

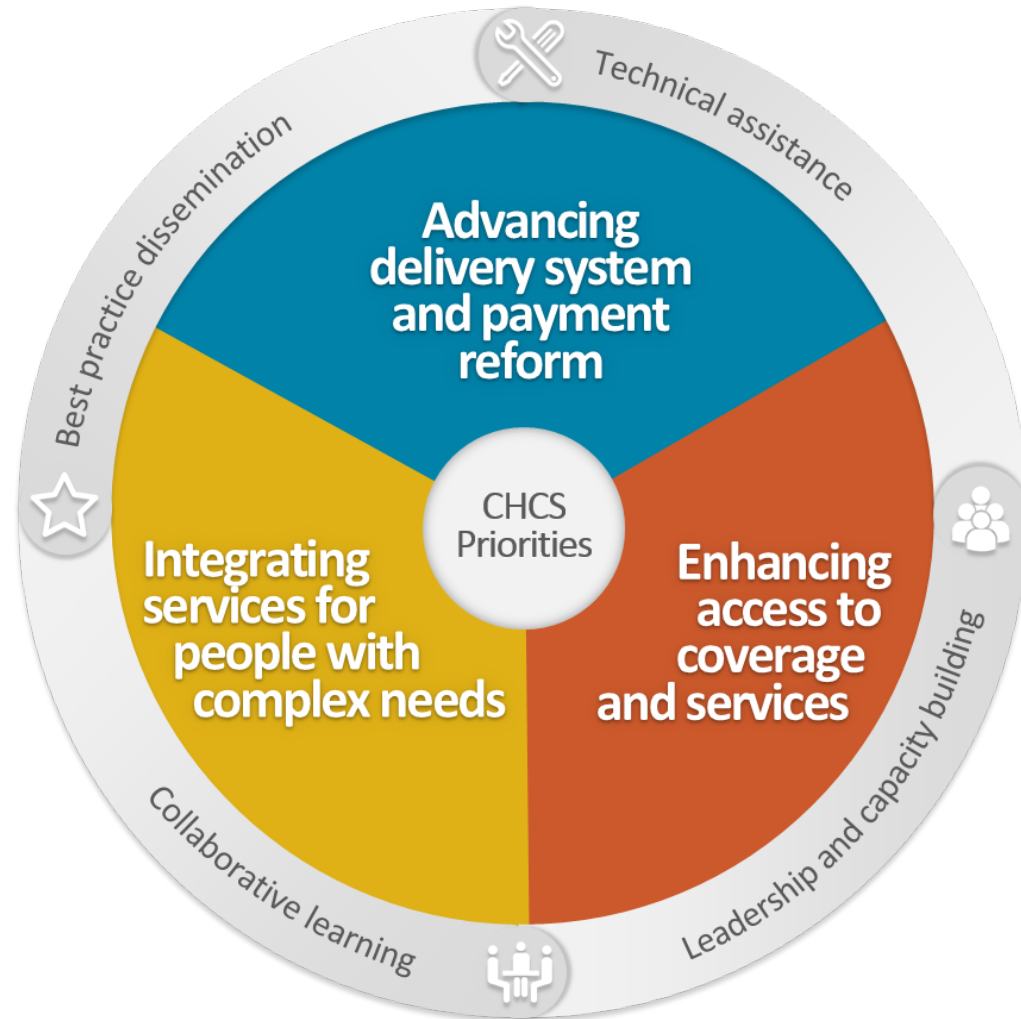
Advancing Oral Health Care Access and Outcomes in Low-Income Populations

November 2, 2016

Stacey Chazin, MPH,
Director of Prevention Programs

About the Center for Health Care Strategies

A non-profit policy center dedicated to improving the health of low-income Americans



Select CHCS Initiatives

Access to Coverage and Services

- Affinity Group for U.S. Charity Care Programs
- Ensuring Health Coverage and Access for Justice-Involved Individuals

Delivery System and Payment Reform

- Advancing the CDC's 6|18 Initiative: State Medicaid & Public Health Collaboration
- Medicaid Accountable Care Organization Learning Collaborative
- State Innovation Model Technical Assistance

Services for People with Complex Needs

- Advancing Trauma-Informed Care
- Complex Care Innovation Lab
- Promoting Youth Substance Use Disorder Prevention Strategies in Medicaid
- Transforming Complex Care

Leadership and Capacity

- Medicaid Leadership Institute
- State Oral Health Leadership Institute
- New Jersey Medicaid Academy



Medicaid Fast Facts



73 million	People in the United States with Medicaid coverage.
\$476 billion	State and federal Medicaid spending for FY 2013.
13-19 million	Additional Medicaid/CHIP beneficiaries between 2016 – 2026, pending state decisions on Medicaid expansion.
45%	Births in the United States covered by Medicaid.
1 in 3	Children in the United States covered by Medicaid.
5%	Medicaid beneficiaries, many with chronic illnesses and disabilities, accounting for 48% of total Medicaid spending.
49%	Medicaid beneficiaries with disabilities diagnosed with mental illness.
51%	Total long-term care costs in the United States financed by Medicaid.
10.7 million	People who are dually eligible for Medicare and Medicaid (15% of Medicaid enrollees).
\$298 billion	Total Medicare and Medicaid spending on dual eligibles.

