Dental Coverage and Access for Adults in Medicaid: Opportunities for States

February 17, 2015

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Senior Program Officer

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Questions?

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Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.
I. Welcome and Introductions
II. Oral Health and Low-Income Adults
III. Overview of Medicaid Adult Dental Coverage and State Strategies to Advance Access
IV. Additional Forthcoming Support for Medicaid Adult Oral Health Stakeholders
V. State Insights: Colorado and Kentucky
VI. Questions
Welcome and Introductions

Deborah Foote, MPA
Executive Director
Oral Health Colorado

Erin Hoben, JD
Chief Policy Advisor
Kentucky Department for Medicaid Services

Dr. Ken Rich, DMD
Dental Director
Kentucky Department for Medicaid Services
About the Center for Health Care Strategies

A non-profit health policy resource center dedicated to advancing access, quality, and cost-effectiveness in publicly financed health care.
Medicaid’s Purchasing Power

<table>
<thead>
<tr>
<th>Medicaid serves 68 million Americans</th>
<th>48% newborns</th>
<th>Poor health care quality is an issue for all Americans; however, the gap is substantially greater for Medicaid beneficiaries</th>
<th>As the largest purchaser of health insurance, Medicaid can leverage its purchasing power to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>With expansion, may serve up to 79 million</td>
<td>33% children</td>
<td>Many people with chronic illnesses and disabilities</td>
<td>Access performance data</td>
</tr>
<tr>
<td></td>
<td>Many frail elderly</td>
<td>Poor health care quality is an issue for all Americans; however, the gap is substantially greater for Medicaid beneficiaries</td>
<td>Identify and address gaps in quality</td>
</tr>
</tbody>
</table>
CHCS Initiatives To Advance Oral Health in Low-Income Populations

- State Action for Oral Health Access Initiative
- New Jersey Smiles: A Medicaid Quality Collaborative to Improve Oral Health in Young Kids
- Healthy Smiles – Healthy Families: Improving Oral Health in CA’s Healthy Families Program
- Medicaid Oral Health Learning Collaborative
- Subcontractor on CMS Oral Health Initiative
- DentaQuest Foundation Regional Oral Health Connection Team and National Oral Health Connection Team
- Advancing Dental Access, Innovation, and Quality for Medicaid-Enrolled Adults
- Faces of Medicaid Adult Oral Health
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The Severity of the Problem

- Low-income adults are 40% less likely to have visited the dentist in the past 12 months than those with higher incomes.
- 42% of non-elderly, low-income adults have untreated tooth decay.
- More than one-third of elderly, low-income adults have lost all their teeth.
- Poor oral health elevates risks for chronic disease such as diabetes and heart disease.
- Poor oral health can lead to lost workdays and reduced employability.
Populations at Greater Risk for Oral Health Problems*

• Chronically Ill
• People with special health care needs
• Elderly
• Institutional/homebound
• Racial/ethnic minorities
• Residents of rural or underserved areas
• Homeless
• Pregnant women and mothers

Key Barriers to Oral Health among Low-Income Adults

• **Inadequate Coverage**
  - Many states have eliminated or cut Medicaid adult dental benefits
  - Scope and frequency of adult dental benefit coverage varies by state

• **Insufficient Provider Availability**
  - Low dentist participation in Medicaid driven by low reimbursement rates, administrative requirements, patient behaviors

• **Individual Barriers**
  - Inability to make work/childcare arrangements or to obtain transportation
  - Low oral health literacy
  - Perception that oral health is secondary to overall health
  - Knowledge of dental coverage and how to utilize benefits
## Why Address Adult Oral Health Now?

### Improve Oral Health Across the Lifespan
- Surgeon General Landmark Report: Oral health is integral to overall health and well-being.
- Adult dental service utilization lags behind children’s.
- Major barriers: coverage, access, personal/financial.

### Leverage Momentum From the ACA
- Twenty-eight states plus DC expanded Medicaid eligibility for adults under Affordable Care Act (ACA).
- All states have the opportunity to include or enhance dental benefits for base and expansion beneficiaries.

