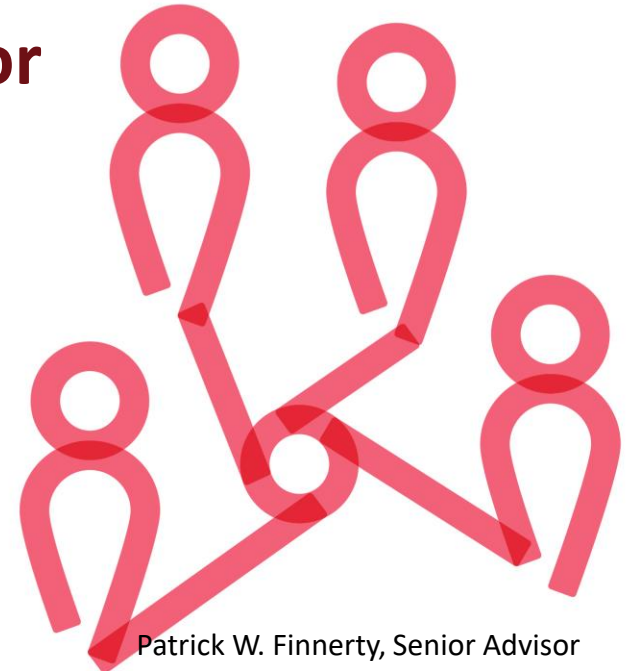




Comprehensive Dental Benefits for Medicaid Adults: *A Look at the National Landscape*

NH Policy Conversation: State Oral Health and
Dental Models in State Medicaid Programs

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My Background

- Currently work as a Senior Advisor with the DentaQuest Partnership for Oral Health Advancement
- Worked in various positions during a 32-year career with the Commonwealth of Virginia, including:
 - Director of the Commonwealth's State Employees' Health Benefits Program
 - Executive Director of the Virginia General Assembly's Joint Commission on Health Care
 - State Medicaid Director
- Volunteer Service:
 - Virginia Oral Health Coalition Board Member
 - Virginia Dental Association Foundation Immediate Past President and Board Member
 - Mission of Mercy (MOM) Volunteer



2020 DESTINATIONS: MAKING OUR NATION AS HEALTHY AS IT CAN BE

Healthier mouths mean healthier people.
And healthier people mean stronger communities.

DESTINATION

ERADICATE DENTAL DISEASE IN CHILDREN

TARGET With a closing of disparity gaps, 85% of children reach age six without a cavity.

TARGET 15% of Title I schools have oral health fully incorporated into their systems.

DESTINATION

BUILD A COMPREHENSIVE NATIONAL ORAL HEALTH MEASUREMENT SYSTEM

TARGET Public and private health systems and payers are aligned in oral health surveillance and measurement priorities so that data are consistently collected and readily accessible at the national, state, and local levels.

DESTINATION

INTEGRATE ORAL HEALTH INTO PERSON-CENTERED HEALTH HOMES

TARGET Oral health is integrated into at least 50% of emerging person-centered care models, through payment/coverage and health care service delivery and coordination.

DESTINATION

INCLUDE AN ADULT DENTAL BENEFIT IN PUBLICLY FUNDED HEALTH COVERAGE

TARGET Medicare includes extensive dental coverage.

TARGET At least 30 states have an extensive Medicaid adult dental benefit.

DESTINATION

IMPROVE THE PUBLIC PERCEPTION OF ORAL HEALTH, CREATING A MORE ACTIONABLE POLICY ENVIRONMENT TO ADVANCE ALL OPEN GOALS.

TARGET Oral health is increasingly included in health dialogue and public policy advocacy.

Achieving Good Oral Health Is a Significant Challenge for Many

Irrespective of age, income level, and type of insurance, more people reported financial barriers to receiving *dental care*, compared to any other type of health care

American Dental Association



Lack of access to dental care leads to expensive emergency room care

Association of Health Care Journalists

U.S. Surgeon General “...there are profound and consequential disparities in the oral health of our citizens. Indeed, what amounts to a *silent epidemic* of dental and oral diseases is effecting some population groups.”

