

# 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 Marketplace Dental Coverage

## **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

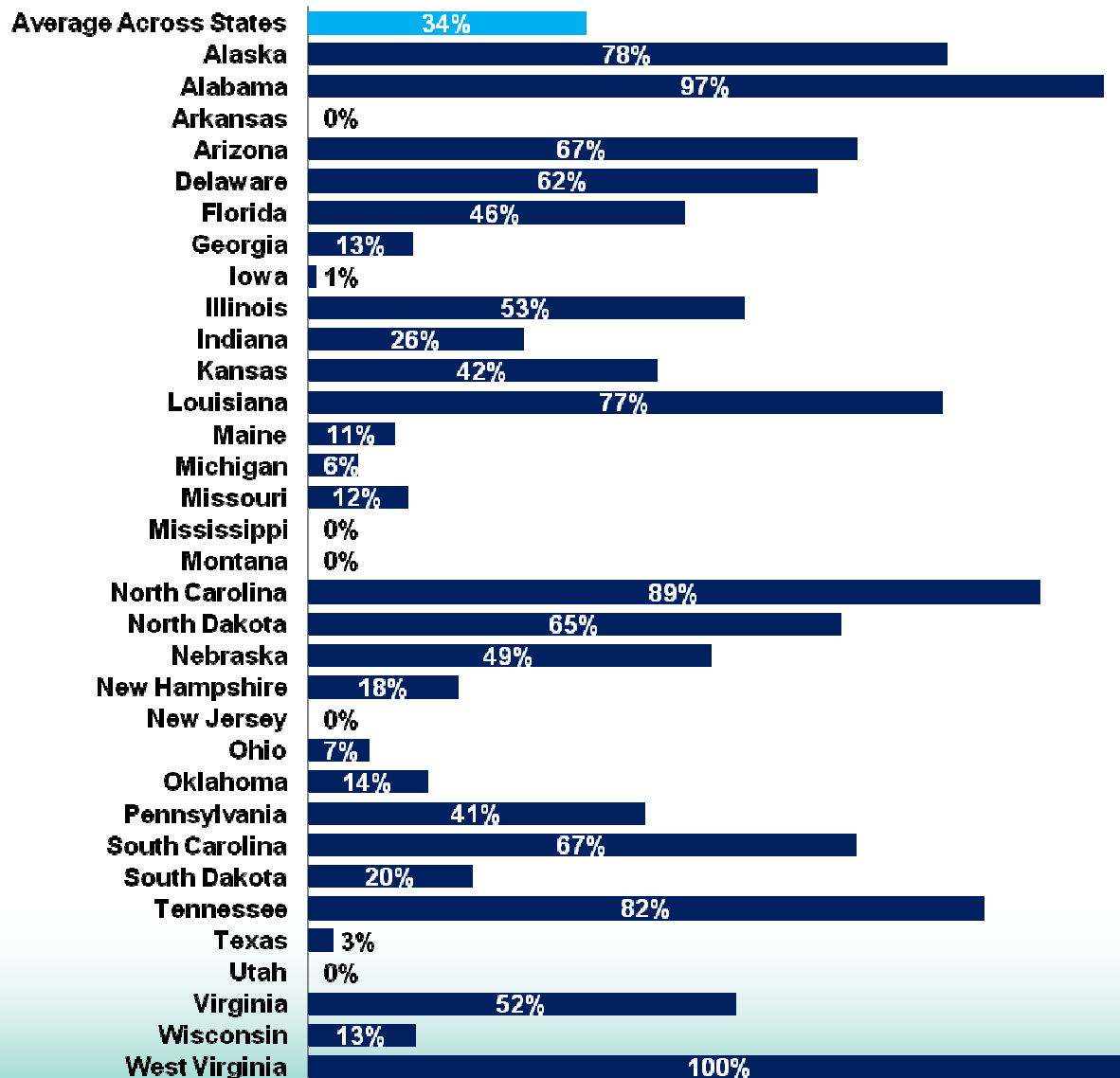
## Stand-alone

- 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)