### Effectively Manage Costs
- Increasing use of emergency department (ED) for dental needs.¹
- 70% of dental-related visits to the ED from 2008-2010 were by residents of low-income geographic areas.²

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1. Health Policy Institute, American Dental Association (2013). “Dental-related emergency department visits on the increase in the United States.” Available at: [http://www.ada.org/sections/professionalResources/pdfs/HPRCBrief_0513_1.pdf](http://www.ada.org/sections/professionalResources/pdfs/HPRCBrief_0513_1.pdf)

Mandatory inclusion of an adult dental benefit in publicly funded health insurance.

**Target:** At least 30 states have a comprehensive Medicaid adult dental benefit, and no states that currently have a Medicaid adult dental benefit roll back or eliminate that coverage.

**Target:** Medicare includes a comprehensive dental benefit.
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## Current Definitions of Medicaid Adult Dental Benefit Categories

<table>
<thead>
<tr>
<th>Medicaid Dental Benefits</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Only</td>
<td>Relief of pain under defined emergency situations (e.g., uncontrolled bleeding, traumatic injury, etc.).</td>
</tr>
<tr>
<td>Limited</td>
<td>Fewer than 100 diagnostic, preventive, and minor restorative procedures recognized by the American Dental Association (ADA); per-person annual expenditure cap is $1,000 or less.</td>
</tr>
<tr>
<td>Extensive</td>
<td>A comprehensive mix of services, including more than 100 diagnostic, preventive, and minor and major restorative procedures approved by the ADA; per-person annual expenditure cap is at least $1,000.</td>
</tr>
</tbody>
</table>
### Dental Benefits Offerings for States’ Adult Medicaid Base and Expansion Populations

<table>
<thead>
<tr>
<th>Dental Benefits Category</th>
<th>Offered to Medicaid Base Population</th>
<th>Offered to Medicaid Expansion Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>No dental benefits</td>
<td>4 states: AL, AZ, DE, TN</td>
<td>3 states: DE, AZ, ND</td>
</tr>
<tr>
<td>Emergency-Only</td>
<td>15 states: FL, GA, HI, ME, MS, MO, MT, NV, NH, OK, SC, TX, UT, WV, ID</td>
<td>4 states: HI, NV, NH, WV</td>
</tr>
<tr>
<td>Limited</td>
<td>17 states: AR, CO, DC, IL, IN, KS, KY, LA, MD, MI, MN, NE, PA, SD, VT, VA, WY</td>
<td>11 states: AR, CO, DC, IL, IN, KY, MD, MI, MN, PA, VT</td>
</tr>
<tr>
<td>Extensive</td>
<td>15 states: AK, CA, CT, IA, MA, NJ, NM, NY, NC, ND, OH, OR, RI, WA, WI</td>
<td>11 states: CA, CT, IA, MA, NJ, NM, NY, OH, OR, RI, WA</td>
</tr>
</tbody>
</table>
Alignment Between Each State’s Offerings for Base and Expansion Populations

- 28 of the 29 Medicaid-expansion states offer the same package to their base and expansion populations.
  - ND offers extensive to base, none to expansion.
Factors Influencing States’ Dental Benefits Decisions for the Expansion Population

- Continuation of the status quo
- Legislation and/or budgets
- Stakeholder process and engagement
- Cost estimates
- Perceived value of oral health
- Desire to create benefits parity with base Medicaid populations
Fiscal Impact is Top-of-Mind

- States considering cost-mitigating policies:
  - Limitations on services
  - Prior authorization requirements
  - Copayments for certain services
  - Care coordination to reduce preventable costs
- Monitoring ongoing service utilization data
State Strategies to Promote Oral Health Access

- Outreach targeted to newly eligible and hard-to-reach populations (e.g., homeless).
- Building connections and support through stakeholder engagement and collaboration.
- Financial and non-financial incentives to improve the number of and access to oral health providers.
- Expand the dental workforce through use of alternative practice and mid-level providers.
Major Areas of Opportunities for States

