IMPLEMENTING MEDICAID DENTAL BENEFITS FOR ADULTS WITH DISABILITIES:

A STRATEGIC FRAMEWORK FOR BROADER SYSTEMS CHANGE IN TEXAS

Developed by

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Background

On June 18, 2021 Governor Abbott signed into law SB1648. The bill, *Relating to the Provision of Benefits under the Medicaid Program, Including to Recipients with Complex Medical Needs*, offers reimbursement for preventive dental care to adults with disabilities enrolled in the STAR+PLUS Medicaid managed care program.[1] With SB1648's passage into law, Texas joins the 36 states and DC that offer limited or extensive coverage for adults with disabilities under Medicaid.[2]

Prior to its passage, Texas was one of only 9 states that limited Medicaid dental benefit coverage to emergency dental services, including those for diagnoses requiring treatment for pain and infection in an emergency department (ED). [3] Without coverage for preventive dental services, adults with disabilities in Medicaid lacked the care needed to prevent the onset of health conditions leading to costly ED visits. These ED visits often lead to preventable hospital admissions and associated Medicaid program costs. In prior research, Texas Health Institute (THI) estimated 2016 Medicaid charges of $43.4 million and $29.9 million, respectively, for ED visits and hospital admissions for non-traumatic dental conditions (NTDCs). Most of these NTDCs could have been prevented in a dental office.[4]

Statute

The language of SB1648 is unambiguous about the purpose of reimbursement for preventive dental services. On the one hand, the new law explicitly states that the provision of medical assistance reimbursement is meant "to prevent serious medical conditions and reduce emergency room visits necessitated by complications resulting from the lack of access to dental care."[5] On the other hand, the new law provides for one preventive dental visit per year. Thus, the success of the new dental benefit depends on whether and to what extent the benefit improves outcomes and reduces costs among the Medicaid beneficiaries who visit the dentist.

THI has demonstrated that the potential cost offsets associated with improved outcomes from the benefit exceed the estimated benefit costs.[6] The realization of these potential cost offsets will depend on how key stakeholders in the oral health system utilize the new benefit provisions as an opportunity to bring about systems changes to improve outcomes and realize cost savings. For example, it rests on the commission to specify reimbursable preventive services. However, other oral health system stakeholders, including payers, health professionals, patients, public charities, etc., will need to develop a strategy for providing for non-covered dental services that might be necessary in a care plan after a preventive dental visit.

Objective

This policy brief offers a strategic framework as a starting point for collaborative efforts among the major stakeholders in the oral health care delivery system in Texas. We identified a set of strategies based on the following:

- Literature review and analysis of efforts in other states after implementing new dental benefits for adults with disabilities.
- Assessment of the structure of the oral health system in Texas.
- Review of existing strategies implemented by Health and Human Services Commission (HHSC) to increase reach and effectiveness of existing programs.
- Consideration of activities oral health system stakeholders could implement to improve outcomes and realize associated cost savings.

Each strategy includes a rationale, activities and examples from other states. (See Table 1.) Implementing these recommendations will require collaboration among key stakeholders in the oral health system, which we list in Table 2.

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Senate Bill No. 1648
AN ACT

Relating to the provision of benefits under the Medicaid program, including to recipients with complex medical needs.

SECTION 6. Section 32.054, Human Resources Code, is amended by adding Subsection (f) to read as follows:

(f) To prevent serious medical conditions and reduce emergency room visits necessitated by complications resulting from a lack of access to dental care, the commission shall provide medical assistance reimbursement for preventive dental services, including reimbursement for one preventive dental care visit per year, for an adult recipient with a disability who is enrolled in the STAR+PLUS Medicaid managed care program. This subsection does not apply to an adult recipient who is enrolled in the STAR+PLUS home and community-based services (HCBS) waiver program. This subsection may not be construed to reduce dental services available to persons with disabilities that are otherwise reimbursable under the medical assistance program.

