

## Appendix II : State Case Studies

### Medicaid Adult Dental Benefits: California Case Study



In 2014, California restored most dental benefits to Medicaid-enrolled adults, following a cutback in the midst of a deep budget deficit in 2009. The state's implementation of the Affordable Care Act's (ACA) Medicaid expansion factored into the decision to restore dental benefits. There are continuing concerns around access to care for the now 12 million state Medicaid enrollees with dental benefits.

#### History

In 2009, in the midst of a \$42 billion budget deficit stemming from the financial crisis and recession, California cut back longstanding dental coverage for adults age 21 and older enrolled in Medi-Cal, the state's Medicaid program. Only very limited benefits remained, covering emergency services, extractions, and some oral surgery services for all adults. Pregnant women and individuals in skilled nursing facilities or intermediate care facilities for individuals with developmental disabilities were not subject to the reduced benefits. As the state's fiscal picture improved, adult benefits were partially restored through the 2013 state budget, Assembly Bill 82.<sup>1</sup> State officials estimate that the restored benefits, which went into effect in May 2014, cost approximately \$70 million.

This partial restoration of adult benefits happened in the context of the ACA's Medicaid expansion, which increased total Medi-Cal enrollment to approximately 12 million individuals. State officials noted that their goal around Medicaid expansion was to offer all adults the same benefit package. They also noted that the availability of enhanced federal funding for the Medicaid expansion population was a positive factor with respect to the

financial viability of bringing back adult dental benefits.

#### Approach and Implementation

The Medi-Cal dental program includes two delivery systems: dental managed care, and the Denti-Cal fee-for-service program. Dental managed care is available only in Sacramento County, where enrollment is mandatory, and Los Angeles County, where it is voluntary. Denti-Cal fee-for-service is available in all other counties of the state.<sup>2</sup>

The benefits that were restored include exams, x-rays, fillings, root canals on front teeth, and full dentures.<sup>3</sup> Coverage for root canals on back teeth and treatment for gum disease were not returned. There is a yearly "soft cap" of \$1,800 in benefits, although this limit can be exceeded if medical necessity can be proven.<sup>4</sup>

Though final figures on utilization of dental services by Denti-Cal-enrolled adults since the restoration of benefits will not be ready until later in 2015, state officials report that utilization has picked up, with some evidence of pent-up demand among adults for restorative and denture services

that had been eliminated. *Health Affairs* recently published an article noting an increase of 1,800 visits per year to hospital emergency departments for dental conditions following the cutback.<sup>5</sup>

Given the restored benefits and enrollment expansion, state officials noted the need to closely monitor provider capacity and enrollees' access to dental care. Provider participation and program administration were noted by Denti-Cal as issues in a recent state auditor's report on children's access to dental care. Provider payments were reduced by 10 percent in September 2013<sup>6</sup> (for 10 common procedures, the auditor estimated that California's rates were 35 percent of the national average). The report also voiced concerns about whether adults that were newly eligible for dental services might crowd out children seeking care.<sup>7</sup> In response to the audit findings, state officials must develop a corrective action plan to address recommendations. The state has met with stakeholder groups to establish additional measures of beneficiary utilization and provider participation in the fee-for-service program. The state is also working on an active procurement of an administrative services contractor and fiscal intermediary contractor for the Medi-Cal dental program.<sup>8</sup>

### Key Leadership and Partnerships

Senator Darrell Steinberg, former president pro tempore of the California Senate, was a key legislative champion keep restoration of adult benefits a priority in the state budget. Sen. Steinberg became engaged in the issue after attending CDA Cares, a charity event organized by the California Dental Association (CDA), and being deeply affected by the event. He recalled seeing the health effects and human cost of unmet dental needs, including seeing the large number of people needing tooth extractions. After a state tax measure passed, there were sufficient state revenues to prioritize increased spending on a limited number of issues, and the senator advanced adult dental coverage with the support of his caucus. He noted that the measure wasn't controversial among his colleagues, but that high-level leadership was necessary to raise the profile of adult dental cov-

erage and make it a priority.<sup>9</sup>

The CDA was a major supporter of the effort to restore benefits, and worked with legislative staff on developing several options for the benefit. Interviewees also noted the participation and support of the state oral health coalition, the state primary care association, and advocacy groups including The Children's Partnership, which has had longstanding involvement in oral health policy issues.

### Looking Forward

Interviewees all indicated, while adult dental benefits are always vulnerable due to their optional status, they were confident that since the state was in a more sustainable fiscal situation they did not see future cuts on the horizon. State officials remain focused on ensuring access to dental care for Medi-Cal beneficiaries. Budget discussions at the legislature have included a proposal to restore the remaining adult dental benefits.<sup>10</sup>

Following our interviews, stakeholders including the CDA successfully advocated for a reversal of the 2013 rate cut, effective July 1, 2015.<sup>11</sup> Stakeholders are continuing to consider strategies to enhance feeds for targeted services. Making adult coverage more available through Covered California, the state's health insurance marketplace, is also a priority for oral health stakeholders.

