



Historically, large and small employers have been the decision makers when it comes to purchasing dental insurance. Now, significantly more purchasing decisions will be made by individuals seeking Affordable Care Act (ACA) policies through the insurance Exchanges. It will be very complicated for parents to understand the difference between dental policies offered in the Exchanges and the wide range of deductibles, co-pays, out-of-pocket maximums and provider networks. All of these factors have to be taken into consideration when choosing dental coverage, and pediatric dental teams need to educate parents so they can make informed decisions to continue their current dental provider relationship and receive adequate coverage for their children.

## Impact of ACA

- Currently, coverage in the Exchanges is available to individuals and small groups. The mandate for employers with 51-99 employees has been delayed until 2016 and large employers (more than 100) will not be able to access coverage in the exchanges until January 1, 2017. Given the recent delays announced by the Administration, the full impact of coverage for dental benefits purchased through the exchanges may not be felt for a few years
- Individuals will purchase insurance through the American Health Benefits Exchange (AHBE) or “Individual Exchange”. And owners of small businesses will purchase insurance for their employees through the Small Business Health Options Program (SHOP) or “Small Group Exchange”. Small businesses are currently defined as having 50 or less employees.
- The goal of the ACA is for everyone to be enrolled in either an individual, small group or large group plan or a government program (Medicare, Medicaid, CHIP).
- Pediatric dental benefits are considered to be one of the 10 essential health benefits (EHB) that must be offered in the Exchanges, either within a medical plan or as a stand-alone option to purchase.
- In the next two years, an estimated three million new children will be enrolled in private insurance programs via the Exchanges and 3.2 million will be signed up for Medicaid (most of whom were previously eligible but unenrolled). The good news is that this increase in dental care could help reduce caries, which is the number one chronic infectious childhood disease. However, the challenge will be to find providers and funding to treat all of the children who are newly eligible for coverage.
- Dental insurance for adults is excluded as a covered benefit in the ACA. There is a concern that adults who currently have dental insurance will not buy dental coverage for themselves through Exchanges

policies because of the expected high cost of those plans. The average dental premium increases have been less than four percent in last several decades. Premiums are now estimated to increase by 79 percent in the Exchanges. There could be as much as a 50 percent drop in adults with dental insurance benefits by 2016, leaving 10 million adults without dental coverage.

## Types of Exchanges vary for each state

1. State-based Exchange.
2. State partnership with the federal government Exchange.
3. Federally facilitated Exchange.

## Overview of dental plans in the Exchanges

- Dental plans will vary with coverage, deductibles, co-pays and out-of-pocket maximums (OOP) from state to state.
- Accumulation of OOP maximum applies only if a dentist is in-network.
- Orthodontia will only be covered for medically necessary reasons when the selected benchmark covers orthodontics, and will be defined by the carrier under the EHB requirement for “substantially similar” benefit. It will not be covered for cosmetic reasons.
- Coordination of benefits (COB) will apply, based on rules determined by each state. Verifying benefits and eligibility will be more important than ever because some medical plans will have dental benefits bundled or embedded.
- The deductibles and co-pays on dental plans in the Exchanges will be higher than the deductibles in the types of dental plans that have historically been in the marketplace. This is designed to put more cost sharing on the policy holder and will result in practices having to collect more at the time of service than what they have been used to collecting from parents. The total reimbursement from insurance will decrease because the policy holder will be paying more.



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## Three ways a dental policy can be offered in the Exchanges