38% of older adults perceive their oral health as fair or poor; 40% have not seen a dentist in the past year

National Center for Health Statistics



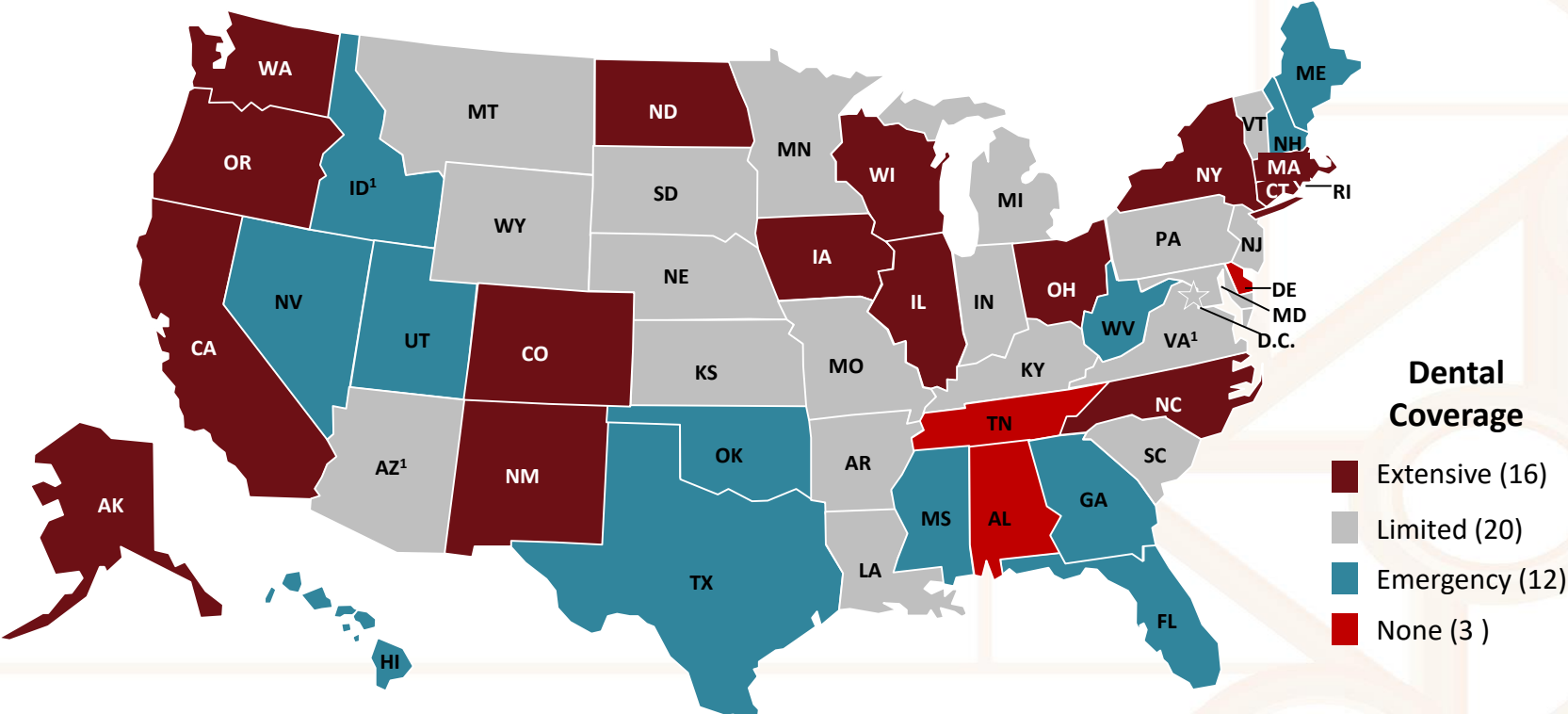
Dental problems are among the most common health problems experienced by older adults.

American Geriatric Society's Health in Aging Foundation

An estimated 164 million work hours and 51 million school hours are lost each year due to oral disease
CDC, Division of Oral Health



