

The Hidden Health Care Crisis: Lack of Adequate Oral Health

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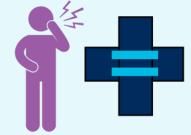
Oral Health is Part of Overall Health, But Frequently Overlooked



More 1/3 than 1/3 of adults 65 years or older have lost all of their teeth

....Over ONE HALF did NOT have a DENTAL VISIT in the past year





OTHER HEALTH RISKS

Diabetes • Stroke Cardiovascular Disease Adverse Pregnancy Outcomes



Over a 3 year period, \$2.7 billion were spent in dental-related hospital emergency department visits in the United States



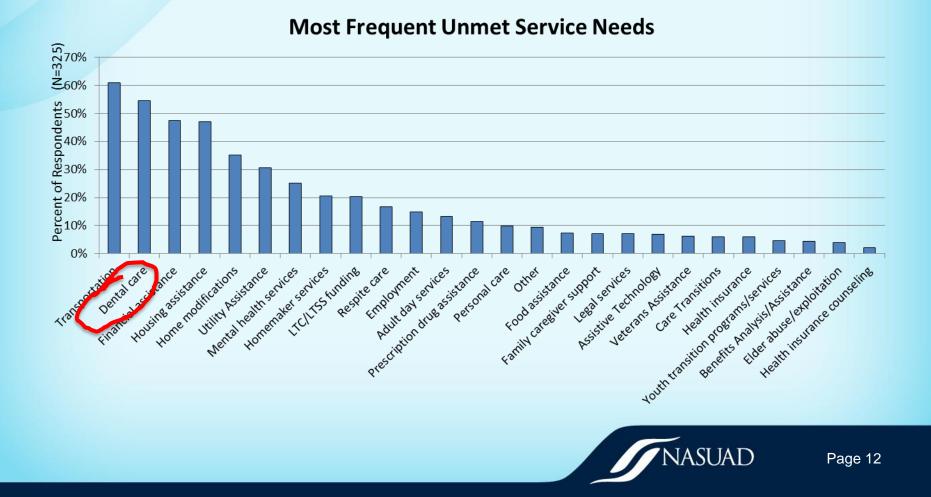
NASUAD Oral Health Project

- With funding from DentaQuest Foundation, NASUAD engaged our membership to improve information about and access to oral health benefits for seniors and people with disabilities;
- The initiative included:
 - Comprehensive survey of states to determine supplemental benefits in LTSS settings;
 - Survey of beneficiaries to understand access/utilization;
 - Engagement of MCOs to understand coverage, and any "value-added" benefits; and
 - Meetings of states to share information, promote best practices, and develop support for increased access to comprehensive oral health care for services.



2015 NASUAD I&R Survey Highlights: Most frequent unmet service needs

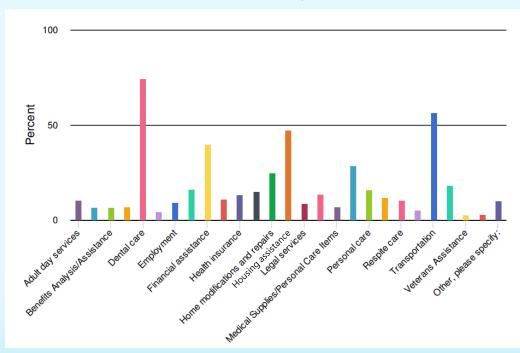
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Early Findings from July 2017 Oral Health Survey of I&R/A Programs

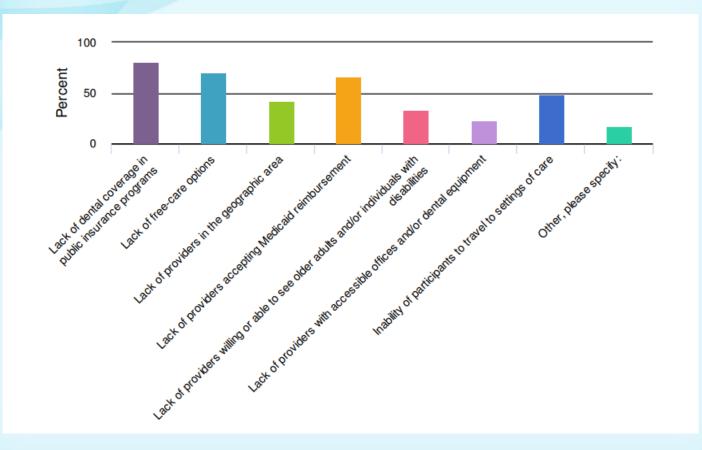
NASUAD recently launched another survey to learn more about the experience of participants when seeking dental and oral health services in the community.

