

**MSDA**  
MEDICAID-CHIP  
STATE DENTAL ASSOCIATION

# ***Opportunities for Non-Disabled Adults Ages 21-65***

**Bonnie Stanley, DDS**

**2015 National Medicaid and CHIP Oral Health Symposium**

**Washington DC**

**June 1, 2015**

# Comprehensive Dental Benefit for Medicaid Adults (Expansion Population)

- Delivery Models
  - MCO, ACO, Minimal FFS
- Benefits
  - Under the MCOs, ACOs and FFS
- Medical-Dental Integration
  - Varies depending upon the MCO

# History of New Jersey Medicaid (Late 1960s)

- Program State-operated and administered
- One payer
- Any willing provider
- Enrollment based on income standards
- Bureau of Dental Services

# NJ FamilyCare Program (2015)

- Multiple MCOs
- Multiple Payers
- Providers/networks
- Enrollment expanded to multiple FPL levels
- Integration models vary among MCOs:
  - All health care benefits through one MCO
  - Some MCOs subcontract with dental vendors

# Program Benefits

- Medical
- Dental
- Transportation
- Dental integration in EPSDT program
- Supports innovative medical and dental models

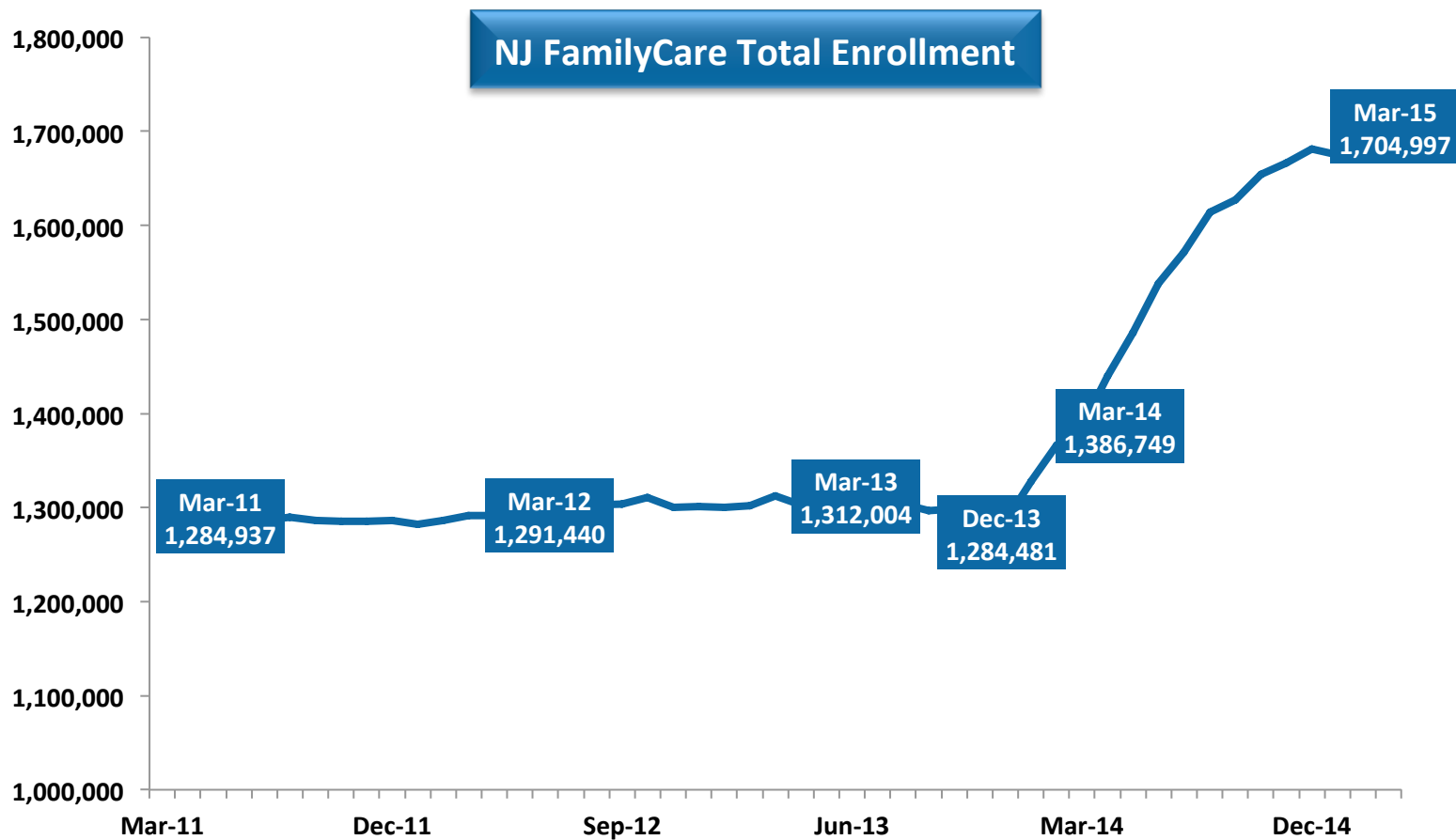
# Populations Enrolled

## **Prior to January 1, 2014**

- Children
- Aged, Blind and Disabled
- Families

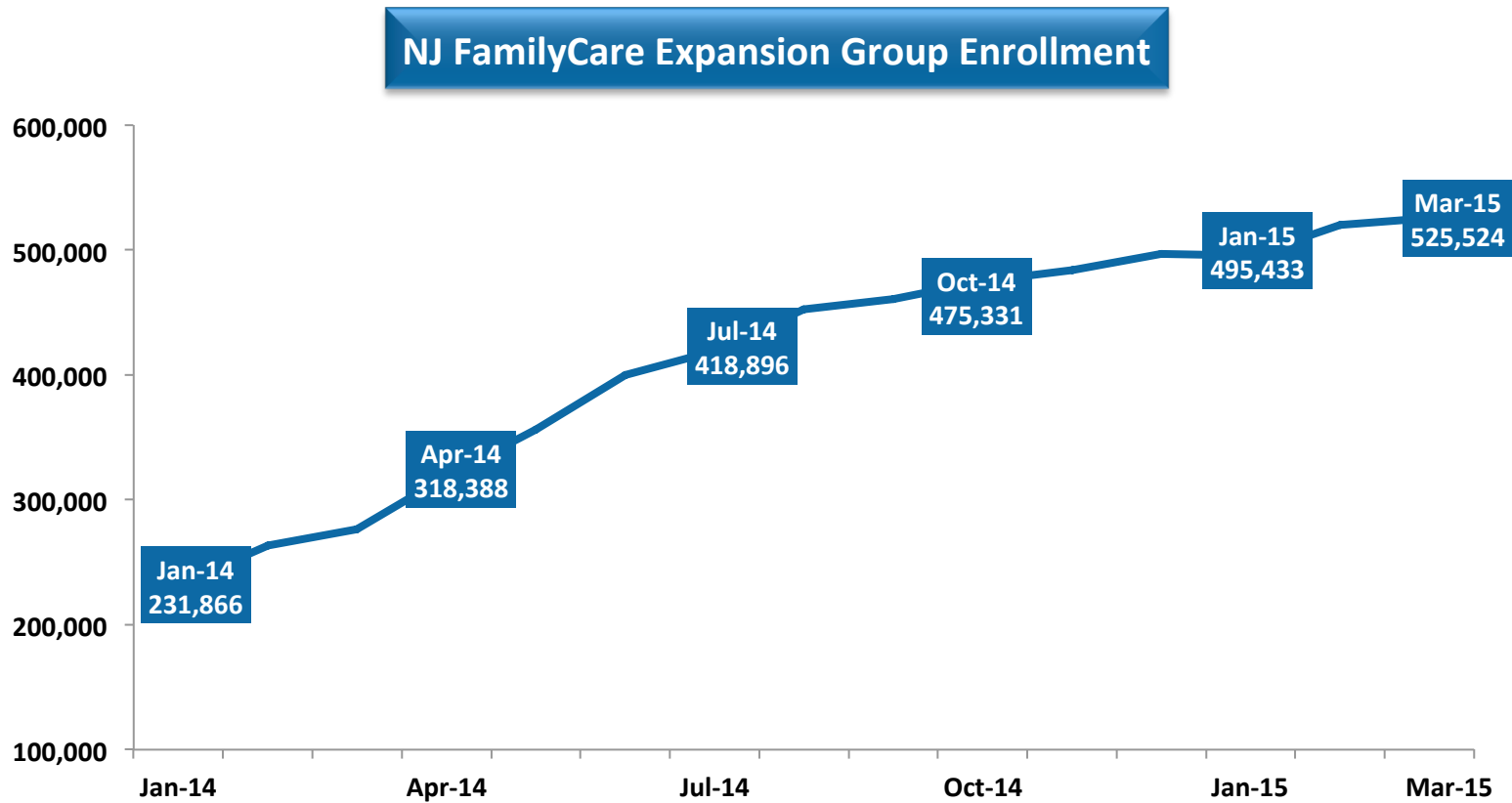
## **After January 1, 2014**

- Children
- Aged, Blind and Disabled
- Families