California is also examining ways to bring dental care closer to individuals who need it. The state recently enacted legislation to permit Medicaid reimbursement to dentists who provide dental care via telehealth.<sup>12</sup> This legislation supports programs such as the Virtual Dental Home, a model where dental hygienists and assistants provide preventive and limited restorative services in community settings like nursing homes, schools, and Head Start sites, with connection via telehealth to a supervising dentist. The Children's Partnership and CDA are partnering in support of legislation for \$4 million in grants to support start-up costs of Virtual Dental Home projects in 20 communities for equipment, training, learning collaboratives, and technical assistance.<sup>13</sup>

## Footnotes

1. California Assembly Bill 82, signed June 27, 2013. Retrieved May 28, 2015. [http://www.leginfo.ca.gov/pub/13-14/bill/asm/ab\\_0051-0100/ab\\_82\\_bill\\_20130612\\_amended\\_sen\\_v98.pdf](http://www.leginfo.ca.gov/pub/13-14/bill/asm/ab_0051-0100/ab_82_bill_20130612_amended_sen_v98.pdf).
2. California Department of Health Care Services, "Medi-Cal Dental Managed Care Overview." Retrieved May 28, 2015. <http://www.denti-cal.ca.gov/WSI/ManagedCare.jsp?fname=ManagedCareOverview>.
3. California Department of Health Care Services, "Restoration of Some Adult Dental Services in 2014," Denti-Cal Provider Bulletin, Volume 29 Number 14 (August 2013). Retrieved May 28, 2015. [http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume\\_29\\_Number\\_14.pdf](http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_29_Number_14.pdf).
4. California Department of Health Care Services, "\$1800 Beneficiary Cap Adjustment," Denti-Cal Provider Bulletin, Volume 30 Number 8 (May 2014). Retrieved June 8, 2015. [http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume\\_30\\_Number\\_8.pdf](http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_30_Number_8.pdf).
5. Astha Singhal, et. al., "Eliminating Adult Dental Coverage in California Led to Increased Dental Emergency Visits and Associated Costs," *Health Affairs* 34:5, (May 2015): 749-756.
6. California Assembly Bill 97. Approved by Governor March 24, 2011. Retrieved June 8, 2015. [http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab\\_0051-0100/ab\\_97\\_bill\\_20110324\\_chaptered.html](http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0051-0100/ab_97_bill_20110324_chaptered.html).
7. California State Auditor California Department of Health Care Services: Weaknesses in its Medi-Cal Dental Program Limit Children's Access to Dental Care. (Sacramento, CA: California State Auditor, December 2014). Retrieved May 28, 2015. <https://www.auditor.ca.gov/pdfs/reports/2013-125.pdf>.
8. California Department of Health Care Services, Draft Request for Proposals 13-90271, "California Dental Administrative Services Organization." Retrieved May 28, 2015. [http://www.dhcs.ca.gov/provgovpart/rfa\\_rfp/Pages/OMCPDentalAsoHOME.aspx](http://www.dhcs.ca.gov/provgovpart/rfa_rfp/Pages/OMCPDentalAsoHOME.aspx).
9. Interview with former Sen. Darrell Steinberg, April 2, 2015.
10. California State Legislature, "2015-16 Budget Conference Committee on AB 93: Health." Retrieved June 8, 2015. <http://sbud.senate.ca.gov/sites/sbud.senate.ca.gov/files/conference/2015%20Health%20Conference%20Agenda.pdf>.
11. "New Calif. Budget reverses Denti-Cal rate cuts," *Dr.Bicuspid*, June 17, 2015. Retrieved July 1, 2015. <http://www.drbcuspid.com/index.aspx?sec=sup&sub=pmt&pag=dis&ItemID=318043>.
12. California Assembly Bill 1174. Approved by Governor September 27, 2014. Retrieved May 29, 2015. [http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201320140AB1174](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201320140AB1174).
13. California Assembly Bill 648. Introduced February 24, 2015, Retrieved May 28, 2015. [http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab\\_0601-0650/ab\\_648\\_bill\\_20150224\\_introduced.htm](http://www.leginfo.ca.gov/pub/15-16/bill/asm/ab_0601-0650/ab_648_bill_20150224_introduced.htm).

## Medicaid Adult Dental Benefits: Colorado Case Study



In 2013, Colorado introduced a new law providing extensive dental benefits for all Medicaid-enrolled adults for the first time. The benefit is supported with funds that were freed up when the Affordable Care Act (ACA) eliminated the need for the state's high-risk pool. State officials and key stakeholders are continuing to work to bolster provider participation and address reimbursement rates.

### History

Prior to 2013, Colorado only covered emergency dental services for adult enrollees in Medicaid. In 2011, upon taking office, Gov. Hickenlooper identified 10 “winnable battles”—public health priorities with known and effective strategies to address them. Improving oral health was among those chosen. While the original focus was on children's oral health, it paved the way to address oral health issues for pregnant women, mothers, and the larger adult population.

