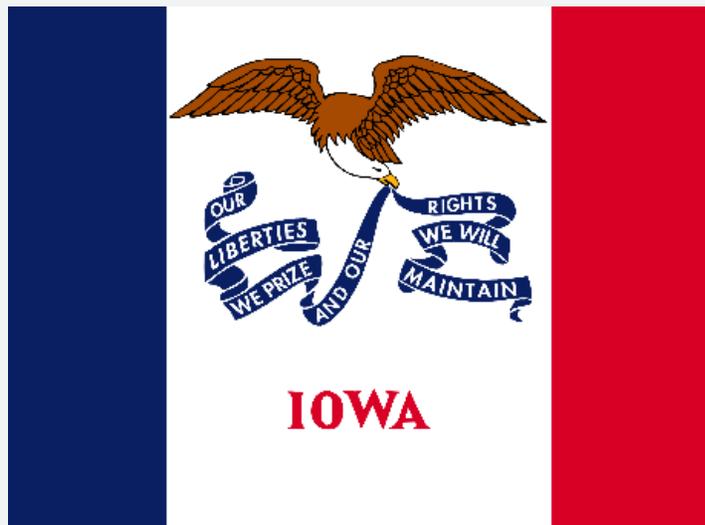


Medicaid Adult Dental Benefits: Iowa Case Study



In 2014, Iowa began offering a completely redesigned dental benefit to adults in the Medicaid expansion population. The Dental Wellness Plan is an “earned benefit” model, where individuals who establish a regular source of care qualify for more benefits. Enhanced reimbursement rates, streamlined administration, and care coordinators, modeled after a successful Iowa program for children, support the benefit.

History

The Iowa Medicaid Enterprise (IME) has administered a fee-for-service dental benefit for Medicaid-enrolled adults for many years without interruption. Advocates and stakeholders, however, report longstanding issues with inadequate access to care for enrollees and limited provider participation, driven in part by low provider reimbursement rates. IowaCare, a separate health coverage program for individuals under 200 percent of the Federal Poverty Level (FPL) who were not enrolled in Medicaid, included very limited dental services (mainly extractions).

The IowaCare program ended in December 2013, after the introduction of the Iowa Health and Wellness Plan, an alternative approach to the Affordable Care Act’s (ACA) Medicaid expansion. The new program consists of two parts: the Iowa Wellness Plan, a program similar to traditional Medicaid, for adults ages 19-64 under 100 percent of the FPL, and the Iowa Marketplace Choice Plan, which helps individuals with income between 100 and 133 percent of the FPL purchase coverage on the ACA’s health insurance marketplace.

The Iowa legislature included a dental benefit in

the legislation enabling the Health and Wellness Plan (Senate File 446, signed into law by Gov. Branstad in June 2013). IME implemented the Health and Wellness Plan through a section 1115 demonstration waiver, which received federal approval in December 2013.¹

A 2013 evaluation of IowaCare found that dental services were the most frequently-cited unmet chronic health need among program enrollees, with 39 percent reporting dental, tooth, or mouth problems, and 47 percent reporting that they were unable to obtain needed dental care.² These evaluation findings were important contributors to the approach to dental services in the Health and Wellness Plan. State officials wanted to address the high level of need among enrollees, and also take the opportunity presented by the waiver process to develop a program that addressed multiple barriers to dental access in the traditional Medicaid benefit—program administration, reimbursement rates, and patient engagement—all at the same time. The availability of 100 percent federal funding for the ACA Medicaid expansion was also important in making the new program financially sustainable.

Enrollment in the Dental Wellness Plan (DWP) started in May 2014, a few months following the January 2014 launch of the Iowa Wellness Plan. DWP is open to adults in both the Iowa Wellness Plan and the Iowa Marketplace Choice Plan.

Approach and Implementation

Benefit Design

The DWP incorporates a tiered “earned” benefit approach for the newly eligible Medicaid expansion population. It conditions certain benefits on patients establishing a relationship with a dentist whom they see regularly. Nineteen- and 20-year olds enrolled in DWP can receive additional medically necessary dental services under the Medicaid Early Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.

There are three levels of benefit under the DWP:

- All enrollees are eligible for “Core” services upon enrollment, including exams, preventive services, x-rays, emergency services, and “stabilization” services intended to maintain basic functioning, including restorations for large cavities, crowns, dentures, and root canals and treatment for gum disease (periodontal disease) in limited circumstances.
- Enrollees who receive a second dental exam in 6-12 months become eligible for “Enhanced” services, including routine fillings, and expanded coverage for root canals and periodontal services.
- After a third recall exam, enrollees become eligible for “Enhanced Plus” services, including expanded coverage for crowns, bridges, dentures, and gum surgery.³

Enrollees must continue to make recall visits in order to keep these higher-level benefits. This approach is in keeping with the Iowa Wellness Plan’s emphasis on personal responsibility, for example, premiums are waived for Wellness Plan enrollees who complete certain healthy behaviors.