- Single Adults and childless couples



Source: Monthly eligibility statistics released by NJ DMAHS Office of Research available at <http://www.nj.gov/humanservices/dmahs/news/reports/index.html>

Note: Includes all recipients eligible for NJ DMAHS programs at any point during the month



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Note: Includes all recipients eligible for NJ DMAHS programs at any point during the month. Expansion Group = ABP Parent Up To 133% FPL and ABP Other Adults Up To 133% FPL



# Opportunities to Learn

- Apply lessons learned from FFS program
- Use member and focus group feedback
- Seek input from experts and advocates
- Better integrate oral health & primary care
- Evaluate the process for dental referrals

# Opportunities through Contracting to Improve Program & Health Outcomes

- Define integrated care
- Indicate MCO staff requirements and their responsibilities
- Provider monitoring for quality and health outcomes
- Member outreach, education and care management

# Reporting and Analysis

- CPT & CDT code systems
- Systems compatibility
- Reporting measures
- Diagnosis Codes
- Electronic Health Records

# Changes Needed to Effectively Advance Medical & Dental Integration

- State
  - Effective contracting
  - Monitoring and managing
- MCO
  - Innovative implementation and programming
  - Working with network providers & members
- Providers
  - Awareness of dental benefit and scope of services
  - Effective communication & collaboration between healthcare providers

# Contact

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# **2015 National Medicaid and CHIP Oral Health Symposium**

## ***Session 3***

### ***Reconnecting Mouth and Body...***

***...in the Policy World***

**Marko Vujicic, PhD**

**Washington Marriott Wardman Park, Washington DC**

**June 1, 2015**



# The ADA Health Policy Institute

WEDNESDAY FEBRUARY 2, 2016

SECTION D

**USA TODAY LIFE**

**Scarlet is a shade more 'Despicable'**  
Sandra Bullock is a 1960s supervillain in 'Minions' prequel  
SNEAK PEEK, 2D

**PERY HAS A SUPER PARTY**  
Katy Perry's new album 'Witness' is a celebration of her life and love  
SNEAK PEEK, 2D

**BOBBY BROWN, 21, IS PLACED IN MEDICALLY INDUCED COMA**  
The rapper is in critical condition after a seizure  
SNEAK PEEK, 2D

**Why adults avoid the dentist**  
Top reasons why 23% of adults don't plan on going to the dentist in the next 12 months.

**Cost** 40%

**Don't need dental care** 33%

**No time to get to dentist** 14%

**Travel to dentist is difficult** 10%

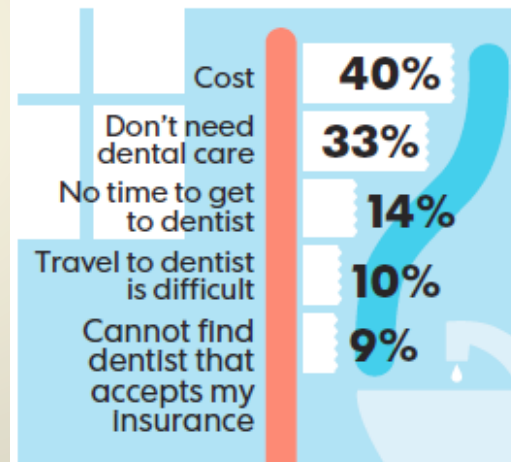
**Cannot find dentist that accepts my insurance** 9%

