

## 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>.