Most Frequent Unmet Service Needs As Identified by I&R/A Specialists (July 2017):



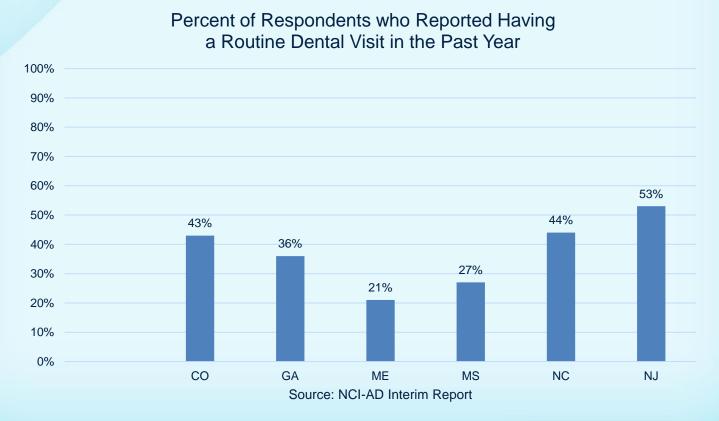


Factors that Contribute to Dental Services being and Unmet Need As Identified by I&R/A Specialists (July 2017):





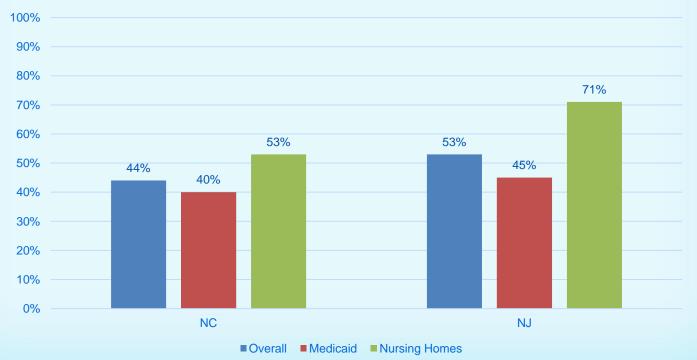
NASUAD NCI-AD Consumer Survey Identified Gaps in Access





When Stratifying based on Nursing Home Placement...

Proportion of People who Report Having a Routine Dental Visit in the Past Year



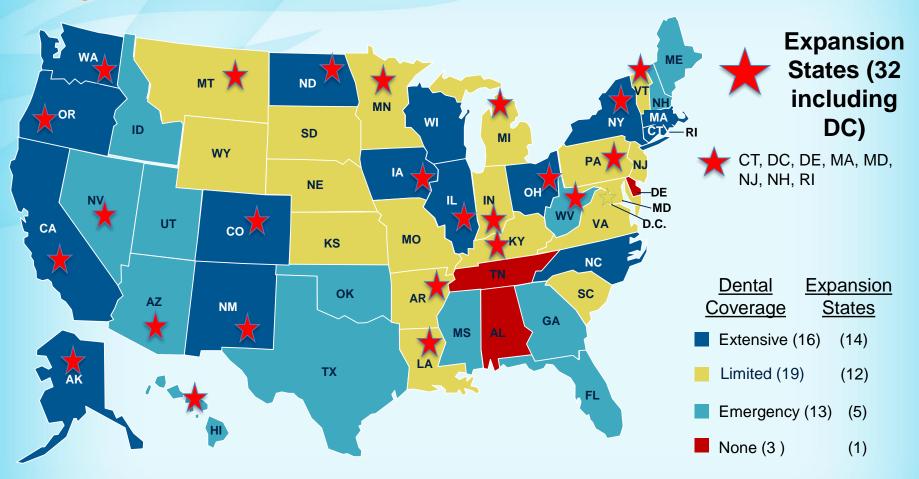


Medicaid Oral Health for Senior and People with Disabilities

- Seniors and people with disabilities receive all "state plan" benefits that the state elects to include;
- Medicaid oral health state plan benefits are optional for adults and seniors; however, they are mandatory for children;
- Dental benefits can also be provided using "incurred medical expenses" for individuals living in an institutional setting (nursing home or ICF/ID);
 - Individuals receiving LTSS in the community may not have access to the same level of services;
 - Preliminary data from NASUAD survey indicates that very little is done to track IME utilization.