Source: ADA Health Policy Institute analysis of Harris Poll survey data collected April 2014

## USA SNAPSHOTS®

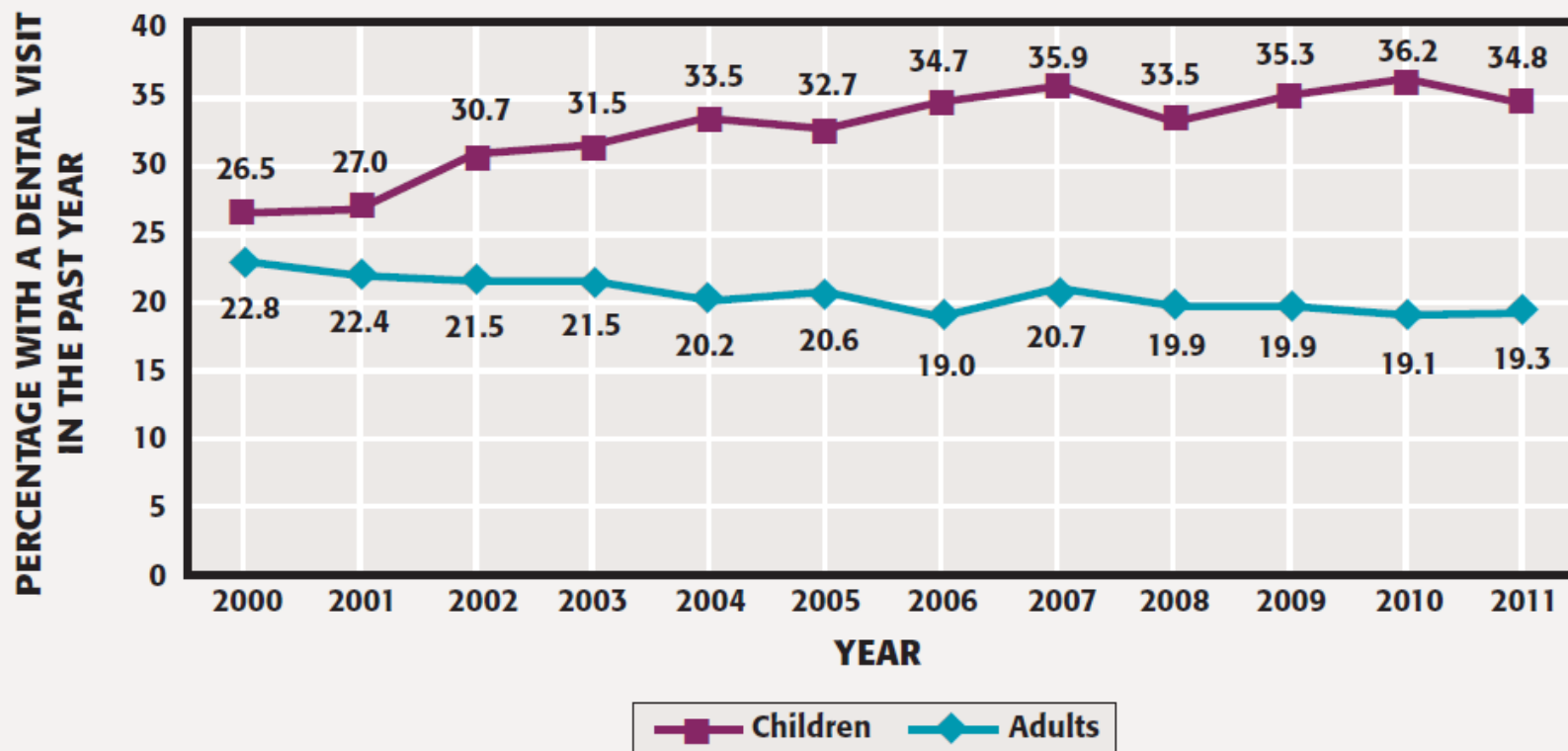
### Why adults avoid the dentist

Top reasons why 23% of adults don't plan on going to the dentist in the next 12 months.