In 2012, Colorado saw its first major push towards expanding adult dental benefits. Senate Bill 12-108 proposed dental services for pregnant women under the state's Medicaid program. Advocacy organizations and the bill sponsor, Sen. Jeanne Nicholson, majority caucus chair and a public health nurse by training, spent years educating members of the state House and Senate on the importance of oral health benefits for an adult's ability to maintain employment and their overall health. Interviewees credit these efforts for the success SB 12-108 initially saw. The bill passed the Senate but did not make it on the House's calendar for voting. Despite the initial bill being pulled back, it paved the way for a more compre-

hensive bill in the following year. With the Governor's leadership, Senate Bill 13-242 extended dental services to all adults over age 21 in the state's Medicaid program. This bill was signed in May 2013 with dental benefits beginning in April 2014.

### Approach and Implementation

#### *Funding*

Funding for the new adult dental benefit came from a unique source. In 1990, the state established CoverColorado, a state-run high-risk pool to help individuals with pre-existing conditions enroll in coverage. Following the ACA's elimination of denials for pre-existing conditions and the establishment of health insurance exchanges, CoverColorado was made unnecessary. The state's Unclaimed Property Trust Fund (UPTF), which funded CoverColorado, was identified as a possible source of funding for the adult dental benefit. Due to Colorado's Taxpayer's Bill of Rights amendment—which requires that excess state revenue be refunded to taxpayers—there was a very limited window of availability for the freed UPTF funds. It was imperative that the state move quickly to redirect the funds. As a result, the Department of Health Care Policy and Financing

(DHCPF) had to implement the new benefit program on a very compressed timeline of less than a year.

### ***Benefit Design***

The new adult dental benefit provides a fairly comprehensive set of benefits for adults over age 21 in Medicaid. The main limitation on the benefit is a \$1,000 annual cap. The initial 2013 benefit also did not include dentures, but in 2014, lawmakers from both parties voted to add this coverage. Notably, this addition gained more support from Republican legislators than the initial 2013 legislation.

Benefits offered to adults in Colorado's Medicaid program include: basic preventive dental exams, diagnostic and restorative dental services, extractions, root canals, crowns, partial and complete dentures (not subject to the \$1,000 cap), and periodontal scaling and root planing. Other procedures requiring prior authorization are available.<sup>1</sup>

Since July 2014, the benefit has been administered by DentaQuest, a dental administrative services organization (ASO). Because of the short timeframe for implementation, DHCPF directly administered a more limited benefit from April to July 2014. Colorado used its Children's Health Insurance Program (CHIP) benefit—which uses a specialized dental vendor—as a model to develop the new ASO. Though the multiple changes created some disruptions for providers, state officials suggested that using a successful program such as CHIP as a model was beneficial.

### ***Reimbursement Rates and Provider Incentives***

The Colorado General Assembly has continued to support Medicaid dental benefits through appropriations. The Joint Budget Committee approved a 4.5 percent increase in dental provider rates in FY 2013-2014<sup>2</sup> and a two percent across-the-board provider rate increase in FY 2014-2015.<sup>3</sup> Additional targeted rate increases for specific dental services are included in the Joint Budget Committee's budget for FY 2015-2016 as well,

but have not been finalized as of this writing.<sup>4</sup>

The Legislature also approved \$2.5 million in state funding (with a \$2.5 million federal match) to provide financial incentives for dentists who treat Medicaid enrollees.<sup>5</sup> The state contribution comes from reinvesting a portion of the savings from the change in federal match rate for Medicaid and CHP+, Colorado's CHIP program. As of March 2015, DHCPF was awaiting federal approval of a State Plan Amendment to operationalize the provider incentive program. Provider and stakeholder groups are concerned that the delay in implementing the incentives has taken some momentum out of provider recruitment efforts.

### **Key Leadership and Partnerships**

Key policymakers in Colorado championed the issue of improved access to oral health for adults, ensuring that it was a legislative priority in the state. Engagement by Senator Nicholson, Governor Hickenlooper's office, and the leadership of DHCPF were especially important.

From the stakeholder perspective, the Colorado Dental Association (CDA) and Oral Health Colorado (OHCO) led advocacy and lobbying efforts. OHCO convened a wide array of stakeholders, including community and safety net partners, to provide continued feedback on the development and implementation of the new benefit. The CDA was a strong supporter of the new benefit and has been engaged in helping to communicate providers' concerns and administrative challenges with the new benefit. The CDA has shown commitment to increasing provider participation, particularly through a "Take 5" campaign to encourage dentists to begin seeing at least five Medicaid patients. Colorado reported some success from their provider recruitment efforts, conducted in collaboration with the CDA. The CDA reported that the number of Medicaid-participating dentists had grown 17 percent between 2012 and 2014.<sup>6</sup>

### **Looking Forward**

A major concern for the long-term sustainability of the new adult dental benefit is provider participation. Historically, perceived low reimbursement

rates and administrative barriers have made many dental providers reluctant to participate in the Medicaid program. DHCPF and DentaQuest are holding regular town hall meetings to gather provider and stakeholder feedback to address administrative issues. Also, the General Assembly has appropriated additional funds for reimbursement rate increases, though there is some concern that, without raising the \$1,000 cap, enrollees may more quickly exhaust their annual benefit.