Medicaid Adult Dental Coverage and Expansion Decision



Sources: Kaiser Family Foundation, "Current Status of Medicaid Expansion: State Decisions," DentaQuest Foundation, August 2016.



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State Strategies to Target Oral Health Benefits

- States have examined strategies to provide targeted oral health services to specific populations, including older adults and persons with disabilities
 - These targeted benefit strategies can be viewed as a cost-effective way to deliver services to the most vulnerable populations
 - Different mechanisms exist to establish targeted services via Medicaid waivers, state plan options, and managed care
 - There are examples of states using each of these mechanisms to target oral health benefits



1915(c) Waivers can Include Oral Health/Dental Benefits

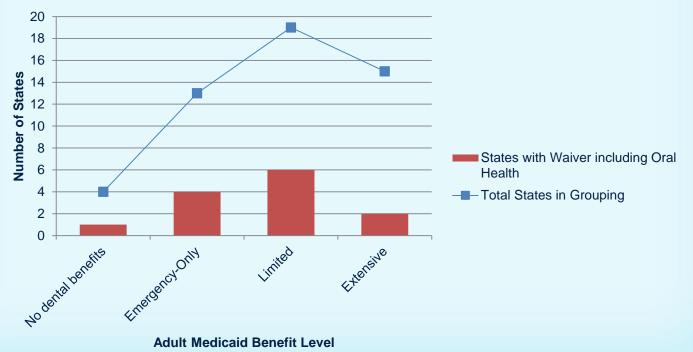
	Aging and/or Physical Disabilities	Intellectual/Developmental Disabilities
Total Waivers (2013)	117	136
Waivers with Dental (2015)	5*	21
Percentage	4%	15.4%

*Two such waivers were eliminated at the end of 2015, leaving three remaining



Waiver Coverage of Oral Health not Limited to Low-Benefit States

States with Dental Benefits in at least one 1915(c) Waiver compared to Adult State Plan Benefit Level





Oral Health Benefit Caps

Annual Limit	Number of Waivers
No specific dollar threshold	11
\$500	2
\$1,000	5
\$1,108	1
\$2,000	2
\$2,500	1
\$5,000	4*

*Note: one state operated 3 waivers with a \$5,000 annual limit but a \$7,500 maximum over three years