Source ADA Health Policy Institute analysis of Harris Poll survey data collected April 2014

# Implications of Being “Essential”

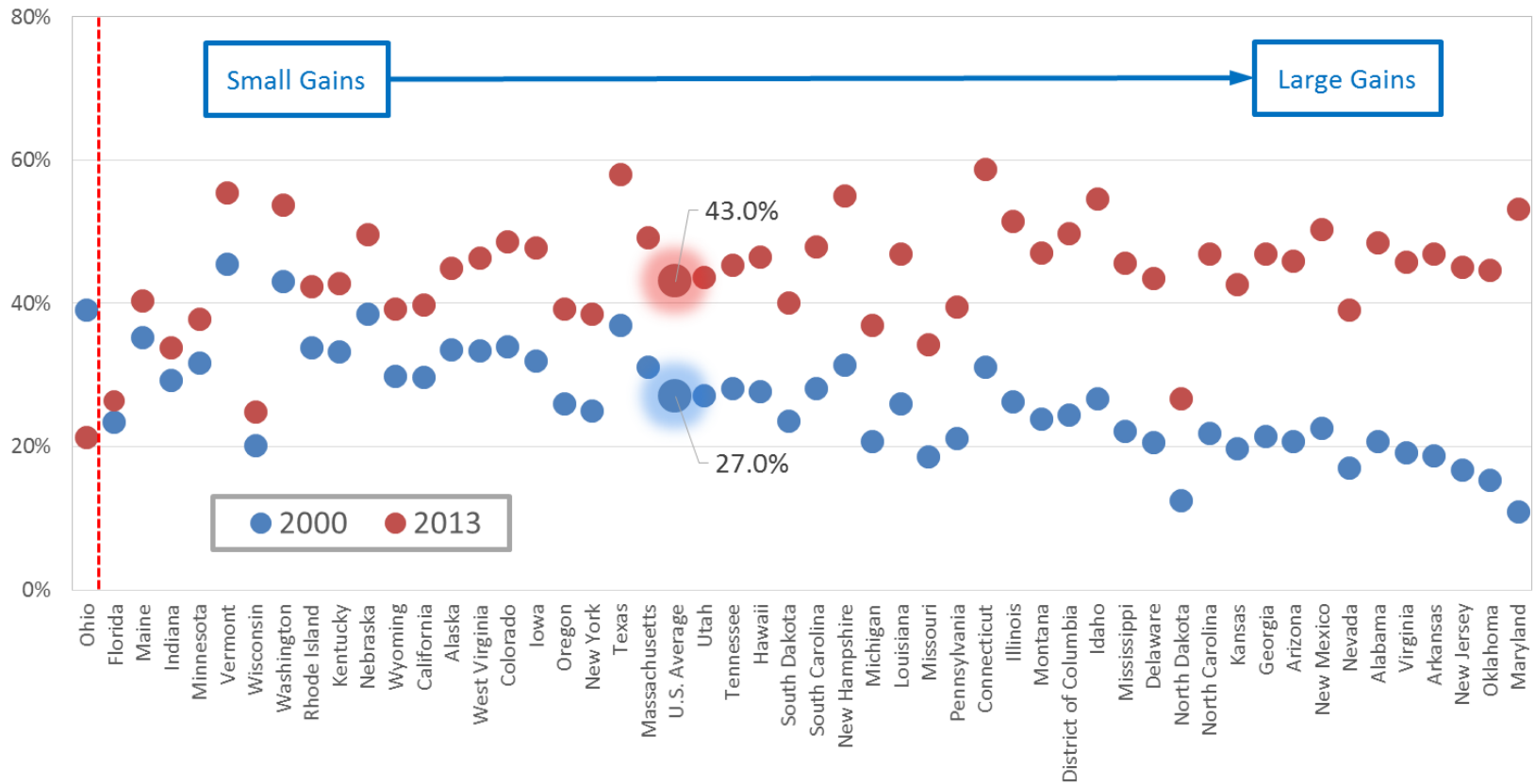


**Figure.** Percentages of low-income children and adults with a dental visit in the past year. Low income is defined as being at less than 100 percent of the federal poverty guidelines. Children are defined as being aged 2 through 18 years; adults are defined as being aged 19 through 64 years. Changes are significant at the 1 percent level (2000-2011). Source: U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality.<sup>1-12</sup>