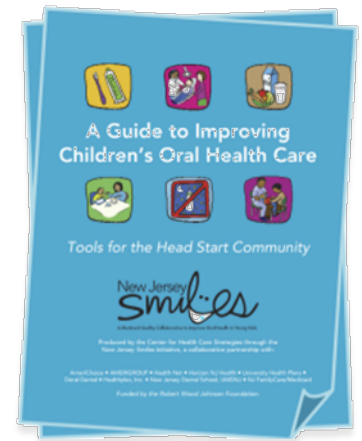
CHCS Work to Advance Oral Health in Low-Income Populations

- Support for state Medicaid agencies, departments of health, health/dental plans, and other stakeholders to improve oral health care access, outcomes, and costs for low-income children and adults
- Focus on leading multi-state learning collaboratives and technical assistance initiatives
- National analytic study underway to explore dental service utilization and expenditures among Medicaid-enrolled adults



Supporting Oral Health in New Jersey

- Led *New Jersey Smiles: A Medicaid Quality Collaborative to Improve Oral Health in Young Kids* (2007-2008)
- Supported NJ Chapter of AAP to engage plans around children's oral health (2014)
- Leader of DentaQuest Foundation-funded Northeast/Mid-Atlantic Regional Oral Health Connection Team supporting oral health improvement work in New Jersey (2014-present)

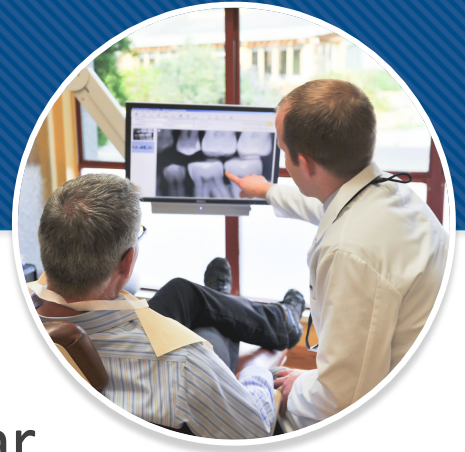


Use of Dental Services by Medicaid-Enrolled Children



- Dental care is fully covered by EPSDT, but fewer than half of Medicaid-enrolled children nationally receive any dental service each year, and even fewer receive a preventive dental service
- Rates of preventive dental service utilization are increasing slowly, but vary widely by state
- States that have achieved increases in utilization often grapple with improving further

Why is Dental Coverage So Critical for Low-Income Adults?



First, the “oral health” reasons:

- 40% less likely to have a dental visit in a year
- Suffer a disproportionate share of dental disease
- 42% of individuals age 20-64 have untreated tooth decay
- More than 1/3 of those ages 65 or older have lost all their teeth

Why is Dental Coverage So Critical for Low-Income Adults?



But that's not all...poor oral health:

- Elevates risks for chronic conditions such as diabetes and heart disease
- Can lead to lost workdays and reduced employability
- Can drive preventable use of costly acute care: over three years, **\$2.7 billion** in dental-related hospital ED visits in the U.S.
 - » 30% of visits by Medicaid-enrolled adults

Use of Emergency Departments for Non-Traumatic Oral Care in New Jersey

- Rutgers Center for State Health Policy found higher ED usage for oral care in NJ among individuals who:
 - » Reside in low-income regions
 - » Are ages 19-34
 - » Are non-Hispanic, African-Americans, particularly those ages 19-34
 - » Frequently use the ED for other diagnoses



Current Definitions of Medicaid Adult Dental Benefit Categories

Medicaid Dental Benefits	Emergency Only	• Relief of pain under defined emergency situations (e.g., uncontrolled bleeding, traumatic injury, etc.)
	Limited	• Fewer than 100 diagnostic, preventive, and minor restorative procedures recognized by the American Dental Association (ADA) • Per-person annual expenditure cap is \$1,000 or less
	Extensive	• A comprehensive mix of services, including more than 100 diagnostic, preventive, and minor and major restorative procedures approved by the ADA • Per-person annual expenditure cap is at least \$1,000

Dental Benefits Offerings for States' Adult Medicaid Base and Expansion Populations