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

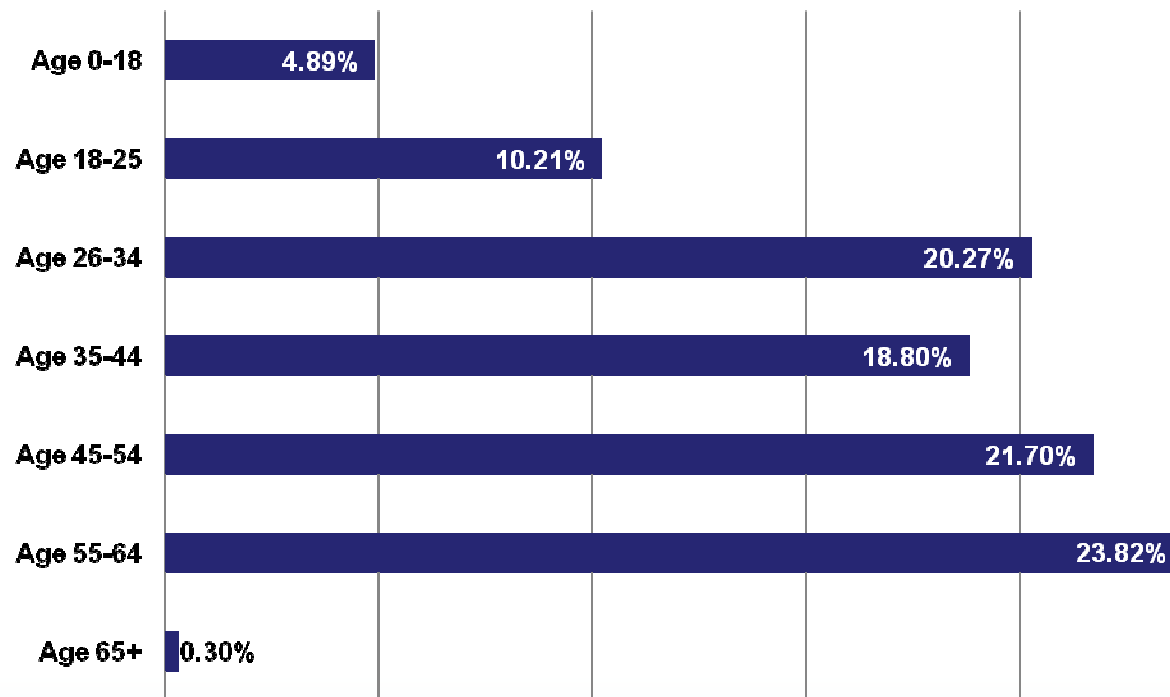
## For Adults:

- 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

**Marketplace Stand-alone Dental Take-up by Age Group  
as % of Total (544,075 as of 3/1/14)**



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

Data Source: ASPE March Enrollment Report:  
[http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Mar2014/ib\\_2014mar\\_enrollment.pdf](http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Mar2014/ib_2014mar_enrollment.pdf)