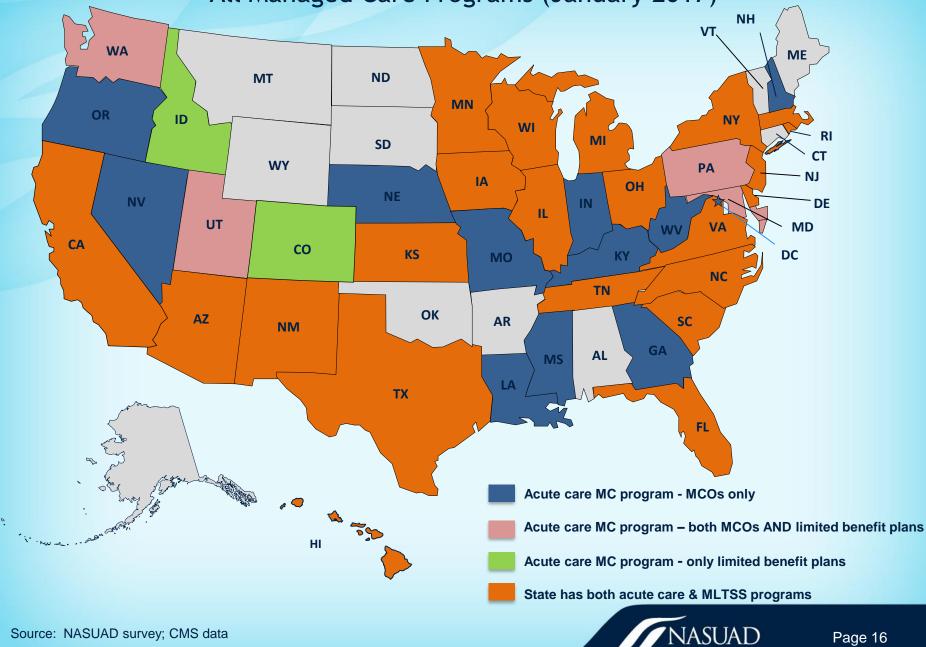


Other Innovative Strategies to Address Oral Health Needs

- Managed care plans can offer "value added" benefits and/or "in lieu of services" that address oral health needs
 - These benefits and services can exist even if the state does not cover adult benefits in the standard Medicaid state plan
- Value Added benefits: services provided through the MCO that are beyond the contractual requirements
 - Often included as a component of the MCO's competitive bid to provide Medicaid services
- In Lieu Of Services: services substituted for covered Medicaid benefits that are a medically appropriate alternative



All Managed Care Programs (January 2017)



Examples of MCO-Based Strategies: Value Added Benefits

Extra Dental Services for STAR+PLUS Adults (ages 21 and older) in a Nursing Facility	Extra Dental Services for STAR+PLUS Adults (ages 21 and older) NOT in a Nursing Facility
 Amerigroup: No dental VAS offered to nursing facility members. Cigna-HealthSpring: Up to \$500 each year for checkups, x-rays, and cleanings once every six months, including limited fillings and tooth pulling for Members age 21 and older Molina: Up to \$250 per year for dental checkups, x-rays and cleaning for Members over 21 years of age Superior: Up to \$250 for checkups, x-rays, and cleaning each year at certain dentists for Members age 21 and older United: One routine exam and cleaning, x-ray, scaling, root planning, and silver and white colored fillings each year for Members age 21 and 	 Amerigroup: Dental kit to keep teeth clean and healthy for Members age 21 and older Cigna-HealthSpring: Up to \$500 each year for checkups, x-rays, and cleanings, including fillings and tooth pulling, for Members age 21 and older Molina: Up to \$250 per year for dental checkups, x-rays and cleaning for Members over 21 years of age Superior: Up to \$250 for checkups, x-rays, and cleaning each year at certain dentists for Members age 21 and older United: One routine cleaning, scaling, and oral checkup each year for Members age 21 and older
older; other services provided at a discount	

Source: Texas Health and Human Services Commission



Examples of MCO-Based Strategies: In Lieu of Services

- Tennessee managed care plans can provide dental services as a cost-effective alternative service
- Based on Tennessee's policy, dental benefits are costeffective alternative services to covered benefits the member would otherwise need:
 - Dental visit to treat a problem with a tooth instead of treating an infection or pain in an emergency room
- Tennessee also allows preventive services to avoid the development of conditions that would require more costly treatment in the future to qualify as costeffective alternatives



Examples of Other Strategies: Idaho Alternative Benefits Plan

- Alternative Benefit Plans, also known as Benchmark Benefits Plans, are authorized by section 1937 of the Social Security Act
- ABPs allow states to provide differentiated benefits packages to different groups within the Medicaid programs
- The Idaho "Enhanced Plan" is limited to older adults, people with disabilities, and individuals with special health needs.
- Enhanced Plan recipients can receive dental services including:
 - Routine exams
 - Dentures
 - Fillings, and
 - "other needed supports"



Next Steps

- Oral Health Learning Collaborative:
 - The purpose of this learning collaborative is to share strategies, promising practices, innovative ideas, and related information regarding state programs that promote access to oral health for older adults and individuals with disabilities. Seeking participation from state leaders in aging, disability, and long-term services and supports from agencies including the State Aging and Disability Agency; the State Unit on Aging; the State Medicaid Agency; and/or the State Oral Health program.
- Oral Health Infographic:
 - Resource for education and advocacy that includes information concerning oral health care and its impact on older adults and persons with disabilities.



But Don't forget Medicare!

- Medicare is the primary source of health insurance for most senior citizens;
- The absence of a Medicare dental benefit is detrimental to the overall health of seniors and people with disabilities;
- NASUAD's board voted to endorse adding a Medicare oral health benefit to our association's policy priorities in 2013
 - NASUAD membership reaffirmed the policy platform, including this provision, in 2015





For more information, please visit: www.nasuad.org

Or call us at: 202-898-2583