Few States Offer Comprehensive Dental Coverage to Medicaid Adults

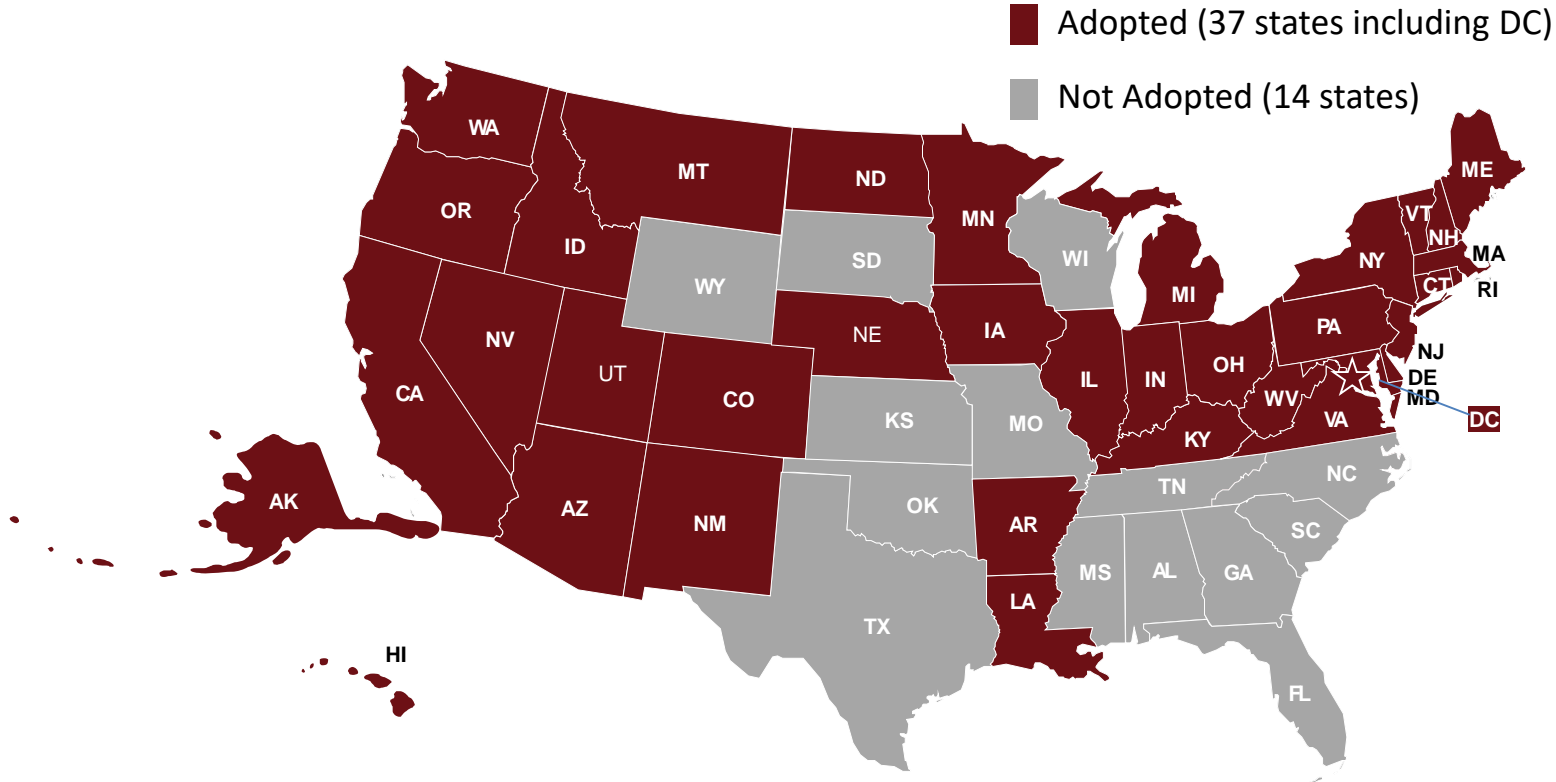


1. Idaho provides extensive dental coverage to adults with disabilities and other special health care needs; all other adult members receive emergency only benefits. Virginia provides extensive benefits to pregnant women. Arizona provides extensive benefits to persons with disabilities.