Dental Benefits Category	Base Population	Expansion Population
No dental benefits	<u>4 states</u> : AL, AZ, DE, TN	<u>3 states</u> : AZ, DE, ND
Emergency-Only	<u>13 states</u> : FL, GA, HI, ID, ME, MD, MS, NV, NH, OK, TX, UT, WV,	<u>5 states</u> : HI, MD, NV, NH, WV
Limited	<u>18 states</u> : AR, CO, DC, IL, IN, KS, KY, LA, MI, MN, MO, NE, PA, SC, SD, VT, VA, WY	<u>11 states</u> : AR, CO, DC, IL, IN, KY, LA, MI, MN, PA, VT
Extensive	<u>16 states</u> : AK, CA, CT, IA, MA, MT, NJ, NM, NY, NC, ND, OH, OR, RI, WA, WI	<u>13 states</u> : AK, CA, CT, IA, MA, MT, NJ, NM, NY, OH, OR, RI, WA

Hats off to New Jersey!

It's Not Only About Coverage: Other Barriers to Oral Health



■ Insufficient provider availability

- » Low dentist participation in Medicaid in many states — driven by low reimbursement rates, administrative requirements, high no-show rates

■ Individual Barriers

- » Work/childcare/transportation
- » Low oral health literacy
- » Perception that oral health is secondary to overall health
- » Incomplete knowledge of dental coverage and how to use benefits

What's Happening in New Jersey?

- Extensive Medicaid adult dental benefit — no apparent room for improvement in coverage
- Challenges around access for the Medicaid-expansion population
 - » Provider network appears inadequate for pent-up demand from adults newly eligible for Medicaid under Affordable Care Act
 - » Abundant requests for fair hearings delay delivery of needed treatment



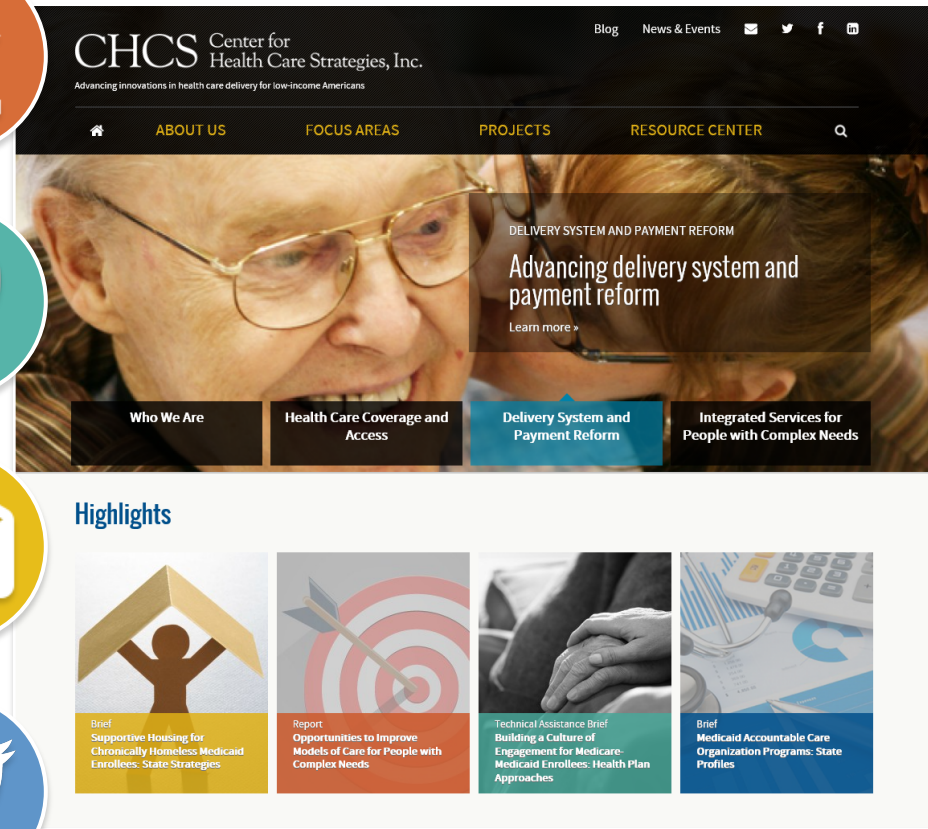
State Strategies to Promote Oral Health Access



- Outreach targeted to newly eligible and hard-to-reach populations (e.g., homeless)
- Building connections and support through stakeholder engagement and collaboration
- Financial and non-financial incentives to improve the number of and access to oral health providers
- Expand the dental workforce through use of alternative practice and mid-level providers

Visit CHCS.org to...

- **Download** practical resources to improve the quality and cost-effectiveness of Medicaid services
- **Learn** about cutting-edge efforts to improve care for Medicaid's highest-need, highest-cost beneficiaries
- **Subscribe** to CHCS e-mail, blog and social media updates to learn about new programs and resources
- **Follow** us on Twitter @CHCShealth



Questions and Information Requests

Stacey Chazin, MPH, CHES

Director of Prevention Programs

schazin@chcs.org