- Evidence base for including adult and child dental benefits
  - Concretely quantifying return on investment (ROI) for including comprehensive dental benefits in Medicaid

- Changes to reimbursement structures:
  - Reductions and increases in provider reimbursement rates: pay more for “primary care” and less for “specialist care.”
  - Payment “bumps” to encourage providers to serve areas where access is a challenge.
  - Restructuring codes to incentivize care for certain populations.
  - Increases to individual service rates (e.g., oral surgery).
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Reconsideration of Adult Dental Benefits Categories

Considering new categories of adult dental benefits classifications.

- More accurately represent state offerings.
- Consider various dimensions of comprehensiveness (e.g., number/type of services covered, limitations around frequency, expenditure caps, etc.).
- More “nuanced” definitions may allow improved tracking of changes in coverage, possibly incentivizing states to enhance their offerings.
Retrospective analysis of Medicaid data to assess dental service utilization and expenditures among nonelderly, adult Medicaid beneficiaries. Study will include specific analyses of:

- Individual and community-level predictors of dental service utilization and costs.
- High-cost, high-need subpopulations.
CHCS’ Advancing Dental Access, Innovation and Quality for Medicaid-Enrolled Adults technical assistance series. Topics to include:

- Stakeholder Engagement
- Financing and Contracting Strategies
- Quantifying the ROI of a Comprehensive Medicaid Adult Dental Benefit
- Improving Dental Care Access and Quality for Vulnerable Adult Populations
- Identifying and Disseminating Oral Health Care Innovations
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Colorado’s Medicaid Adult Dental Benefit

*What a Long Strange Trip It’s Been*

February 17, 2015

Deborah Foote, MPA
Executive Director
What We Do

• Educate communities and families
• Increase access to care in Colorado’s communities
• Connect Colorado’s oral health advocates
• Reach out to assure oral health is a policy priority
Blue Ribbon Commission for Health Care Reform

• Created to study and establish health care reform models for expanding coverage, especially for the underinsured and uninsured, and to decrease health care costs for Colorado residents.

• Goal is to increase coverage and reduce cost and has adopted the following principles to guide its work:
  – Protect and improve the health status of all Coloradans.
  – Expand coverage of essential health care services for all Coloradans, with an emphasis on the uninsured and underinsured.
  – Align incentives to provide high-quality, cost-effective and coordinated care.
  – Support a system that is financially viable, sustainable and fair.
  – Provide opportunities for meaningful choice and encourage personal responsibility.
  – Emphasize wellness, prevention, health education and consumer empowerment.
Blue Ribbon Commission Recommendation 22: Merge Medicaid and CHP+ into one program for all parents, childless adults and children (excluding the aged, disabled and foster care eligibles).

a. Pay health plans at actuarially-sound rates and providers at least CHP+ rates in the new program.

b. For all other Medicaid enrollees, ensure that physicians are reimbursed at least 75 percent of Medicare rates.

c. Provide the CHP+ benefit and cost-sharing package, including dental, to enrollees in the new program. Provide access to a Medicaid supplemental package, including Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for children, for those who need Medicaid services.

d. **Provide dental coverage up to $1,000 per covered person per year.**

e. Require enrollment in managed care, where available.

- January 31, 2008
Colorado’s Winnable Battles

- Colorado’s greatest opportunities for ensuring the health of our citizens and visitors.
- Based on data, these winnable battles have been selected as key public health or environmental issues where progress can be made in the next five years.
Goals of Oral Health Winnable Battle

• Increase percent of children ages 1-5 who first went to the dentist by 12 months of age
• Decrease percent of children ages 1-14 with pain, cavities, broken or missing fillings, teeth pulled because of cavities, or bleeding gums
Strategies to Meet the Oral Health Winnable Battle

• Increase use of evidence-based interventions and practices
  – Increase number of children receiving dental sealants
  – Increase the number of community water systems that are optimally fluoridated for oral health and/or support community efforts to provide alternative sources of fluoride

• Increase oral health equity/decrease oral health disparity
  – Increase the number of dental providers, particularly in Health Professional Shortage Areas
  – Increase oral health literacy

• Promote community-based oral health champions/coalitions

• Align oral health projects across the state

• Promote integration of dental homes within health homes
Legislative Efforts

• 2012 bill introduced to provide dental benefits in Medicaid to pregnant women.
  – Withdrawn when it became clear that the Governor was prepared to propose an adult dental benefit for ALL Medicaid adults the following year.

