Medicaid Adult Dental Benefits: Recent State Experiences

Presentation to Virginia Oral Health Coalition
December 14, 2015

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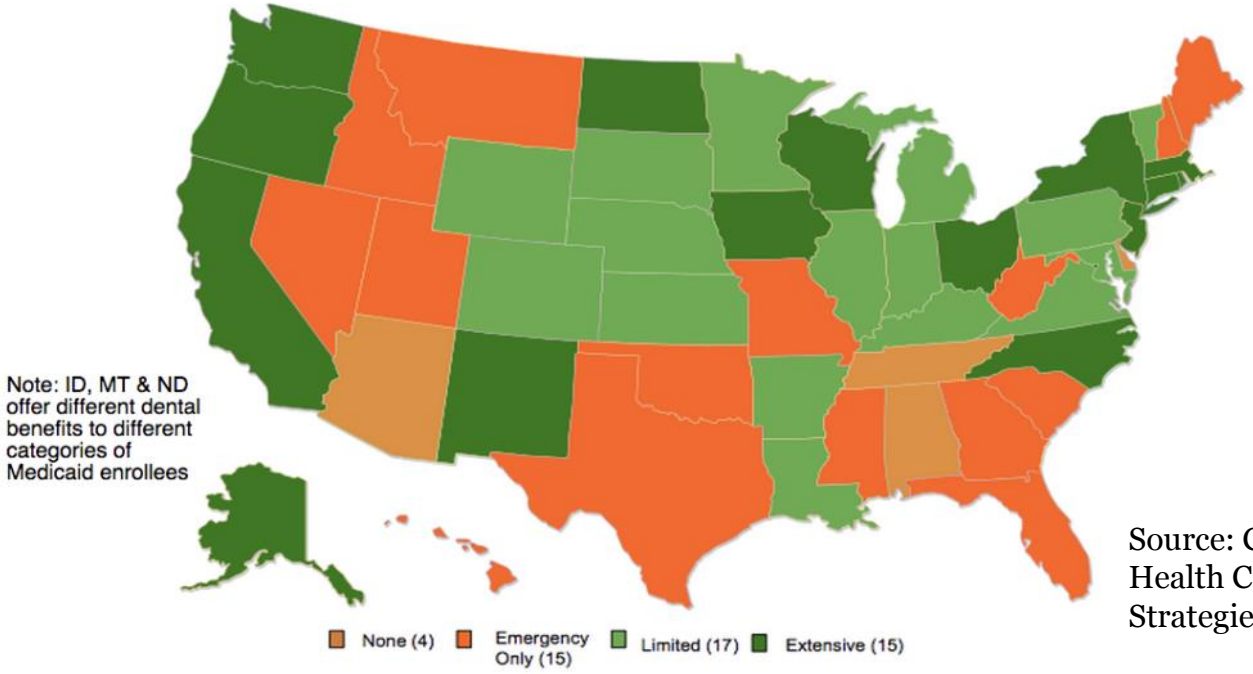
Children's health benefits

- Medicaid: required under EPSDT
  - Utilization improving over last 10 years
- CHIP: required in 2009 CHIP reauthorization
- ACA: pediatric dental benefits are an Essential Health Benefit, but no federal requirement to purchase
  - CO, KY, NV, WA require purchase
  - Watch out for expiration of CHIP funding in 2017

Medicaid adult dental benefits

- Optional coverage for states; highly variable benefits
- Frequently reduced or eliminated during times of fiscal pressure



Source: Center for Health Care Strategies, 2015.

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NASHP report and case studies

- Explores recent experiences in 7 states that added, reinstated, or enhanced adult dental benefits in the last 2 years
  - State approaches and goals
  - Important voices
  - Key lessons
- Case studies
  - In-depth look at benefit packages, considerations in each state
  - Data on costs and outcomes (where available)

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Key themes

- Policymakers are learning that oral health matters
  - Their personal experiences matter
  - Engaging the right decisionmakers matters
  - Legislative advocacy matters
  - Key partners: coalitions, dental associations
- Prioritizing oral health funding is another matter
  - Competing priorities, even with a small price tag
  - Difficulty booking projected cost-savings
  - Perpetual vulnerability of benefits

States' approaches to adult dental are varied

- Incremental approaches
- Building on successes in kids' programs
- Approach to benefit administration: state-administered, carved-out, or included in managed care contracts
- Legal or regulatory vehicles
- Integration into payment and delivery system reform efforts

The "restorers"

- Washington
- California
- Illinois
- Massachusetts

- Brought back basically the same programs that were cut
- Lingering concerns about reimbursement, program administration