To help ensure that adults can build those relationships, Iowa is building on the network of Title V-funded, county-based dental care coordinators that it has established over the last decade in its

I-Smile children’s dental program. Delta Dental, which administers the DWP, contracted with 19 regional coordinators, including many of the same agencies that provide I-Smile care coordination services, to connect DWP enrollees with dental providers. An eventual goal is for these coordinators to build relationships with hospital emergency rooms in order to divert patients seeking urgent care for oral conditions to a regular source of dental care. These contracts started in February 2015 and will be ramping up through June 2017.

Implementation of the benefit has not been without challenges. Dentists cited confusion about which program their Medicaid-enrolled patients are in, what their current level of coverage is, and concern that the tiered benefit design interferes with dentists’ ability to provide appropriate care to their patients. Some issues were also reported with patients’ ability to complete treatment plans that were begun prior to enrollment in the DWP. The state has tried to strike a balance between meeting enrollees’ health needs and maintaining the earned benefit structure. In response to stakeholder feedback, the state added additional stabilization and emergent services to the “Core” benefit, and has also allowed patients and providers to make arrangements for self-pay for services that go beyond a patient’s current benefit level.

Reimbursement Rates and Provider Incentives

An advantage of the tiered benefit structure is that it has allowed the state to increase the capitation payment to Delta Dental to \$22.66 per member per month. This translates into provider reimbursement rates that are approximately 60 percent higher than in fee-for-service Medicaid (though still below Delta’s commercial fee schedule).

Delta also makes incentive payments to providers who complete annual oral health risk assessments for patients. Comprehensive risk assessments can form the basis of a treatment plan, help to measure changes in individuals’ oral health status, and help the state to understand the oral

health status of the DWP population. The first provider incentive payments were scheduled for April 2015. The state initially considered a tiered benefit structure based on risk assessment, but shifted over time to its current focus on establishing a regular source of care.

Key Leadership and Partnerships

Multiple interviewees cited personal engagement by former Medicaid director Jennifer Vermeer in the design and development of the DWP as critical to the plan's success. Delta Dental (who had a history of administering the dental benefit in hawk-i, the state's CHIP program) was also deeply engaged in the development of the plan. Several stakeholders, including Iowa's state dental director, Dr. Bob Russell, and representatives from the University of Iowa College of Dentistry were engaged in reviewing and adapting the plan.

Looking Forward

Delta Dental reports that 36,500 of the program's 115,000 enrollees had received a dental service between the start of the program and February 2015.⁴ About half of those receiving services also received a risk assessment. Provider recruitment

for the DWP has been robust; as of February, 721 dentists were participating in the program, exceeding Delta's goal of 500 providers.

Because the Dental Wellness Plan is being implemented through a section 1115 demonstration waiver, the state in partnership with the University of Iowa Public Policy Center has developed a detailed evaluation plan that will attempt to track over the next three years whether enrollment in the DWP results in reduced emergency department utilization, and also measure whether enrollees receiving dental services experience better outcomes related to chronic conditions like diabetes.⁵ The state is also interested in measuring the program's success in actually improving the oral health of its target population—not just whether access improves, but whether the mix of services enrollees receive shifts away from fillings and extractions and toward preventive services.

State officials are also considering how the DWP might fit into the state's shift toward managed care for all Medicaid-enrolled populations, and whether the approach might be adapted for other Medicaid-enrolled populations.

Footnotes

1. Iowa Department of Human Services, fact sheet, Timeline of Events: Iowa Health and Wellness Plan (undated). Retrieved May 28, 2015. http://dhs.iowa.gov/sites/default/files/IHAWPEventTimeline_0.pdf.
2. Peter Damiano, et. al. Evaluation of the IowaCare Program: Information About the Medical Home Expansion. (Iowa City, IA: University of Iowa Public Policy Center, June 2013). Retrieved May 22, 2015. http://ppc.uiowa.edu/sites/default/files/uploads/iowacareconsumer2012_finalwappendices.pdf
3. Delta Dental of Iowa. Dental Wellness Plan Member Handbook. (Johnston, IA: Delta Dental of Iowa, May 2015). Retrieved May 28, 2015. <http://www.dwpiowa.com/ddpahi/pdf/m-benefits.pdf#page=7>
4. Interview with Beth Jones and Gretchen Hageman, Delta Dental of Iowa, February 25, 2015.
5. Iowa Medicaid Enterprise and University of Iowa Public Policy Center. Iowa Dental Wellness Plan Evaluation (September 2014). Retrieved May 28, 2015. http://dhs.iowa.gov/sites/default/files/DentalWellnessPlanEvaluationDesign_Sept2014.pdf.