# 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.



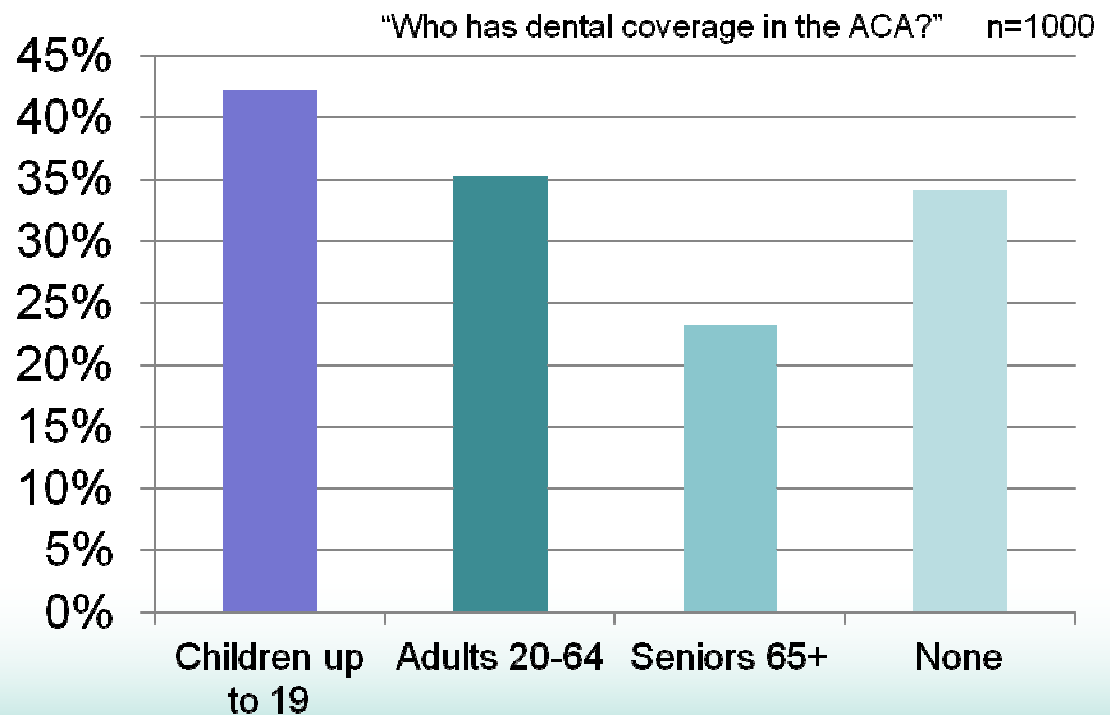
# What Families Need to Know

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.

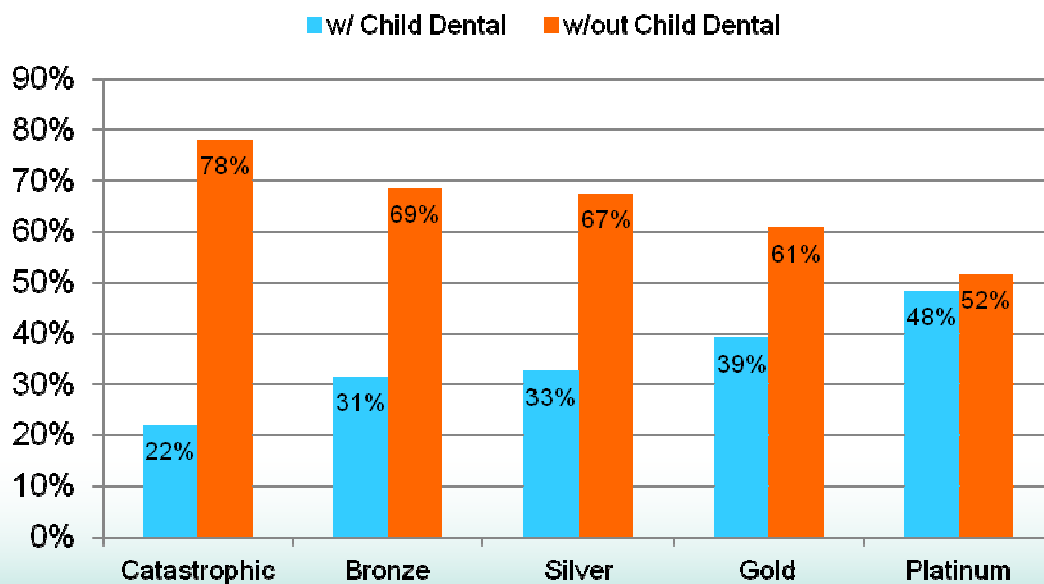
Source: Wakefield Research, 2013



# What Families Need to Know

Your health plan may include dental coverage for your children.