Although it is too early for Colorado to report utilization figures for the first year of the benefit, DHCPF has laid out several benchmarks for evaluating their ASO vendor's performance. In year one, they looked to increase provider enrollment. In year two, they are focusing on decreased utilization of the emergency room for non-emergen-

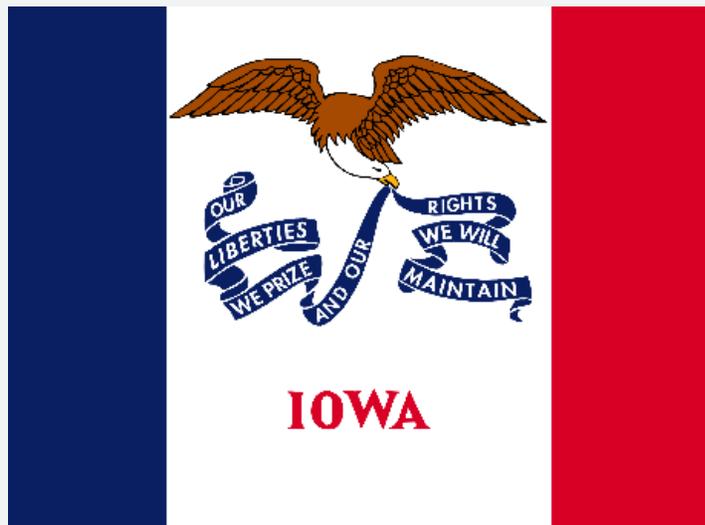
cy dental care. Finally, the goal for year three will focus on better health outcomes, particularly by thinking of ways to coordinate their ASO with the state's Regional Care Collaborative Organizations.

Colorado is also exploring ways to expand their capacity to provide dental services beyond the traditional dental system. Colorado will soon pilot a 5-year, \$1.65 million Virtual Dental Home initiative, funded by the Caring for Colorado Foundation, replicating legislation recently enacted in California. The Virtual Dental Home will allow licensed independent practice dental hygienists to provide preventive dental care and access to a dentist via telehealth technology.<sup>7</sup> In addition, Colorado is examining ways to develop better linkages between dental claims data and its all-payer claims database.

## Footnotes

1. Colorado Department of Health Care Policy and Financing, fact sheet, Adult Medicaid Dental Benefit, July 2014. Retrieved May 28, 2015. <https://www.colorado.gov/pacific/sites/default/files/Adult%20Dental%20Fact%20Sheet%20.pdf>.
2. State of Colorado Joint Budget Committee, FY 2013-2014 Budget Package and Long Bill Narrative, 69. Retrieved May 28, 2015. [http://www.tornado.state.co.us/gov\\_dir/leg\\_dir/jbc/13LBNarrative.pdf](http://www.tornado.state.co.us/gov_dir/leg_dir/jbc/13LBNarrative.pdf).
3. State of Colorado Joint Budget Committee, FY 2014-2015 Budget Package and Long Bill Narrative, 68. Retrieved May 28, 2015. [http://www.tornado.state.co.us/gov\\_dir/leg\\_dir/jbc/14LBNarrative.pdf](http://www.tornado.state.co.us/gov_dir/leg_dir/jbc/14LBNarrative.pdf).
4. State of Colorado Joint Budget Committee, FY 2015-2016 Budget Package and Long Bill Narrative, 55. Retrieved May 28, 2015. [http://www.tornado.state.co.us/gov\\_dir/leg\\_dir/jbc/15LBNarrative.pdf](http://www.tornado.state.co.us/gov_dir/leg_dir/jbc/15LBNarrative.pdf).
5. Dentists would receive \$1,000 to see five new Medicaid patients, another \$1,000 to see an additional 50 patients, and a final \$1,000 to see an additional 100 patients. Dental hygienists would be eligible to receive a smaller incentive.
6. Interview with Colorado Dental Association, March 26, 2015.
7. Caring for Colorado Foundation, "Caring for Colorado Announces New, Major Investments," news release, January 26, 2015, <http://www.caringforcolorado.org/post/newsroom/caring-colorado-announces-new-major-investments>.

## 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.<sup>1</sup>

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.<sup>2</sup> 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.<sup>3</sup>

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.<sup>4</sup> 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.<sup>5</sup> 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](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](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](http://dhs.iowa.gov/sites/default/files/DentalWellnessPlanEvaluationDesign_Sept2014.pdf).

## 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>.

## Medicaid Adult Dental Benefits: Massachusetts Case Study



Massachusetts has cut and restored Medicaid adult dental benefits multiple times over the last 13 years. In recent years, the state has adopted an incremental approach of restoring individual services like fillings and dentures. During periods of cutback, the state's Health Safety Net allows community health centers to continue providing restorative care.

### History

Medicaid adult dental benefits in Massachusetts have experienced what one advocate refers to as a “pendulum swing” of cuts and restorations for more than a decade. The state provided comprehensive dental benefits to all adults enrolled in MassHealth, the state's Medicaid program, until 2002, when benefits were cut back for most adults except for those in “special circumstances,” including adults with developmental disabilities. These individuals were eligible for benefits covering emergency services, x-rays, extractions, and a few other limited services. A supplemental cut to denture coverage happened in 2003. Benefits were restored in 2006, first for pregnant women and mothers of children under age 3, then later for all adults as a result of the state's comprehensive health reform effort. Benefits were cut again in 2010 and were limited to cleanings, extractions, and oral surgery. Benefits were preserved for adults determined eligible through the Department of Developmental Services (DDS).