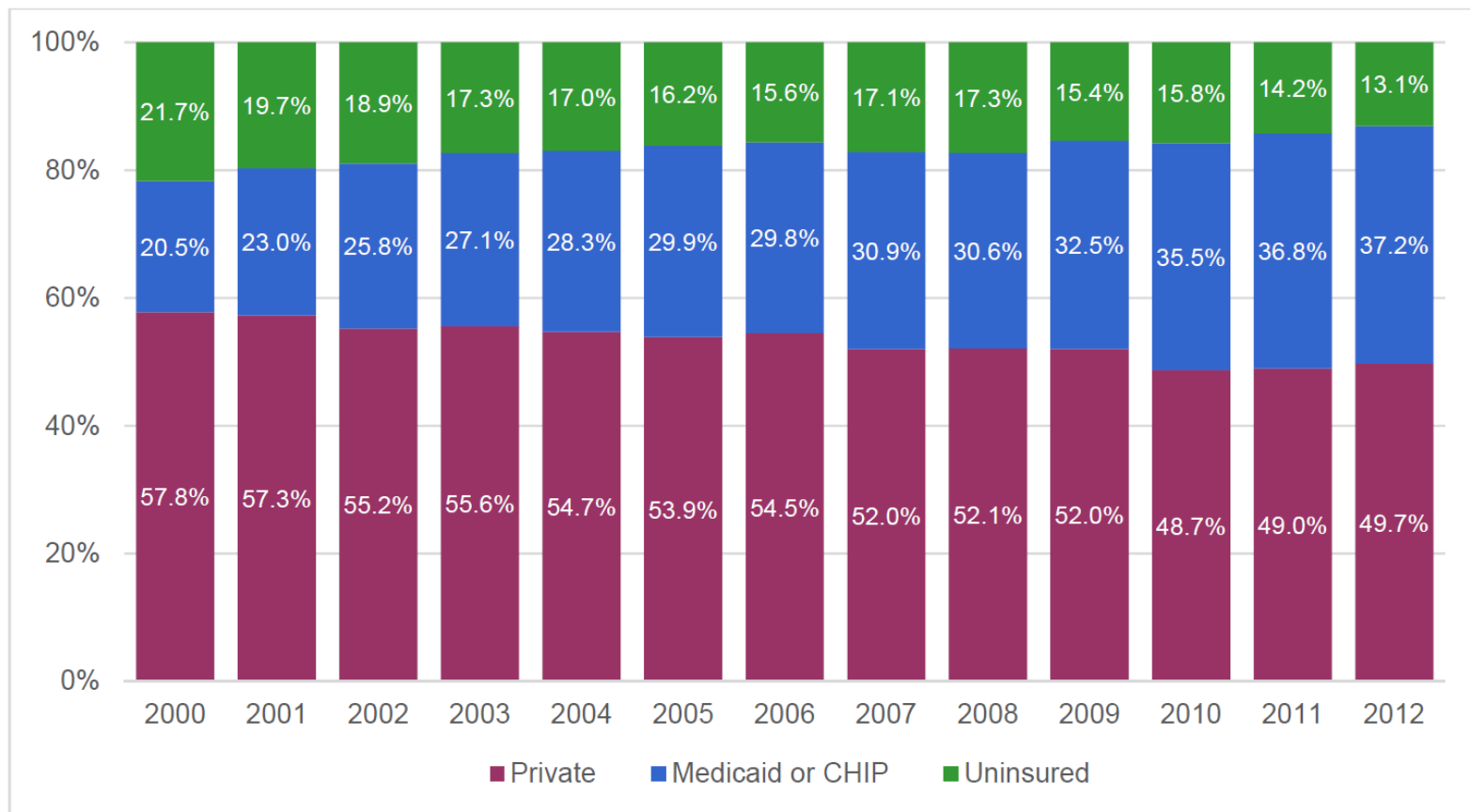
# Dental Care Utilization

Percent of Medicaid Children with a Dental Visit in the Past 12 Months, 2000 and 2013



