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
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)

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

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:  
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
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?
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)

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>w/ Child Dental</th>
<th>w/out Child Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catastrophic</td>
<td>78%</td>
<td>22%</td>
</tr>
<tr>
<td>Bronze</td>
<td>69%</td>
<td>31%</td>
</tr>
<tr>
<td>Silver</td>
<td>67%</td>
<td>33%</td>
</tr>
<tr>
<td>Gold</td>
<td>61%</td>
<td>39%</td>
</tr>
<tr>
<td>Platinum</td>
<td>48%</td>
<td>52%</td>
</tr>
</tbody>
</table>

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.”
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
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.
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.
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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