

## HB 4 (Formerly HB 692) Working Group on the Plan Preparation of a Medicaid Adult Dental Benefit

October 8, 2020

Minutes

Working Group Members Present via Zoom: Dr. Sarah Finne, Henry Lipman, Lisa Beaudoin, Dr. Kristine Blackwelder, Erica Boswell, Gail Brown, Nick, Carano, Laural Dillon, Colleen Dowling, Mathieu Doucet, Holly Eaton, Joan Fitzgerald, Joanne Fontana, Dr. Whitney Goode, Shirley Iacopino, Judith Nicholson, Dr. Kelly Perry, Senator Cindy Rosenwald, Alexandra Sosnowski, Nicole St.Hilaire, and Kristine Stoddard,  
Registered not present: Christine Ferraro, and Heather Young.

Recorder: Regina Blaney

Materials distributed previously via email: "[Three State's Efforts to use Accountable Care to Improve Oral Health Services in Medicaid](#)", Neva Kaye, August 24, 2020, National Academy of State Health Policy (NASHP)

### WELCOME:

Dr. Finne provided a brief introduction of work group participants.

### HENRY LIPMAN UPDATE ON THE BUDGET

[2022 – 2023 Agency budget submission](#) (Biennium Budget Request) was posted on October 7<sup>th</sup>. He shared his screen to display MBP470010 - Form D - Prioritized Specialized and Problematic Needs - page 3433 which lists \$11,865,840 for HB 4 (highlighted)

STATE OF NEW HAMPSHIRE 2022-2023 BIENNIUM FORM D - ACTIVITY LEVEL - PRIORITIZED SPECIAL AND PROBLEMATIC NEEDS			
D	ACTIVITY LEVEL - PRIORITIZED SPECIAL AND PROBLEMATIC NEEDS		
		CATEGORY	05 HEALTH AND SOCIAL SERVICES
		DEPARTMENT	00095 HEALTH AND HUMAN SVCS DEPT OF
		AGENCY	047 HHS: OFC MEDICAID SERVICES
		ACTIVITY	MBP470010 DIVISION OF MEDICAID SERVICES
Prioritized Need	AMOUNT	SOURCE OF FUNDS	EXPLANATION
DMS-1 SFY 22	2,090,248	0% F/ 0% O/ 100% G	Funds projected CY22/23 rate increase. Efficiency Phase is level funded State Phased Down Medicare Part-D.
DMS-2 SFY 22	11,865,840	50% F/0% O/50% G	HB4 225 Department of Health and Human Services; Adult Dental Benefit. Not included in Efficiency Phase.
DMS-3 SFY 22	10,746,138	50% F/0% O/50% G	HB1639 amend the income eligibility requirement for the Medically Needy optional eligibility group (also known as the "Medicaid In & Out" population) to less than or equal to 133 1/3 percent of the income limit contained in Section 1931 of the federal Social Security Act. Effective June 30, 2021, review for appropriation in SFY's 2022-23 budget. Not included in Efficiency Phase.
DMS-4 SFY 22	3,092,955	50% F 0% O 50% G	He-W 549's current population and service restrictions were added in 2010 to address budget shortfalls during the recession. SB274 successfully removed those population and service restrictions, so that the bill will essentially return to its

The dental benefit cost estimate was reworked by Dr. Finne, and Mathieu Doucet and Joanne Fontana from Milliman. They went back to what the Work Group determined as important member services. Members were divided into two basic categories: (1) those with severe decay and (2) those who had lost a significant portion or all their teeth. They then looked at procedure codes and arrived at a benefit that would include restorative, preventive, selected periodontal, endodontics excluding posterior teeth, and partial and full dentures. This was a way to bring down the cost of the benefit and still meet the needs of the members. Adjustments will be made as they proceed through the budget process.