Since the 2010 cuts, the state has gradually added back coverage on a service-by-service basis through the state budget process. MassHealth has frequently put forward full restoration of the

benefit in its annual budget request, and oral health stakeholders and legislative champions, like those engaged in the state's Legislative Oral Health Caucus, have worked within the state's budget constraints to prioritize certain services. In January 2013, coverage was added for fillings on front teeth, which are important for employability. In March 2014, coverage for all fillings was restored. And in May 2015, coverage for dentures was restored.

During the periods of cutback, community health centers and hospital licensed health centers continued to provide services that were not covered by MassHealth, such as fillings and dentures for adults. Funding for these services came from the state's Health Safety Net, formerly the Uncompensated Care Pool, which is funded through assessments on hospitals and ambulatory surgery centers. The Massachusetts League of Community Health Centers reports that the benefit cuts resulted in increased demand at health center clinics from adult patients, and a more intensive case mix of individuals needing restorative and emergency care.<sup>1</sup>

## Approach and Implementation

### *Benefit Design*

Massachusetts administers a fee-for-service dental benefit through DentaQuest, a specialized dental administrative vendor. MassHealth currently provides coverage for the following services for adult enrollees: exams, x-rays, cleanings, fillings, extractions, anesthesia, emergency care, certain oral surgeries, and, as of May 2015, full dentures.<sup>2</sup> Adults that are determined eligible for services through the DDS receive more extensive coverage for root canals, crowns, and treatment for gum disease.

### *Approach and Implementation*

Massachusetts has taken a very incremental approach to restoring adult dental benefits over the past several years. Interviewees noted that their strategies included developing various options for legislators to consider for restoration of services, and working with the Ways and Means Committee to develop a target budget amount, then determining which services would fit inside that budget figure. For example, MassHealth requested \$8 million for the restoration of denture services in FY 2015, but \$2 million was appropriated, which resulted in the benefit starting in mid-May, close to the end of the state's fiscal year.

Interviewees noted that an incremental approach allowed the state to bring back some benefits in a fiscally sustainable way. They also noted some challenges, particularly confusion among providers and enrollees about which dental services are covered at any given time, and a continuing sense that the benefit might be vulnerable to cut-backs in the future. While the state is currently experiencing a budget deficit, interviewees indicated that adult dental benefits are not currently under consideration for cuts.

## Key Leadership and Partnerships

Health Care for All Massachusetts (HCFA) was a key stakeholder in efforts to expand MassHealth adult dental benefits. HCFA founded the Oral Health Advocacy Taskforce, a broad coalition of approximately 40 community and provider groups. The coalition communicates with the budget-writing Ways and Means Committee and other policymakers. They formed a Legislative Oral Health Caucus to organize legislative support for Medicaid dental benefits. In years past, HCFA also ran the "Watch Your Mouth" public education campaign, which helped to raise the profile of oral health and its connection to overall health.

Rep. John Scibak, who chairs the Oral Health Caucus, introduced several of the measures to restore dental services. Rep. Scibak noted that his interest in the issue stemmed from his experiences as a clinical psychologist working with persons with developmental disabilities who needed dental care, as well as from legislative hearings where constituents talked about pain and infection, as well as barriers to employment caused by untreated oral health problems.<sup>3</sup>

Interviewees also noted the Mass League of Community Health Centers and Massachusetts Dental Society as important voices in the conversation.

## Looking Forward

As the new benefits are implemented, MassHealth will monitor utilization rates as well as process measures for quality improvement. The state is also in the process of hiring a new dental director who will help set oral health priorities in the state.

Interviewees indicated that they may continue to pursue their incremental strategy to obtain coverage for additional services like treatment for gum disease. They also indicated interest in exploring opportunities for better integration between dental and medical providers and delivery systems.

## Footnotes

1. Mass League of Community Health Centers, *Impact of Cuts to Medicaid and Commonwealth Care Adult Coverage on Massachusetts Community Health Centers*. (Boston, MA: Massachusetts League of Community Health Centers, 2011). Retrieved May 26, 2015.
2. DentaQuest, "MassHealth Dental Benefit Booklet," (January 2014). Retrieved May 26, 2015. <http://www.masshealth-dental.net/ORM/Dental%20Benefit%20Booklet.pdf>. And Interview with Jane Willen and Stacia Castro, MassHealth, March 31, 2015.
3. Interview with Rep. John Scibak, March 23, 2015.

## Medicaid Adult Dental Benefits: Virginia Case Study



In March 2015, Virginia began offering full dental benefits to Medicaid-enrolled pregnant women for the first time. The benefit was included in the governor's 10-point plan to expand access to care. It built on improvements to provider participation and program administration that the state made in its successful Smiles for Children program.

### History

Prior to 2015, Virginia only offered emergency dental services to adults enrolled in Medicaid, although many actors in the state had been considering ways to expand coverage for years. The Virginia Department of Medical Assistance Services (DMAS), for example, had frequently included adult dental benefits in its agency budget requests.

