A Conversation with State Officials on Medicaid Adult Dental Benefits

National Academy for State Health Policy webinar
July 10, 2015
1:00 – 2:00 PM Eastern Time

Presented with support from the DentaQuest Foundation.
Why is oral health care an issue?

- Preventable but highly prevalent chronic disease
- Significant disparities, long-standing, persistent barriers to low-income people accessing care
- 108 million Americans without dental coverage
- Effects on nutrition, education, employability, quality of life
- Linked to avoidable emergency room visits, systemic conditions like cardiovascular disease, stroke, diabetes
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.
New 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)
- More to come
  - Updates to NASHP’s oral health toolkit and information on dental and ACA marketplaces
Today’s panel

• Bill Heller, Provider Relations and Dental Program Division Director, Colorado Department of Health Care Policy & Financing

• MaryAnne Lindeblad, Medicaid Director, Washington State Health Care Authority

• Dr. Bob Russell, Dental Public Health Director, Iowa Department of Health
Colorado

- Vehicle: SB 242 (2013)
- Implemented: April 2014
- Introduced benefits for all Medicaid-enrolled adults, with $1,000 annual cap.
- Uses specialized vendor; contract goals on provider participation and reduction in dental ER visits
- Funded through a trust fund that previously funded CO’s high-risk pool
Iowa

- Vehicle: Section 1115 Medicaid waiver
- Implemented: May 2014
- Introduced Dental Wellness Plan “earned benefit” for Medicaid expansion population
  - Higher reimbursement rates
  - Individuals who establish a regular source of care qualify for more expansive benefits.
  - Leverages experience with I-Smile dental care coordinators
Washington

- Vehicle: FY 2013-2015 biennial operating budget
- Implemented: January 2014
- 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
What were the important factors in your state’s decision to add, reinstate, or introduce adult dental benefits?
What’s been successful about your early experience?

What’s been challenging?
How do adult dental benefits fit into the bigger health policy conversation in your state?
Looking forward, what are your policy goals for adult dental coverage in Medicaid?
Bill Heller, Provider Relations and Dental Program Division Director, Colorado Department of Health Care Policy & Financing
MaryAnne Lindeblad, Medicaid Director, Washington State Health Care Authority
Dr. Bob Russell, Dental Public Health Director, Iowa Department of Health
Audience Q&A

*Use the chat box on the left of your screen to type in your question.*
Resources

Download NASHP’s “Adult Dental Benefits in Medicaid: Recent Experience from Seven States” brief, case studies, and recording of this webinar at:
http://nashp.org/category/oral_health/

For more information contact Andy Snyder, asnyder@nashp.org

And join us at NASHP’s Annual State Health Policy Conference – October 19-21, Dallas TX

Thank you!