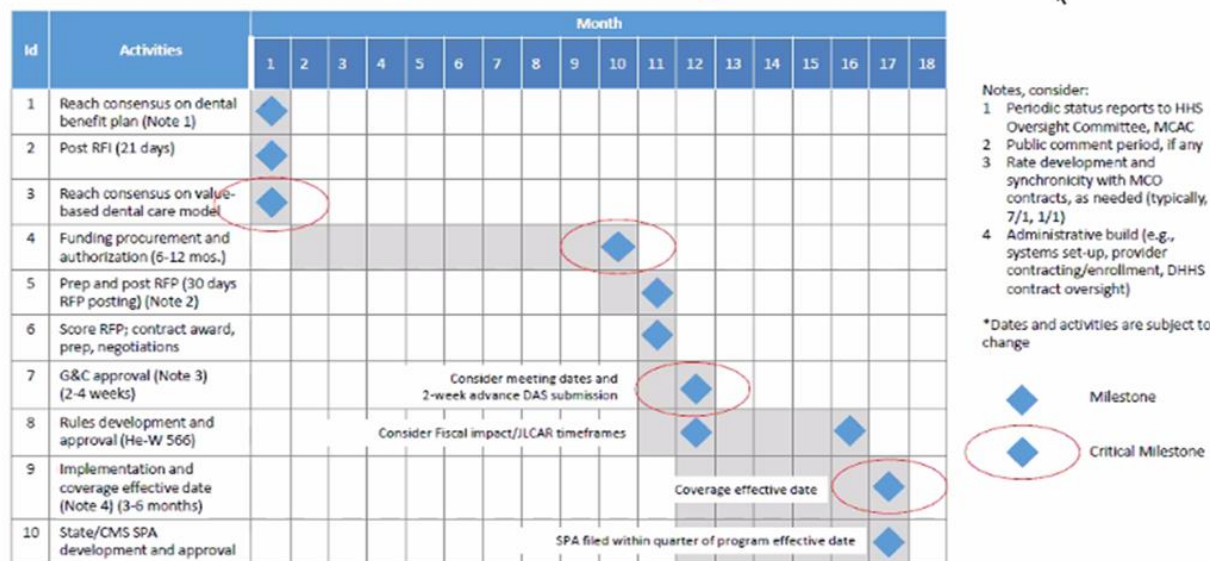
Henry Lipman discussed the process. The Department needed to get something into the budget; needs to develop a State Plan Amendment; and plans to complete all the requirements set forth in HB4. It is important that they have support to get this into the budget.

The Department made a presentation to the Health and Human Services Medicaid Oversight Committee (HHSOC). That report to HHSOC described the need for the work group to update and evaluate enrollment figures and FY 2019 ED data to reveal trends. There are specific parts of the plan dependent on funding. Dr. Finne will forward to the Work Group the presentation made to the Health and Human Services Medicaid Oversight Committee. It is a good workplan of what is left to do on HB4. It describes the benefit and each element along with factors that were discussed by the group. What is left to consider is ACOs including specific examples ACOs which the Work Group will look at today.

Henry Lipman shared the following timeline.

Dr. Finne explained that Month 1 will be when the Department has a commitment on the budget. The benefit will go into effect in month 17.

### Medicaid Dental Benefits Timeline – Time Range



Joan Fitzgerald asked if this would go into the general Medicaid budget? She asked for clarification on what the Governor vetoed.

Dr. Finne Senator Cindy Rosenwald asked if the \$11,865,840 submitted in the Agency Budget was for two benefit years? HB250 listed Medium and High benefit costs at \$6,400,000 and \$11,060,00 respectively. HB 250 was a policy bill but also included a budget. HB4 only included a 500K budget which is not enough for a benefit.

Henry Lipman explained that even if HB 250 had been signed, the Department would still need to compete for funding in the state's 2022-23 budget to fully implement the benefit. If the financial situation hadn't

changed in the state, the benefit probably would've gone forward right away since we could expect to receive funding but with the current economic situation and expected budget shortfalls of \$300-\$500 million there is concern over the state's ability to fund current services.

He will go back and put something together that will crosswalk the budget figures from the spreadsheet for the Fiscal Note of HB 250 to the spreadsheet underlying the Agency Budget Submission.

Erica Bodwell asked if he could go over the legislative process.

Henry Lipman responded that the legislative history is in the 2019 session with HB4 (pages 85-87) being signed into law. This was originally HB692. This bill needed a budget allocation to go forward. HB 250 was a policy bill that strengthened HB4 and required a budget allocation. This bill was vetoed by the Governor based largely on the state's financial situation. This leaves the Department with HB4 requiring the Department to design the program, establish costs, put together a State Plan Amendment, and write rules. There could be another bill introduced but at this time HB4 is the official policy of the state.

Senator Rosenwald from a policy standpoint in HB4 the benefit starts April 2021.

Henry Lipman stated that the issue from a practical standpoint is that they will need to submit a State Medicaid Plan Amendment but if the Department can't project costs to CMS it would be hard to get the State Plan approved. He doesn't believe that our best efforts will get something done by 2021. If we can't send out RFPs until the budget is resolved this affects the timeline.

Senator Rosenwald stated that it looks like the Department is looking at a start in July 2022. In response to Erica Bodwell's question about the legislative process, the Department does not need further legislation for a benefit, but the Department cannot spend money that has not been appropriated. So practically speaking it does require legislation to move forward with a dental benefit at least it requires a budget and the Fiscal Committee to approve changes to the Medicaid program that increases costs. A bill has been filed in the House and Senator Rosenwald is planning to submit a bill in the Senate.