• 2013- SB 242 passed, which resulted in ALL adults on Medicaid obtaining a dental benefit ($1000 annual cap).
Political Factors Supporting Adult Dental Benefits

• Colorado emerging from recession
• House, Senate, and Governor’s Office all controlled by Democrats
• Advocate in Governor’s office
• Strong oral health champions in House and Senate
• Support by Republican Senator from rural district
• Strong oral health coalition
• Sophisticated and coordinated professional lobbying expertise
Legislative Frame

- Links to overall health - including pregnancy
- Routine and preventative care are less costly than emergency room care
- Ability of adults to gain and keep employment
- **Children more likely to get care if parents do** (link back to Winnable Battle)

THE GENERAL ASSEMBLY DECLARES THAT IN ORDER TO IMPROVE OVERALL HEALTH, PROMOTE SAVINGS IN MEDICAID PROGRAMS, AND PREVENT FUTURE HEALTH CONDITIONS CAUSED BY ORAL HEALTH PROBLEMS, IT IS IN THE BEST INTEREST OF THE STATE OF COLORADO TO CREATE A LIMITED ORAL HEALTH BENEFIT FOR ADULTS IN THE MEDICAID PROGRAM.
Administrative Service Organization

• Carve out for dental- strong support by dental community because of challenges of state-run program

• RFP issued at same time benefit being developed

• Led to 2-tiered roll out
  – April 2014 ($1000 cap- diagnostic, preventive, and minor restorative codes exclusively)
  – July 2014 (ASO begins benefit management)
  – July 2014 (additional $1000 - all approved services)

• Dentures not included in benefit
2014 Legislative Session

• Addition of denture benefit (not subject to $1000 cap-fee schedule)

• Financial incentives to dental providers for participation in Medicaid
  – In alignment with Colorado Dental Association’s “Take 5” campaign

• Medicaid rate increase
Continued Challenges

• Medicaid dental rates are around 50% of U&C
• Expected challenges in transition to ASO delayed provider recruitment
• Pent up need and its intersect with annual cap
• Provider frustration with certain procedures requiring pre-authorization requests (PAR)
  – 30 are proposed to be removed in rule revision
• Impact of Taxpayer Bill of Rights (TABOR)
• Areas with little/no access
Current Efforts

• Legislative efforts to allow for tele-dentistry to increase access
• Increase Medicaid reimbursement rates
• Continue to evolve program to keep support for benefit in place
Lessons Learned

• Take the long view—don’t ignore possible opportunities to build support
• Pay attention to the political landscape
• Cultivate strong champions in the legislature and governor’s office
• Take what you can get and grow later
• Listen to providers and clients to garner support before and after benefit implemented
Thank you!

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Agenda

- Kentucky Medicaid Overview
- History of Kentucky’s Adult Dental Benefit
- Status of Oral Health in Kentucky
- Opportunities to Improve Kentucky’s Oral Health
- Key considerations for other states
Kentucky Medicaid Overview

- Transitioned to managed care in November 2011
- Five managed care organizations operating in the state (four are statewide)
- Expanded Medicaid as of January 1, 2014
- Kentucky Medicaid now has a total of 1.2 million members, representing 25% of our entire state’s population
- 90% of our members are enrolled in managed care
- The remaining 10% are fee-for-service in our waiver and long-term supports and services programs
Status of Oral Health in Kentucky

- 41st in percentage of adults who have visited the dentist or dental clinic within the past year for any reason
- 45th in percentage of children with untreated dental decay
- 47th in adults age 65 and up with six or more missing teeth
- 45th in overall health ranking
Kentucky Medicaid offers a more comprehensive adult dental benefit package than many southeastern states.