- **Stand-alone policy.**
  - Is a separate dental policy that is not integrated with a medical policy.
  - Will have its own deductible and out of pocket maximum.
  - Allow parents to select the type of dental plan and the provider network that they desire, independent of their children's medical policy.
- **Bundled stand-alone policy.**
  - This has two policies, one medical and a technically stand-alone dental. Though stand-alone, a bundled dental policy can be coupled only with a medical partner and could be administered by the medical insurance carrier or by a separate dental carrier.
  - Dental coverage will have a separate deductible and out-of-pocket maximum that is not affected by the medical coverage.
  - The pediatric dentist must be in network with the medical carrier for the patients to receive coverage if the medical portion of the policy is administering the dental policy. Otherwise, the work that is done by a dentist that is out-of-network will not count towards the deductible.
  - Federally funded Exchanges (FFE) states cannot allow bundled dental insurance on plans sold inside the Exchanges. It is important to know what type of Exchange your state has.
- **Embedded policy.**
  - This is one policy that includes both medical and dental coverage. The Medical carrier assumes all liability and will drive the decision making.
  - **This coverage could have a separate dental deductible or a combined medical and dental deductible where dental expenses will not be covered until the high joint deductible is satisfied. This could be as high as \$6,250 per person. The pediatric dentist must be in network with the medical carrier for the patients to receive coverage if the medical portion of the policy is administering the dental policy. Otherwise, the work that is done by a dentist that is out-of-network will not count towards the deductible.**

## Action plan

- Hold a team meeting and review this article so team members understand the difference between the three types of dental plans being offered: stand-alone, bundled and embedded.

- Have the front desk staff start talking with parents and determine which families will be entering the Exchanges for their insurance. These will be individuals who currently are self-insured and individuals who do not have insurance and are not in a government program.
- Inform parents that ACA policies may create a change in the insurance benefits they are used to receiving at your office. There could be a change in deductibles, co-pays and network providers.
- **Encourage parents to get stand-alone dental coverage with a deductible that is separate from the medical deductible. Inform parents that if they choose a pediatric dental policy that is embedded in a medical policy, there could be one deductible that must be met before any dental benefits are paid. These deductibles will be in the range of \$1,000-\$6,250 per year.**
- If the parent's employer has chosen a pediatric dental policy that is embedded in a medical policy, suggest they ask their employer for a supplemental dental plan or get a stand-alone policy on their own.
- **Check eligibility of all of your patients before they are treated. Parents may not understand their new dental policy and how high their deductible and co-payments are or if your practice is in their network.**
- Currently there are eligibility verification issues since all states are not completely ready with on-line portals and there are security concerns. The goal is to be running correctly by 2016.
- Ask each family four questions:
  - Is their insurance changing?
  - If yes, are their policies through the Exchanges?
  - Do they know if you are on their provider list?
  - Is their dental deductible embedded with a medical policy?
- Things a parent should consider when choosing a dental plan:
  - Will you and your children be able to see the dentist you want to see?
  - How far do you have to travel to see a dentist that accepts the dental plan?
  - What is the monthly cost for dental coverage?
  - Is there an annual limit to what the plan will pay for your child's coverage?
  - How much of the cost does the plan cover for routine visits that may include dental cleanings, sealants, X-rays and fluoride treatments?
  - How much of the cost does the plan cover for fillings, stainless steel crowns, root canals and extractions?





- Is there a waiting period before the plan covers certain care?
- Does the plan cover the cost of braces?
- How does the plan treat referrals to dentists who are specialists?
- Informing parents about the differences in pediatric dental coverage in the Exchanges can take place through the practice’s website, Facebook, e-mail messages and brochures or printed handouts in the office.
- Review the practice’s financial policies and have well organized options for parents to be able to afford dental care knowing they will be paying higher deductibles and copayments. Consider offering payment

plans through third party lending companies and/or offer in-office financing to help boost treatment acceptance. For example, have parents sign a pre-authorization consent for monthly or bi-monthly credit card payments for up to three months.

Dental teams must understand how dental policies in the Exchanges work and help parents make an informed choice when choosing pediatric dental coverage for their child. More information on the ACA can be found on the AAPD’s website at: [http://www.aapd.org/advocacy/aca\\_basics/](http://www.aapd.org/advocacy/aca_basics/)

**“You must be the change you wish to see in the world.”**

~ Mahatma Gandhi

**Does Your Front Desk Staff Have the Skills to Manage the ACA Insurance Changes?**

**We can help them learn...**

- How the different policies work
- Verbal skills to retain current patients and encourage out of network patients to stay
- How to educate families to make a good decision when choosing an Exchange dental plan
- How to set up an effective collection system and in-house financing to handle the high deductibles and co-payments with ACA plans.



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