Henry Lipman suggested that coordination with the legislative process would be helpful because his unit is short staffed.

Dr. Finne will make sure that she distributes materials after the meeting including the wording of HB 754, the spreadsheet that shows the different fiscal numbers used along the way and the HB4 report.

Gail Brown thanked Henry Lipman, Dr. Finne and Senator Rosenwald for their efforts in moving this benefit forward.

Dr. Finne commented that as a dentist practicing in this state for 30 years, she is so grateful to be where we are today; and although she is disappointed that we were unable to just walk this benefit forward without bumps along the way, the most important thing is that oral health has been elevated to a level of importance that we have not seen before. She thanked the Work Group for all their individual and organizational efforts.

## DISCUSSION ON ACOs

Prior to the meeting, Dr. Finne requested that Work Group members review the article, [“Three State’s Efforts to use Accountable Care to Improve Oral Health Services in Medicaid”](#), Neva Kaye, August 24, 2020, National Academy of State Health Policy (NASHP). She wanted to make sure the Work Group had some current examples of ACOs because ACOs lend themselves to the idea of value. Given the discussion on budget and what the Governor said, we really need to seriously focus on value.

There was a burst of information on ACOs that came out in 2014 and 2015 when the ACA came into play because ACOs were a part of the ACA. We move forward 5 or 6 years and things have changed. This is one of the important things about ACOs is their ability to change and morph and through their use of analytics to keep track of what is working and what is not working based on outcomes so that they are continuing to improve the health of their members.

Dr. Kristine Blackwelder commented that this sounds all well and good, but it also sounds like it would create a lot more paperwork and red tape. She would like to hear some actual experiences from providers. Get some provider perspective on how it functions in their office.

Dr. Finne will seek some feedback to share from providers.

Joan Fitzgerald asked how Dr. Finne envisioned doing a roll out? Are you looking at doing some simple things with specific populations or programs that are already in place like FQHCs? Who are you going to target? The whole Medicaid population and target the whole brick and mortar or some pilot projects with targeted populations?

Dr. Finne responded that the decision is that the entire adult population would go into the benefit as one group in a full roll-out. The types of outcomes they will look to capture will depend on the contract. The first year is an important time to educate on what the benefit is; what’s available; making sure there is an adequate network to provide the care that members need. Then you go into low hanging fruit like reducing ED usage via an ED diversion or referral program. The Department doesn’t have a definitive plan as to what would be the specific factors captured as the benefit design moves along. We must look at how to help all different entities within the program: FQHC, Community Center and private offices.

Gail Brown asked if the plan still involves moving the children into managed care.

Henry Lipman believed that was a recommendation as opposed written into the bill.

Dr. Finne commented that this is something the Department can look in the future but right now they have their work cut out for them with the adults.

Joan Fitzgerald noted that pent-up demand was listed in the budget. She works with frail elders who have gone without services for twenty years and disease is rampant. Are you looking at some other type of assessment program or case management where they would be put into levels of care?

Dr. Finne responded that part of the process is putting out an RFI where organizations can come up with innovative ideas as well as value based. This can be carried forward into an RFP. This is the importance of the diverse partners sitting at the table. She also noted that a question came in earlier to Henry Lipman that speaks to network adequacy. Has there been consideration to increasing reimbursement for oral surgeons?

Henry Lipman doesn’t believe he has authority to increase the reimbursement rate to oral surgeons given the budget situation. Enrollment in Medicaid has grown to 202K in terms of funding and financing so even with the Increased FMAP the funds won’t meet the needs.

Dr. Perry noted that the situation with oral surgeons is dire; it is a critical situation for the state that cannot wait.

Henry Lipman responded that there are obviously pockets of need that can discuss off-line in order to come up with stop gap measures.

Dr. Finne stated that the Department will be updating the ED data and enrollment figures as well as the crosswalk between the budgets HB4 and HB 754/250.

Joan Fitzgerald asked whether the Department is going to go into creative design for care management in patients entering the system. For instance, entry-level-based strategies with innovations that came about with COVID (e.g. like teledentistry). We need to look at a different setup instead of brick and mortar.

Dr. Finne responded that administrative burden for providers needs to be considered and this has been part of the financial requirement for the benefit. The Department is making sure all their policies are in line to support teledentistry to the extent it can be used in dentistry.

Holly Eaton thanked Dr. Finne and the Department for all the work.

Next meeting will be in 2-4 weeks.