Medicaid Dental Benefit Definitions

Benefit Level	Definition
None	No dental benefits
Emergency	Relief of pain and infection. While many services might be available, care may only be delivered under defined emergency situations.
Limited	A limited mix of services, including some diagnostic, preventive, and minor restorative procedures. It includes benefits that have a per-person annual expenditure cap of \$1,000 or less. It includes benefits that cover less than 100 procedures out of the approximately 600 recognized procedures per the ADA's Code on Dental Procedures and Nomenclature.
Extensive	A more comprehensive mix of services, including many diagnostic, preventive, and minor and major restorative procedures. It includes benefits that have a per-person annual expenditure cap of at least \$1,000. It includes benefits that cover at least 100 procedures out of the approximately 600 recognized procedures per ADA's Code on Dental Procedures and Nomenclature

Medicaid Expansion Increases Impact of Dental Coverage for Adults

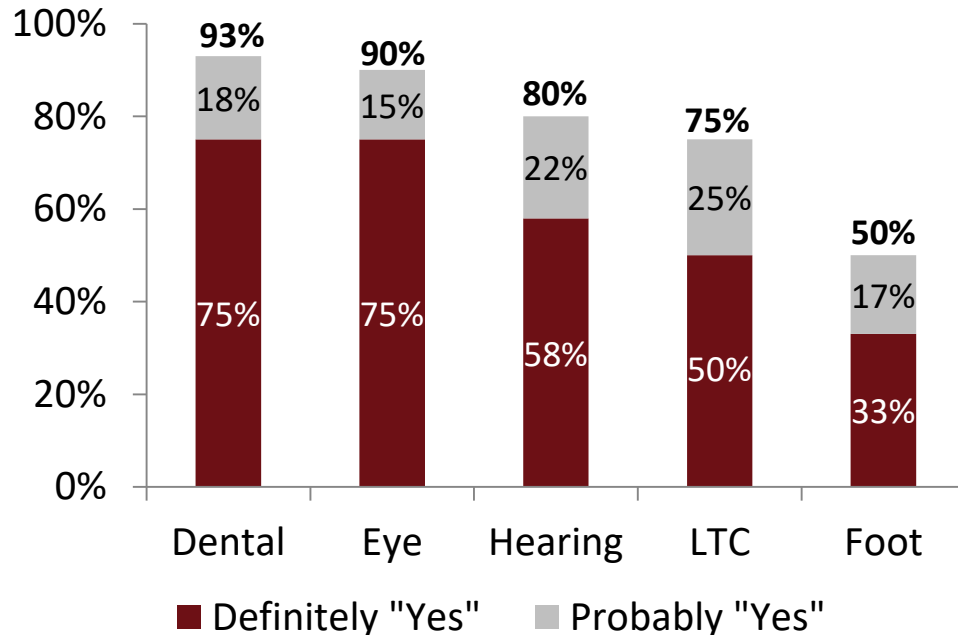


Source Kaiser Family Foundation



Including Dental Benefits in Medicare Will Provide Coverage for 59 Million Americans

Americans Ages 50+ Overwhelming Agree Dental Benefits Should be Included in Medicare



- Some Medicare Advantage Plans provide limited/minimal coverage
- OPEN working to address two key issues:
 - Expand current coverage of “medically necessary” dental services
 - Provide comprehensive coverage through Medicare Part B to all beneficiaries
- Senator Cardin has introduced legislation (S. 22 “Medicare Dental Benefit Act of 2019”) to include dental in Part B



Medicaid Benefit Delivery Models Vary Across the Country

Fee-For-Service

- Administered directly by state Medicaid program
- Providers contract with and are paid directly by the state

Managed Care Organizations (MCOs)

- Risk-based
- Dental included among benefits/services managed by MCOs
- # of MCOs varies by state (1-24)
- MCO may sub-contract with Dental Benefits Administrator (DBA)

Dental Benefits Contractor/ MCO “Carve-Out”

- Contract could be:
 - Risk-based; or
 - Administrative Services Only (ASO)
- State generally contracts with 1-4 Dental Benefits Administrators (DBAs)