In 2013, the Virginia Joint Commission on Health Care was directed to study the fiscal impact of untreated dental disease, focusing on adult care. As a result of this study, the Commission voted to provide funding for preventive dental care for pregnant women.<sup>1</sup> A measure was introduced in the next legislative session to extend dental benefits not only to pregnant women but to all adults in Medicaid. This effort was ultimately unsuccessful because of declining 2013 state revenue estimates. In September 2014, in the wake of the legislature's decision not to adopt Medicaid expansion, Gov. McAuliffe introduced, by executive order, the Healthy Virginia Plan, a 10-point plan to expand access to care.<sup>2</sup> One of the provisions of the plan was a dental benefit for pregnant women, which went into effect on March 1, 2015.

### Approach and Implementation

The Healthy Virginia Plan extends comprehensive dental benefits to approximately 45,000 pregnant women over age 21 enrolled in Medicaid and FAMIS MOMS, the state's Children's Health Insurance Program (CHIP). Targeting the benefit to pregnant women was attractive in part because it limited the resources required—approximately \$3 million of state general funds in the first two years. Overall, interviewees agreed that the investment was worthwhile due to the positive effect on mothers' health and potential savings from avoided emergency room and medical costs.

DMAS enlisted a long-standing Dental Advisory Committee—comprised of members from the Virginia Dental Association, Virginia Primary Care Association, Virginia Commonwealth University School of Dentistry, and the Virginia Department of Health—to help design the new benefit. The new benefit builds on a successful dental program for children in CHIP and Medicaid called Smiles for Children. Smiles for Children is a fee-for-service benefit administered by DentaQuest, a specialized dental administrative services vendor. The program has been successful since its 2005 introduction, generating buy-in from both patients and dental providers.<sup>3</sup>

Services for pregnant women over age 21 are generally the same as those provided in Smiles for Children—a full range of dental services including diagnostic and preventive services, fillings, root canals, treatment for gum disease, and oral surgery. (Orthodontia and denture services are not covered.) Pregnant women above age 21 are eligible for benefits until the end of the month following their 60th day postpartum.<sup>4</sup>

DMAS worked closely with partner organizations including the Virginia Oral Health Coalition, the Virginia Dental Association, VA Health Care Foundation, sister state agencies, and DentaQuest to ensure smooth rollout of the benefit. With input from the Dental Advisory Committee, DentaQuest developed materials to promote the new program and has led provider education efforts.

### Key Leadership and Partnerships

In 2010, the Virginia Oral Health Coalition (VaOHC) was formed as an organization focused on improving access to oral health services for all Virginians. VaOHC was built off of an existing all-volunteer committee—Virginians for Increased Access to Dental Care—and had representation from the Virginia Dental Association, the Virginia Department of Health and DMAS, as well as other stakeholders. Since 2010, VaOHC has led the way in the lobbying effort as well as educating other stakeholders on the importance of adult dental coverage.

The Virginia Dental Association has been a strong partner in the Smiles for Children program, and has organized several annual “Missions of Mercy” events to deliver free dental care across the state. Gov. McAuliffe’s attendance at one of these events was noted as an important factor in his engagement in the issue.

Stakeholders including VaOHC worked to engage physicians, pediatricians, community health cen-

ters and OBGYNs to help disseminate messages regarding the link between oral health and high blood pressure, preeclampsia, preterm birth, and other conditions. In addition, after the benefit was established, they partnered with the Virginia Commonwealth University’s School of Dentistry to develop continuing education to build dental providers’ confidence in treating women during pregnancy.

### Looking Forward

Though it is too soon to evaluate success of the policy change, DMAS is closely monitoring provider and patient inquiries, and capturing data on utilization and provider participation.

Advocates in the state are also looking at options to expand dental benefits to additional adult populations, either to targeted populations like elders or individuals with developmental disabilities, or to all Medicaid-enrolled adults. All interviewees agreed that in order to successfully expand to a full adult population, the state will likely need to address provider reimbursement rates, which have not been adjusted since the introduction of Smiles for Children in 2005, to ensure continued provider participation.

Finally, there are efforts ongoing in the state to integrate dental health care into larger health reform efforts. In particular, Virginia is considering creating Accountable Care Communities (ACCs) under a new State Innovation Model design grant. The ACCs will engage public and private stakeholders to work collectively to transform care delivery in their region. The state has engaged workgroups to develop strategies for ACCs on behavioral health, chronic care management, and other topics, including oral health. Two leaders from the VaOHC are chairing the Oral Health Workgroup to develop models on oral health integration for ACCs.<sup>5</sup>