Source: https://legiscan.com/TX/text/SB1648/2021

Table 1: Strategic Framework

Rationale	State Examples	Activities
Engage and convene key stakeholders		
Convening key stakeholders in the oral health system will increase readiness for implementation by sharing information and facilitating coordination.	Connecticut established an advisory committee of key stakeholders to host focus groups and meetings to listen to demands, suggestions, and ideas. The advisory committee also met quarterly for policy discussions.[7] In an effort to garner cross-sector perspectives, the Michigan Oral Health Coalition engaged with higher education and employer stakeholder groups to understand how non-dental issues may impact access to oral health care for the state's Medicaid beneficiaries.[8]	Initial meeting among stakeholders should specify covered services under the new law and develop plans for increasing awareness about the benefit and data needed to support efforts.
Implement a communications and targeted outreach campaign		
Both the general public as well as medical and dental providers need to be aware of the new benefit.	Since many Medicaid beneficiaries were unaware of available dental benefits, under Iowa's Dental Delta plan, outreach workers were placed in emergency departments to increase member and provider education.[9]	Utilize automated and personal phone calls, newsletters, written and personalized communication, public service announcements, etc. in a coordinated way to reach beneficiaries and providers.
Optimize benefit to prevent serious medical conditions and reduce emergency room visits		
To be successful, the Star+Plus Medicaid Managed Care Program needs to ensure that patients with needed treatment identified in a preventive visit receive necessary treatment.	Alabama, Nebraska, and North Carolina operate dental clinics in underserved rural areas, staffed by dental students, to improve access to care in those areas as well as promote outreach and education.[10] Connecticut provides Medicaid beneficiaries with a tri-lingual call center and provide provider location assistance, appointment scheduling and coordination assistance, language translation, and assistance with scheduling transportation.[11]	Develop protocols for referrals for treatment services. Coordinate with other providers for charity care. Advance a team-based approach. Utilize community health workers to aid in care navigation, transportation, support and scheduling assistance.
Implement data sharing systems to track and monitor enrollment, acceptance of Medicaid, enrollee outcomes, and systems change		
Stakeholders will need data to track visits, referrals, treatments, and outcomes.	Kentucky requires each Managed Care Organization (MCO) to report a range of quality performance data and provides a monthly dashboard with information across all health services.[12]	Identify key data indicators. Integrate new data with existing data to facilitate stratification and sense-making. Share data with stakeholders for population-based analyses.
Increase provider support		
Training as well as financial and non-financial incentives will be needed to increase dental provider participation in the Medicaid program to address the increase in demand for services.	Kentucky used a standardized prior authorization form and developed a uniform, automated credentialing system as a single dental point of contact for four of Kentucky's Managed Care Organizations.[13] Dentists in the Montana Dental Association (MDA) developed the peer chart review for quality form, a tool to help all MDA dentists enhance Medicaid compliance documentation.[14] California offers a single provider credentialing process that allows providers to negotiate one rate with all contracted dental plans eliminating the need to be credentialed by multiple plans.[15]	Utilize automated and personal phone calls, newsletters, written and personalized communication, public service announcements, etc. in a coordinated way to reach providers.

Discussion

It is important to recognize that the state's Medicaid program has widely been recognized and credited for advancing some of these shifts in oral health care delivery through two programs in administering its benefits. First, is the dental P4P program. By design and intent, this program is a redistributive model; a Dental Maintenance Organization (DMO) could lose up to 1.5% of its capitation based on whether it's worsening in performance across agreed upon measures. Another approach is through increased value-based contracting both with our state's MCOs (managed care organizations) and standalone DMOs. As a result, the state's contract with these organizations include performance targets for the percentage of dollars paid to providers that should be governed by a Value-Based Purchasing (VBP) construct. In 2018, the state had established an overall target of 25% of provider payments to be governed by a VBP construct for contracted DMOs. This target of 25% has a subset of 2% of these dollars set aside for risk purchasing. The positive impact of these approaches on lowering costs and improving outcomes have been discussed both at the state and national level thus justifying wide-scale adoption.[16]

Call to action

The proposed strategic framework provides another opportunity to strengthen the care delivery system and position Texas at the forefront on oral health system transformation efforts in the nation. It provides a starting point for generative dialogue among major stakeholders to ensure that Texas optimizes the benefit to achieve its statutory intent. THI is making a call to action to build a public-private partnership to begin the process of creating needed systems change. We are committed to working alongside the state's public and private stakeholders to support this collaborative journey to improve the health of all Texans.

Recommended Citation:

Smith, K, Jones, C, Sanghavi A. (2021). *Implementing Medicaid Dental Benefits for Adults with Disabilities: A Strategic Framework for Broader Systems Change in Texas*. Texas Health Institute. https:// www.texashealthinstitute.org/.

Table 2: Stakeholders

Potential Stakeholders to Include in Implementation Dialogue

- Texas Department of State Health Services
- Dental Maintenance Organizations (i.e. Dentaquest, MCNA Dental, United Healthcare Dental)
- Texas Oral Health Coalition
- Texas Dental Association
- Texas Primary Care Association
- Federally Qualified Health Centers
- Patient Advocacy Organizations
- Managed Care Organizations (i.e. Cigna, Aetna, Superior MCO)

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