- Exams, preventive services, basic restorative services, periodontal services and oral surgery services.
Impact of Managed Care

Adult Recipients 21 and Over Receiving a Dental Service

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Adult Medicaid Beneficiaries</th>
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<tbody>
<tr>
<td>2010</td>
<td>83,895</td>
</tr>
<tr>
<td>2011</td>
<td>81,343</td>
</tr>
<tr>
<td>2012</td>
<td>74,729</td>
</tr>
<tr>
<td>2013</td>
<td>76,224</td>
</tr>
<tr>
<td>2014</td>
<td>154,813</td>
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</table>
Utilization in Rural v. Urban Areas

- **Metro**
- **Nonmetro**
- **Rural**
- **Total**

<table>
<thead>
<tr>
<th>Year</th>
<th>Metro</th>
<th>Nonmetro</th>
<th>Rural</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td></td>
<td></td>
<td></td>
<td>82,000</td>
</tr>
<tr>
<td>2011</td>
<td></td>
<td></td>
<td></td>
<td>80,000</td>
</tr>
<tr>
<td>2012</td>
<td></td>
<td></td>
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<td>80,000</td>
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<td></td>
<td>80,000</td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
<td></td>
<td>180,000</td>
</tr>
</tbody>
</table>
Total Claims by County, 2014
Billing Provider Count by County, 2014
Provider Network Adequacy

• In a report released by the Commonwealth of Kentucky on its Health Care Workforce Capacity, it was estimated that the state needs an additional 612 FTEs to meet the current need of all residents

• The Commonwealth currently has 36% of the supply required to meet current need

• Kentucky has 120 counties, out of which there are three with no dentists practicing

• Jefferson County, the most populated county in the state is in need of 150 dentists
Improving Kentucky’s Oral Health: Through Managed Care Oversight

- Managed Care
  - Requiring provider education in their contracts particularly in the area of oral health
  - Tasked MCOs with creating programs to improve oral health to meet goals outlined by CMS
Improving Kentucky’s Oral Health: Through Increasing Access and Benefits

- Public Health Dental Hygienist
- Teledentistry
- Increase payment by 25% for preventive and diagnostic services
- Allow for up to 12 non-emergency visits per year
- Increasing age limit for fluoride varnishes
Keys to Success in Kentucky

- Leadership Support
- Stakeholder Engagement
- Interagency Collaboration
Leadership Support

- The Cabinet Secretary has been a true supporter of oral health initiatives
- Governor Beshear created the kyhealthnow agenda, which outlines seven goals aimed at improving the overall health of Kentucky and allow the Commonwealth to compete with some of the healthiest states in the nation
- The timeline for meeting the goals is 2019
Kyhealthnow Goals

✓ Reduce Kentucky’s rate of uninsured individuals to less than 5%
✓ Reduce Kentucky’s smoking rate by 10%
✓ Reduce the rate of obesity among Kentuckians by 10%
✓ Reduce cardiovascular deaths by 10%
✓ Reduce the % of children with untreated dental decay and increase adult dental visits by 10%
✓ Reduce deaths from drug overdose by 25% and reduce the average number of poor mental health days of Kentuckians
Stakeholder Engagement

- Managed care organizations
  - Contracting requirements
  - Medical director meetings
  - Quality meetings
  - Tasking the MCOs with the CMS Oral Health Initiative goals

- Kentucky Dental Association
- Medicaid Advisory Committee
- Kentucky Telehealth Network Board
Interagency Collaboration

- Department for Public Health
- Office of Health Policy
- Kentucky Health Information Exchange
- Section 2703 Health Homes
Key Considerations for States

- Leadership Support is critical – the adult dental benefit and its components are optional!
- Stakeholder Engagement
- Interagency Collaboration
- Data Analysis
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