## Footnotes

1. Commonwealth of Virginia. Joint Commission on Health Care 2013 Annual Report. (Richmond, VA: Joint Commission on Health Care, 2014), Report Document #164, pages 13-14. Retrieved May 27, 2015. [http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD1642014/\\$file/RD164.pdf](http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD1642014/$file/RD164.pdf).
2. Virginia Department of Health and Human Resources. A Healthy Virginia: Health Care Report. (Richmond, VA: VA DHHR, September 2014). Retrieved May 27, 2015. <https://hr.virginia.gov/media/3527/a-healthy-virginia-report-final.pdf>.
3. Alison Borchgrevink, et. al. The Effect of Medicaid Reimbursement Rates on Access to Dental Care (Washington, DC: National Academy for State Health Policy, March 2008).
4. Virginia Department of Medical Assistance Services, Medicaid Memo, Dental Coverage for Medicaid-Enrolled Pregnant Women and FAMIS MOMS – Effective March 1, 2015, January 27, 2015. Retrieved May 27, 2015. [http://www.dmas.virginia.gov/Content\\_atchs/dnt/Dental%20Coverage%20for%20Medicaid%20Enrolled%20Adult%20Pregnant%20Women%20and%20FAMIS%20MOMS%20pdf1.pdf](http://www.dmas.virginia.gov/Content_atchs/dnt/Dental%20Coverage%20for%20Medicaid%20Enrolled%20Adult%20Pregnant%20Women%20and%20FAMIS%20MOMS%20pdf1.pdf).
5. Virginia Center for Health Innovation, “Project Abstract: The Virginia Health Innovation Plan 2015,” (July 2014). Retrieved May 27, 2015. <http://www.vahealthinnovation.org/wp-content/uploads/2014/08/Virginia-SIM-Abstract.pdf>.

## Medicaid Adult Dental Benefits: Washington Case Study



In 2013, Washington’s legislature restored funding for full adult dental benefits in Medicaid, following a cutback in 2010 due to the recession. The state’s adoption of the Affordable Care Act’s (ACA) Medicaid expansion—and the subsequent enhanced federal funding for newly-eligible individuals—was instrumental in the state’s decision to bring back dental benefits for all adults. The restored benefit has supported safety net providers’ efforts to ramp up dental services, but concerns remain about participation among private dental providers.

### History

During times of fiscal pressure, Medicaid adult dental benefits in Washington have periodically been cut back—either cut entirely, or limited to certain populations. Most recently, in 2010, services for all adults were limited to emergency services like tooth extractions. In July 2011, benefits for pregnant women, individuals with developmental disabilities, and individuals in long-term care were restored. Finally, in 2013, the Washington State Legislature’s biennial operating budget included approximately \$23 million in state funds (matched by federal funds) to restore full dental benefits to all adults in Medicaid. The state’s decision to expand Medicaid eligibility under the ACA was a strong motivating factor for the reinstatement of adult dental benefits. Under the ACA, the state receives 100 percent federal financing for individuals newly eligible for Medicaid under the expansion (gradually declining to 90 percent by 2020). Enhancing the Medicaid benefit to include dental services for all adults at the same time as Medicaid expansion under the ACA meant that the state could leverage newly available federal funds to make a large impact on access to coverage. Although the state could have opted to only cover dental services for the expansion population, state officials felt it was important to offer cover-

age to all adults to ensure continuity and equity of coverage for all enrollees.

### Approach and Implementation

Adults in Washington began receiving services through the new benefit on January 1, 2014. The state reinstated the same benefit package, program administration (a fee-for-service benefit directly administered by the Washington Health Care Authority), and provider reimbursement rates that existed prior to the elimination of the benefit. Covered services include diagnostic and preventive services, fillings, root canals on front teeth, treatment for gum disease, full and partial dentures, and oral surgery. Crowns, bridges, and root canals on back teeth are not covered.<sup>1</sup>

More than 204,000 Medicaid-enrolled adults received a dental service in CY 2014, an increase from the roughly 136,000 adults who received services in CY 2010. However, this happened in the context of rising Medicaid enrollment, so the rate at which enrollees used services fell from 33 percent to 23 percent.<sup>2</sup>

Community Health Centers (CHC) are a particularly important source of care for adult enrollees in Washington. Neighborcare Health, a Seattle CHC

that provides medical and dental care, reports that prior to the 2010 cut, adult patients were about 70 percent of its dental caseload. During the time when benefits were eliminated, Neighborcare refocused on providing children's services and treatment for adults with dental emergencies, obstetric patients, and patients with diabetes. Now, the clinic is reintroducing adults into routine dental services, as well as dealing with four years of pent-up demand for services like dentures.<sup>3</sup> CHCs have been able to take on this caseload because adult dental services are again eligible to be reimbursed at the clinic's Medicaid encounter rate. During the period when benefits were eliminated, adult dental patients were charged on the clinic's sliding fee scale, which many could not afford. Officials with the Health Care Authority noted that, while CHCs are a welcome point of access, payment at the clinic's cost-based encounter rate can be higher than fee-for-service reimbursement rates, and often result in increased costs to the Medicaid program.

Interviewees acknowledged a need to attract dentists in private practice to treat Medicaid-enrolled adults. Reimbursement rates and program administration were noted as major barriers to participation. More than 1,530 dentists participated in the program in 2014, slightly fewer than the 1,608 who participated in 2010.<sup>4</sup> This is about 30 percent of Washington's 5,000 active licensed dentists.<sup>5</sup>

Services are reimbursed at the same rate that they were in 2007, and the Washington State Dental Association estimates that Medicaid reimbursements are approximately 25 percent of the prevailing rates charged by dentists.<sup>6</sup> Stakeholders noted that their initial focus was on bringing the benefit back, but that they intend to continue advocating for further improvements in rates, outreach, and administration of the benefit in future years.