**Pediatric Dental Coverage in Federal Marketplace Health Plans (QHPs)**



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.

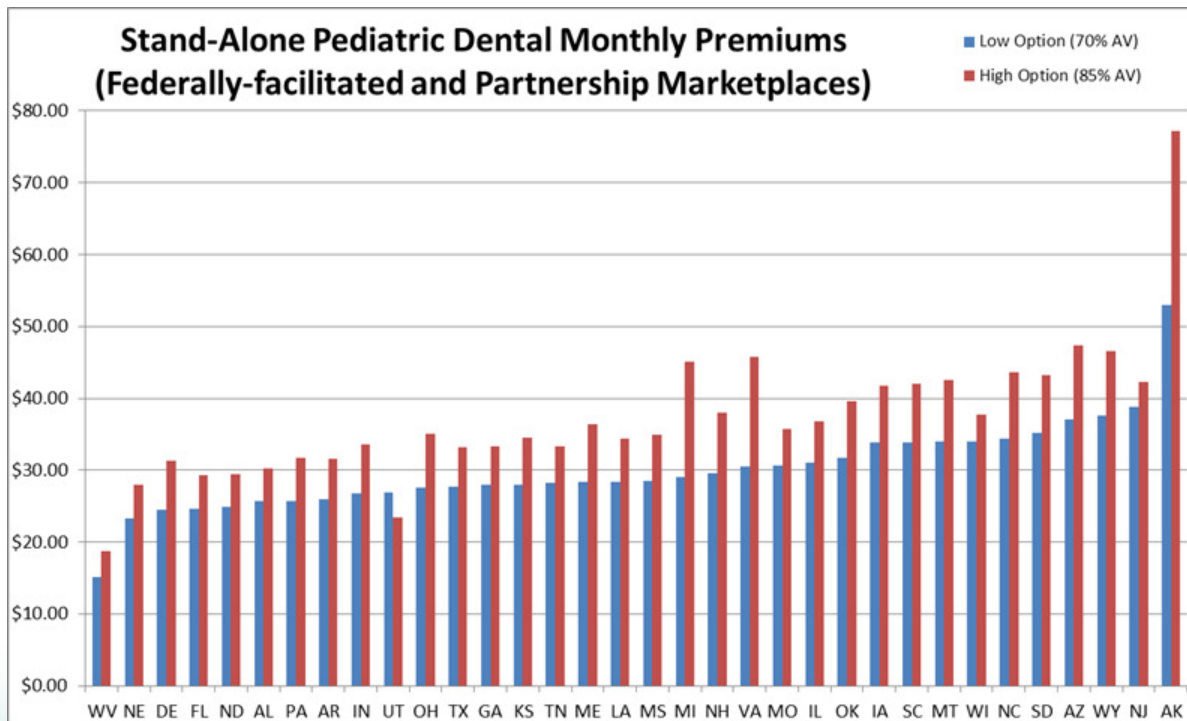
# What Families Need to Know

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

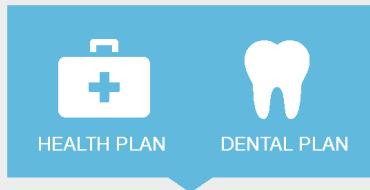
You might not get financial assistance for that extra premium.

- 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.

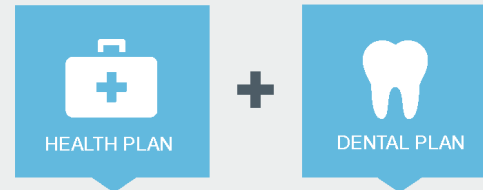
HEALTH PLAN THAT COVERS CHILDREN'S DENTAL CARE



OUT-OF-POCKET MEDICAL & DENTAL SPENDING



HEALTH PLAN AND SEPARATE DENTAL PLAN



OUT-OF-POCKET MEDICAL SPENDING



OUT-OF-POCKET DENTAL SPENDING



\$7,050 TOTAL OUT-OF-POCKET LIMIT

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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