Washington

- FY 2013-2015 biennial operating budget
- Implemented: January 2014
- FFS administered by state's fiscal intermediary
- Reinstated extensive benefits for all Medicaid-enrolled adults (benefits were reduced in 2010)
- Strong partnerships with stakeholder groups, including state dental association and Washington Dental Service Foundation
- Enhanced federal funding available through ACA Medicaid expansion was important factor

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California

- State budget, AB 82 (2013)
- Implemented: May 2014
- Managed care in Sacramento and LA; FFS administered by Delta in rest of state
- Benefits cut during 2009 $42B deficit
  - Evidence of increased ER use during cutback
- Reinstated most benefits for all Medicaid-enrolled adults, with $1800 annual "soft cap". Additional services for pregnant women. Price: $70M
- Big questions about access, capacity
- Separately passed legislation to allow Medicaid reimbursement for Virtual Dental Home; reversal of 2013 rate cut

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Illinois

- State budget, SB 741 (2014)
- Implemented: July 2014
- Benefits cut, restored in 1990s; cut again in 2012
- Statewide shift to managed care; multiple dental subcontractors
- Reinstated benefits for all Medicaid-enrolled adults. Additional preventive services for pregnant women.
- Gov. Rauner proposed to reduce/eliminate adult benefits again in FY2015 budget

Massachusetts

- Annual state budgets
- Implemented: 2013, 2014, 2015
- FFS administered through DentaQuest
- "Pendulum swing" of benefits – cut in 2002, 2003, restored in 2006, cut in 2010
- Reinstated services for all adults incrementally – first fillings for front teeth, then all fillings, then dentures. Additional services for I/DD.
- During downturns, state Safety Net Pool allowed FQHCs to be reimbursed for some adult services
- Legislative Oral Health Caucus – important vehicle for legislator engagement & recognition

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The "introducers"

- Virginia
- Colorado
- Iowa

- Considerations about how dental fits into the state's approach to health care reform
- Some desire to tackle administration, reimbursement, other programmatic barriers

Colorado

- Vehicle: SB 242 (2013)
- Implemented: April 2014
- FFS administered through DentaQuest
- 2011: Gov. Hickenlooper identified oral health as one of ten "winnable battles"
- Introduced benefits for all Medicaid-enrolled adults, with $1,000 annual cap.
- Contract goals on provider participation and reduction in dental ER visits
- Funded through a trust fund that previously funded CO's high-risk pool
- Legislature subsequently added denture coverage, raised rates; state is working with CDA on provider recruitment

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Iowa

- Vehicle: Section 1115 Medicaid waiver
- Implemented: May 2014
- Dental managed care, administered through Delta
- Introduced Dental Wellness Plan "earned benefit" for Medicaid expansion population
  - Higher reimbursement rates: $22.66 PMPM
  - Individuals who establish a regular source of care qualify for more expansive benefits.
  - Leverages experience with *I-Smile* dental care coordinators
- 5-year evaluation to demonstrate shift from restorative to preventive services

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DWP Performance Measures

- 40% of enrollees that remain eligible for 6 months or more will receive dental services; 90% receiving those dental services will include preventive care
- 75% of members receiving care will return for recall visits within 6-12 months of initial exam
- Enrollees requiring follow-up care will receive such care within 90 days of the initial stabilization or emergency care
- No-show data will be collected as baseline from May1, 2014 – June 30, 2015: subsequent year will see a reduction in no-shows by 50%
- 40% of enrollees will have at least one dental exam each reporting year based on 9 months continuous eligibility
- Hospital ER utilization data will be tracked as baseline form May 1, 2014 – June 30, 2015: a reduction goal will be set for the subsequent year

Courtesy Dr. Bob Russell, IDPH

A few other federal developments

- Access:
  - *Armstrong v. Exceptional Child Center* (2015): providers can't sue Medicaid agencies to enforce access
  - New federal Medicaid access rule (2015): states required to evaluate effects on access of scope or rate cuts for fee-for-service Medicaid benefits
- Health centers:
  - *California Association of Rural Health Clinics v. Douglas* (2013, 9th Circuit): CA Medicaid must reimburse FQHCs for mandatory services, including adult dental

In closing…

- Interest in engaging with ways dental coverage might contribute to overall health, states' health care reform goals
- Still working through the particulars of targeted interventions
- Good lessons to be learned from experiences with kids' coverage
- But scarce resources are an overarching concern

NASHP resources

- Briefs, reports, and an online toolkit at http://nashp.org/category/oral_health/
  - Adult Dental Benefits in Medicaid
  - Oral Health and the Triple Aim
  - Dental and Health Insurance Marketplaces

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Thank you!

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