### Key Leadership and Partnerships

The Washington Dental Service Foundation (WDSF), a foundation funded by Delta Dental of Washington, organized and primarily led efforts to reinstate the adult dental benefit. The Foundation

credits the success of advocacy efforts to three main factors:

1. **Data and messaging:** WDSF worked with partners such as the Washington State Hospital Association to conduct studies looking at the economic impact of dental benefits, including \$36 million in charges from 54,000 visits to Washington emergency departments for preventable dental conditions.<sup>7</sup> Advocates were also able to leverage national data, such as a study by United Concordia that found that individuals with type 2 diabetes who received regular periodontal treatment had medical costs that averaged \$2,840 less per year as a result of avoided hospitalizations and reduced utilization of medical services.<sup>8</sup>
2. **Relationship building:** WDSF was a leading partner in several coalitions, including the Coalition to Fund Dental Access, a group consisting mainly of dental stakeholders and led by an anti-poverty advocate and Oral Health Watch, a broader coalition of healthcare, business, and children's and seniors' advocacy groups. Coalition members met regularly with legislators. They created materials and worked persistently on sharing data and information with lawmakers, particularly highlighting the impact of oral health on overall health and its impact on health care costs. In addition, WDSF developed grassroots and social media outreach, and engaged media outlets through news coverage and letters to the editor.
3. **Important champions:** Washington State Speaker of the House, Frank Chopp, was a key champion for oral health. Multiple interviewees noted the Speaker's longtime engagement in the issue through his work with Seattle advocates for low-income individuals, and his work to ensure that oral health was a legislative priority for his caucus.

### Looking Forward

Interviewees agreed that they had accomplished a major first step—bringing the benefit back—and now must focus on ensuring that the benefit is meaningful and well utilized. State officials hope to show positive changes in emergency room

utilization and reduced medical costs for individuals with diabetes in coming years stemming from improved access to routine dental care, though they have not factored such savings into their budget projections. State officials are also considering options to bid out administration of the dental benefit, but noted that low dental fee-for-service reimbursement rates translate into per member per month capitation rates that might be too low to attract managed care bidders.

In the near term, stakeholders including WDSF are working to partner with the Health Care Authority to research the possibility of developing a targeted, enhanced benefit for pregnant women and people with diabetes, modeled after the state's successful Access to Baby and Child Dentistry program.

Interviewees agreed that as long as adult dental is optional in Medicaid, the benefit is always

vulnerable to cuts. However, all interviewees felt that the latest dental reinstatement was relatively secure because it was made in the context of the state's broader decision to take up Medicaid expansion, thereby insulating it from being singled out for cuts.

There are a number of other care delivery reform opportunities to further integrate oral health into overall health care. For instance, Washington is undertaking broad-scale delivery system reform through its State Innovation Model grant. While the state's Innovation Plan does not explicitly address dental, it creates Accountable Communities for Health (ACH). ACHs are regionally based entities that will conduct community needs assessments and direct health care resources. Multiple interviewees said they anticipate that the community needs assessments would show a high need for dental services and are preparing to help ACHs meet that need.

## Footnotes

1. Washington State Health Care Authority, "Adult Dental: Washington Apple Health (Medicaid)," fact sheet (undated). Accessed May 18, 2015. <http://www.hca.wa.gov/medicaid/dentalproviders/Documents/AdultDentalCoverage.pdf>.
2. Personal communication with Nathan Johnson, Chief Policy Officer, Washington State Health Care Authority, April 8, 2015. Personal communication with Nathan Johnson.
3. Interview with Dr. Sara VanderBeek, Chief Dental Officer, Neighborcare Health, April 9, 2015.
4. Personal communication with Nathan Johnson.
5. Washington State Dental Association. 2012 Dental Workforce Report. (Seattle, WA: Washington State Dental Association, April 2013), 5. Retrieved May 18, 2015. <https://static.squarespace.com/static/52a0c420e4b0ffdab6d32159/533de920e4b0e2847b2d2eb5/533de920e4b0e2847b2d2eb8/1376949949333/2012%20Workforce%20Survey%20Low%20Resolution.pdf>.
6. Washington State Dental Association, "Adult Dental Medicaid Reimbursement Rates in 2014," (undated). Obtained through personal communication with Anne Burkland, Vice President of Government Affairs, Washington State Dental Association, April 10, 2015.
7. Washington Dental Service Foundation, "The Votes are In: Advocating for Medicaid Adult Dental Coverage in Washington State" (undated). Retrieved May 18, 2015. [http://www.medicaidental.org/files/Resource%20Documents/WDSF\\_Adult\\_Dental\\_ToolKit.pdf](http://www.medicaidental.org/files/Resource%20Documents/WDSF_Adult_Dental_ToolKit.pdf).
8. Marjorie Jeffcoat, et al. "Impact of Periodontal Therapy on General Health." *American Journal of Preventive Medicine* 47, no. 2 (August 2014):166-174.