marketplaces, 33 states)

<table>
<thead>
<tr>
<th>State</th>
<th>Percent Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>78%</td>
</tr>
<tr>
<td>Alabama</td>
<td>97%</td>
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<tr>
<td>Arkansas</td>
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<td>Arizona</td>
<td>67%</td>
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<td>Delaware</td>
<td>46%</td>
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<tr>
<td>Florida</td>
<td>46%</td>
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<tr>
<td>Georgia</td>
<td>13%</td>
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<td>Iowa</td>
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<td>Louisiana</td>
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<td>Maine</td>
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<td>Mississippi</td>
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<tr>
<td>Montana</td>
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<tr>
<td>North Carolina</td>
<td>89%</td>
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<td>North Dakota</td>
<td>65%</td>
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<tr>
<td>Nebraska</td>
<td>49%</td>
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<td>New Hampshire</td>
<td>18%</td>
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<td>New Jersey</td>
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<td>Ohio</td>
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<td>Oklahoma</td>
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<td>South Carolina</td>
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<td>South Dakota</td>
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<td>Tennessee</td>
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<td>Texas</td>
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<tr>
<td>Utah</td>
<td>0%</td>
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<td>Virginia</td>
<td>52%</td>
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<tr>
<td>Wisconsin</td>
<td>13%</td>
</tr>
<tr>
<td>West Virginia</td>
<td>100%</td>
</tr>
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About a third (34%) of all health plans in the federally-facilitated marketplaces include pediatric dental coverage in their products.

Less than 1% include adult dental coverage.

Plan documents aren’t always clear on how cost-sharing & deductibles apply to dental benefits.

Source: CDHP analysis of health plan information data: https://www.healthcare.gov/health-plan-information/
Marketplace Dental Coverage

For Adults:
• Available in most marketplaces
• Not part of EHB coverage
• No subsidies available
• May be available as part of family dental plan
• Mostly sold stand-alone (<1% of health plans include adult dental)
• Traditional dollar limits apply
Take-Up of SADP Coverage

Adults age 26-64 account for nearly 85% of all stand-alone dental plan selection in the Marketplaces so far.

Adult dental coverage is not part of EHB and does not qualify for any subsidies.


<table>
<thead>
<tr>
<th>Age Group</th>
<th>Dental Take-up as % of Total</th>
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<tbody>
<tr>
<td>Age 0-15</td>
<td>4.89%</td>
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<tr>
<td>Age 18-25</td>
<td>10.21%</td>
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<tr>
<td>Age 26-34</td>
<td>20.27%</td>
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<tr>
<td>Age 35-44</td>
<td>18.80%</td>
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<td>Age 45-54</td>
<td>21.70%</td>
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<td>Age 55-64</td>
<td>23.82%</td>
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<tr>
<td>Age 65+</td>
<td>0.30%</td>
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</table>
Medicaid Expansion

- 26 states (including DC) expand Medicaid eligibility to 133% FPL
- 9+ million adults will be eligible
- Most expanding states have some adult dental benefits in current Medicaid plan
- 8.3 million adults could gain dental benefits

**BUT…unknown which states will offer dental to newly eligible populations**

Data sources: ADA Health Policy Resources Center, Urban Institute
Don’t Forget CHIP

• CHIP provides dental coverage to 8M kids
• Caps medical/dental spending at 5% of family income
• CHIP can fill coverage gaps (supplemental dental coverage) – 4k kids in Iowa
• CHIP funding runs out in 2015
• If not extended, CHIP kids could end up in less affordable marketplace coverage
ACA: Early Signs of Impact

Dental coverage, as of 3/1/14:

• **SADP Kids** = 26,591
• **QHP Kids** = ?
• **SADP Adults** = 487,484
• **QHP Adults** = ?
• **Medicaid/CHIP kids** = 79,849
• **Medicaid adults** = 8.3m?

Stay tuned: White House reports 8m now enrolled in marketplaces
WHAT CAN YOU DO TO STRENGTHEN DENTAL COVERAGE?
What Can You Do?

• Support CHIP funding/reauthorization
• Help families understand their options under the ACA
• Educate providers on ACA changes
• Ask for adult dental in Medicaid expansion
• Prepare health centers for expanded coverage – consider contracting
• Be a community resource
WHAT DO FAMILIES NEED TO KNOW ABOUT MARKETPLACE COVERAGE?
What Families Need to Know

Dental coverage matters.

- Oral health is an important piece of overall health throughout life.
- Kids with dental coverage are more likely to get the care they need.
- Kids at higher risk for disease need early and frequent interventions.
What Families Need to Know

Your kids are entitled to dental coverage in the marketplace.

In a 2013 survey, **42% of Americans** said that children’s dental benefits were included in the ACA. **Only 22% correctly identified** children up to age 19 as the only age group to which those benefits apply.

Source: Wakefield Research, 2013
What Families Need to Know

Your health plan may include dental coverage for your children.

About a third of all health plans in the federally-facilitated marketplaces include pediatric dental coverage in their products. Less than 1% include adult dental.

Plan documents aren’t always clear on dental benefits.
What Families Need to Know

Stand-alone dental coverage is also available – maybe for parents, too.

- Pediatric dental coverage can be purchased as a separate product if the family’s health plan does not include it.
- Stand-alone dental is offered in almost every state marketplace at two levels: high and low. Many plans also offer adult options.
What Families Need to Know

Find out what your dental coverage pays for.

– Except for Utah, pediatric dental benefits are based on either CHIP or the Federal Employee Dental and Vision Insurance Plan.
– Both typically cover the full range of dental services.
– All plans must cover at least the benchmark services.
– Orthodontic care must be “medically necessary.”
What Families Need to Know

You may have to pay a separate premium.

Stand-alone pediatric dental premiums vary widely from state to state and in some states, from plan to plan.

In Utah, for example, plans range from $6 per month to over $50 per month.

Data Source: CDHP analysis, October 2013
What Families Need to Know

You might not get financial assistance for that extra premium.

– Cost-sharing reductions are not available in stand-alone dental coverage.

– A number of consumer protections, like the right to an external appeals process, are not required for stand-alone dental plans.
What Families Need to Know

Dental deductibles and out-of-pocket maximums differ between health plans and stand-alone plans.

Depending on the state and plan, health plans may subject pediatric dental services to the full medical deductible.

Stand-alone dental plans may have a smaller deductible but will have a separate out-of-pocket maximum.
What Families Need to Know

Consider your child’s dental needs.

– Understanding your child’s oral health needs may determine which plan type you choose.

– High medical plan deductibles or separate premiums may be a barrier for some families.
Conclusion

• More children and adults with private coverage
• More children and adults with public coverage
• Increased demand on providers & health centers
• Need for consumer education

How will you respond and adapt?
Questions?

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