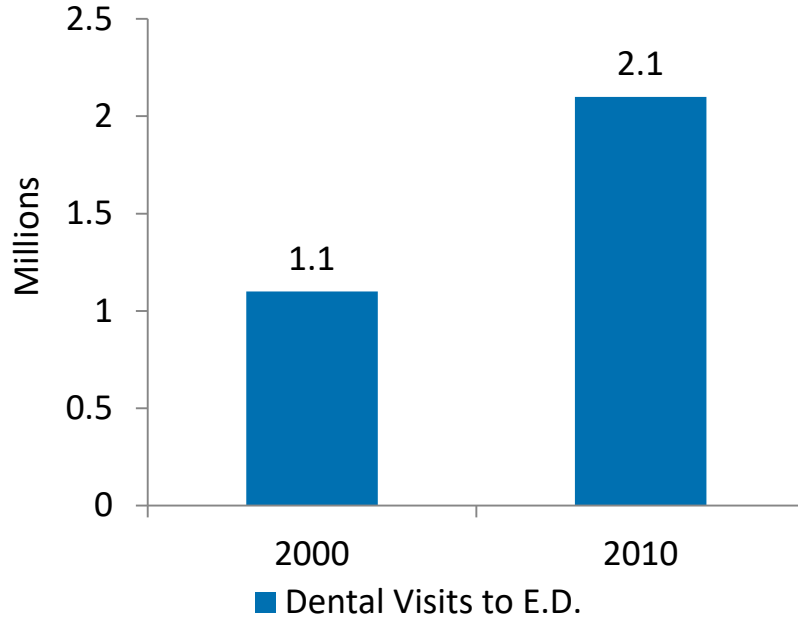
Emerging Trends

- Integrated/Person-Centered Care Models
- Social Determinants of Health
- Value-Based Purchasing
- Alternative Payment Models
- Population-based Care/Payment Models



Lack of Dental Coverage and Preventive Care Leads to More E.D. Visits

Dental Visits to E.D.



In 2012, E.D. dental visits cost the U.S. health care system \$1.6 billion, with an average cost of \$749 per visit. Medicaid adults are increasingly relying on E.D.s for their dental care

- The majority of patients are suffering from dental decay that could easily have been prevented
- Most hospitals are not able to provide comprehensive dental care
- Many patients receive only antibiotics or pain medication, but the underlying dental problem is not addressed
- Patients often return to the E.D. with the same problem – or worse



State Analyses Confirm Costly Use of the E.D. for Dental Care by Medicaid Adults

- **California:**
 - Eliminating Medicaid adult dental coverage in California led to:
 - 1,800 additional E.D. visits per year
 - 68 percent increase in average yearly costs associated with dental E.D. visits
- **Maryland:**
 - Medicaid adults constitute:
 - 15.3% of total adult population and 53% of 42,327 E.D. dental visits
 - 44% of \$22.7 million in E.D. dental visits
 - Rates of visits for Medicaid adults are more than 3 times higher than total adult population

The logo for Health Affairs, featuring the text "Health Affairs" in white serif font on a red rectangular background with a white notch on the right side.The logo for the Maryland Dental Action Coalition, with "Maryland" in yellow, "Dental" in maroon, and "Action Coalition" in maroon.The logo for DentaQuest, with "DentaQuest" in blue and a small grid icon to the right.

Partnership
for Oral Health Advancement

The logo for OPEN, with the letters "O", "P", "E", and "N" stacked vertically, each with a horizontal line through it.

State Analyses Confirm Costly Use of the E.D. for Dental Care by Medicaid Adults (cont.)

- **Oregon**

- Eliminating Medicaid adult dental benefits in Oregon caused a threefold increase in the level of unmet dental care needs and substantially higher likelihood of emergency room visits for oral health issues.

- **Missouri**

- Medicaid adult dental services started January, 2016
- By January, 2018, non-traumatic dental visits to E.D. decreased 44%
- Rate per 100,000 is 38% lower
- Significant decrease in the percent of E.D. visits with opioids



Dental Visits to the E.D. Often Result in an Opioid Prescription

- Approximately 50.3% of patients who present with non-traumatic dental pain in the E.D. receive a prescription for opioid drugs
 - In contrast, opioid analgesics were prescribed for just 14.8% of all other E.D. patients
- Uninsured patients had the highest likelihood of receiving an opioid prescription (57.1%)
- The high frequency of recurrent E.D. visits for acute dental pain may be contributing to the increased availability of opioid drugs, addiction, and morbidity and mortality associated with prescription opioid abuse



Studies Find Correlation Between Oral Health and Several Chronic Medical Conditions

- 2012 Cigna study shows medical savings when periodontal conditions are treated

Average annual savings for those individuals in the study who had proper periodontal treatment

Population	Savings*
Diabetes	\$1,292 or 27.6%
Heart Disease	\$2,183 or 25.4%
Stroke	\$2,831 or 34.7%
ALL CUSTOMERS**	\$1,020 or 27.5%

Prevention
produces
results

Customers with gum disease receiving appropriate care have:

- 67% lower hospital admission rate
- 54% lower ER rate

Customers receiving proper preventive dental treatment have, on average:

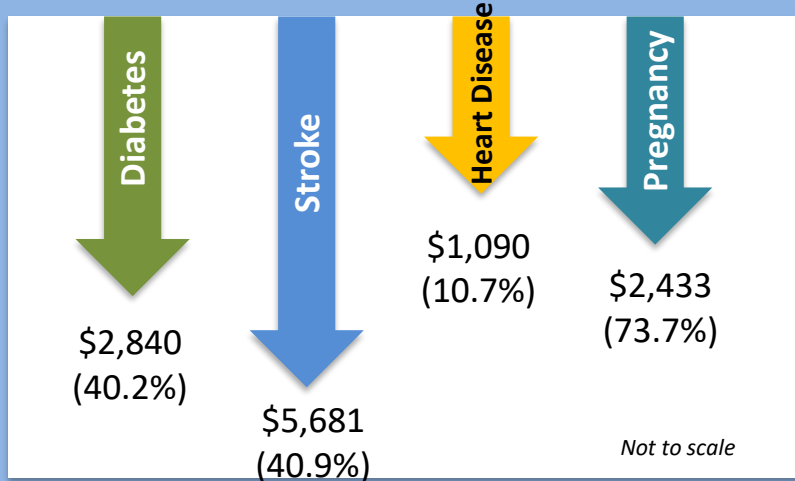
- 12.5% less extractions
- 5.4% less root canals

* Not an underwriting decrement

** All customers regardless of condition

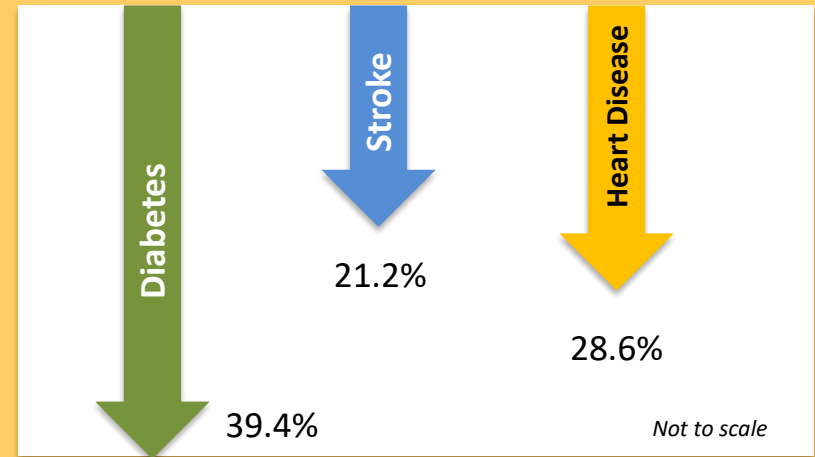
Integrating Oral Health & Primary Care Leads to Improved Health and Lower Costs

Treating Gum Disease Means Lower Annual Medical Costs



Significant annual cost savings are possible when individuals with certain chronic diseases (diabetes, cerebral vascular disease, or coronary heart disease), or who were pregnant, received dental treatment for their gum disease, after accounting for the effect of diabetes.

Treating Gum Disease Reduces Hospital Admissions



Significant decreases in annual hospitalizations are possible when individuals with certain chronic diseases received treatment for their gum disease, after accounting for the effect of diabetes.

Adults with Medicaid Preventive Dental Benefits Have Lower Medical Costs for Certain Chronic Conditions

Chronic Health Condition	Expenditure for Patient w/ Preventive Dental Treatment Compared to Patient w/o Treatment
Coronary Heart Disease	67% lower
Diabetes	36% lower
High blood pressure	31% lower
Heart attack	36% lower
Stroke	52% lower
Angina	45% lower
Other heart disease	45% lower
Cancer	67% lower
High cholesterol	43% lower
Asthma	37% lower

Note: Preventive dental care indicates having at least one dental visit during the year in which there was a cleaning, examination, fluoride treatment or sealant procedure

Source: National Association of Dental Plans; Analysis conducted by Dept. of Public Health, University of Maryland; Nov. 23, 2017
<https://www.nadp.org/PressReleases/2017/11/23/nadp-analysis-shows-adults-with-medicaid-preventive-dental-benefits-have-lower-medical-costs-for-chronic-conditions>

Further Discussion...

Questions?

THANK YOU!

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Advancement

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