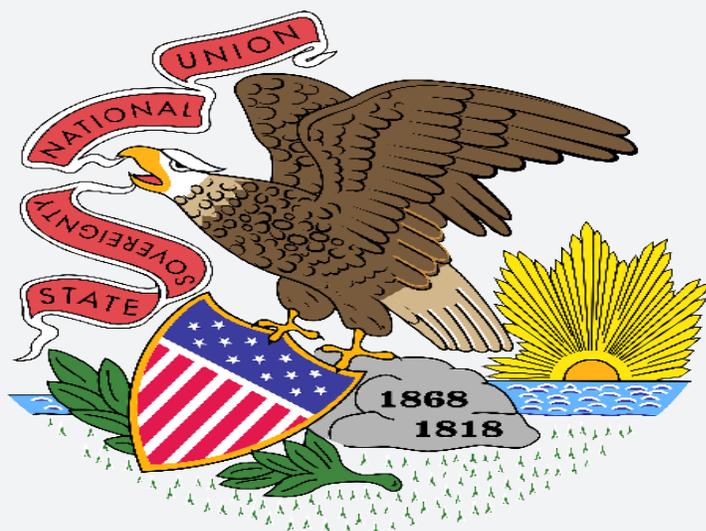


## Medicaid Adult Dental Benefits: Illinois Case Study



In July 2014, Illinois passed legislation reinstating a dental benefit to Medicaid-enrolled adults. Just two years before, the benefit had been scaled back to emergency dental services only for adults. The Governor's 2015 budget proposes to cut the benefit yet again, leaving the future of the benefit uncertain at this time.

### History

Adult dental benefits in Illinois' Medicaid program have had a turbulent history. The benefit was cut and then quickly restored in the mid-1990's. Most recently, in 2012 Gov. Quinn passed the Save Medicaid Access and Resources Together (SMART) Act, which included \$1.6 billion in spending reductions and cuts. Many optional services including most adult dental services were eliminated as a result. Coverage was retained for emergency extractions and for limited services for individuals receiving organ transplants or cancer treatment; later, limited coverage was restored for pregnant women.<sup>1</sup> In the years following the cut, lawmakers and advocates heard many complaints and stories from a variety of constituents regarding lack of access to dental care, particularly preventive care. In 2014, Gov. Quinn signed SB 741—omnibus legislation that included restoration of adult dental benefits.<sup>2</sup> In March 2015, NASHP spoke with stakeholders and state officials in Illinois to learn more about the 2014 restoration. However, at the time of our conversations, new Gov. Bruce Rauner had proposed \$1.47 billion in Medicaid cuts including the reduction or elimination of adult dental coverage.<sup>3</sup> At the time of this writing, the Illinois General Assembly had not yet

passed the final budget.

### Approach and Implementation

On July 1, 2014, adults in Illinois began receiving services through the new benefit. Illinois reinstated the same benefit package and provider reimbursement rates that existed in 2011, prior to the elimination.<sup>4</sup> Covered services include diagnostic services, crowns, root canals, partial and complete dentures, and oral surgical procedures.<sup>5</sup> Pregnant women are eligible for additional preventive dental services.

Illinois saw a spike in utilization of dental services immediately after the benefit was restored. There was a lot of media and publicity around the new benefit, which interviewees believe contributed to the high demand. The state also sent out notices informing clients of the new benefits. However, after the initial spike in July and August, the state saw significant decrease in utilization.

At the same time, as the state was implementing the new adult dental benefit, it was starting the resource-intensive undertaking of transitioning 1.5 million Medicaid recipients into managed care programs, including multiple subcontractors for

dental services. Interviewees suggested that the lower utilization in subsequent months of the benefit might have been a result of challenges during the transition period.

### Key Leadership and Partnerships

The Illinois State Dental Society was a strong supporter of restoration of the adult dental benefit and has consistently met with state officials and lawmakers to discuss the benefit's future. Other advocates engaged in the policy discussion include the state primary care association, community health centers, the Illinois maternal and child health coalition EverThrive, and the Heartland Alliance, an anti-poverty organization. The state Medicaid agency also works with IFLOSS (the state oral health coalition) to get feedback on policy changes.

Stakeholders noted the importance of building and retaining strong dental advocates at the state level. In particular, interviewees noted that the ab-

sence of a state Dental Director since 2007 had made it more challenging to keep oral health as a policy priority.

### Looking Forward

At the time of this writing, the immediate future of adult dental benefits in Illinois is uncertain. Interviewees in the state feared that the benefit, by virtue of it being an optional benefit, would always be vulnerable to cuts. To help illustrate the need for adult dental benefits, researchers are working to show the impact of poor dental care on emergency room costs. In particular, researchers are collaborating with the American Dental Association and the Illinois Department of Public Health to collect and analyze data on emergency room utilization. Advocates hope that strong data demonstrating the impact of poor oral health on overall healthcare costs could help convince lawmakers in the future.

## Footnotes

1. Illinois Government News Network, "Governor Signs Laws to Save Medicaid," news release, June 14, 2012, <http://www3.illinois.gov/PressReleases/ShowPressRelease.cfm?SubjectID=2&RecNum=10307>.
2. Illinois Senate Bill 741, signed June 16, 2014. Retrieved May 28, 2015. <http://ilga.gov/legislation/publicacts/98/PDF/098-0651.pdf>.
3. Illinois Office of the Governor. Illinois State Budget Fiscal Year 2016. (Springfield, IL: State of Illinois, February 2015). Retrieved May 28, 2015. <http://www2.illinois.gov/gov/budget/Documents/Budget%20Book/Budget%20Book%20FY16/FY2016IllinoisOperatingBudgetBook.pdf>.
4. Illinois Department of Healthcare and Family Services, informational notice, Update in Adult Dental Program Services, June 27, 2014. Retrieved May 28, 2015. <http://www.hfs.illinois.gov/html/062714n.html>.
5. DentaQuest of Illinois. Dental Office Reference Manual. (Mequon, WI: DentaQuest, 2011). Retrieved May 28, 2015. <http://www2.illinois.gov/hfs/SiteCollectionDocuments/2011dorm.pdf>.