# Dental Benefits Coverage

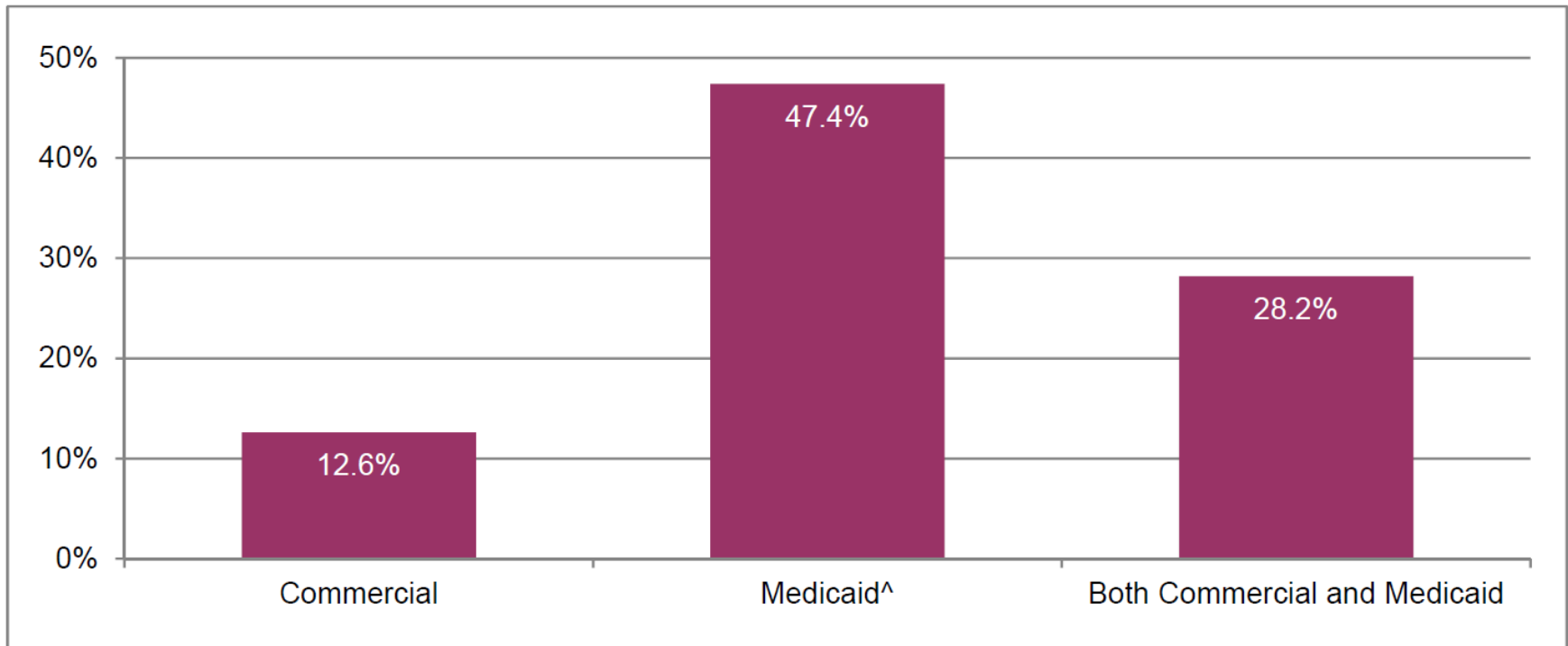
**Figure 1:** Source of Dental Benefits, Children Ages 2-18, 2000-2012



**Source:** Medical Expenditure Panel Survey, AHRQ **Notes** All changes were significant at the 1% level (2000-2012). Changes from 2011 to 2012 were not statistically significant.

# Integration via ACOs

**Figure 1:** Inclusion of Dental Services in Accountable Care Organization Contracts by Contract Type



**Note:** ACOs were asked about their responsibility for dental services in commercial contracts in both survey waves and in Medicaid contracts in the second wave. Payer categories are not mutually exclusive. An ACO may be held responsible for dental services by a commercial contract, a Medicaid contract, or both. Results presented are pooled across eligible ACOs (those with a commercial contract in either survey wave and those with a Medicaid contract in wave 2). ^For ACOs formed between September 2012 and July 2013.

# Medicaid Expansion

8.3 million

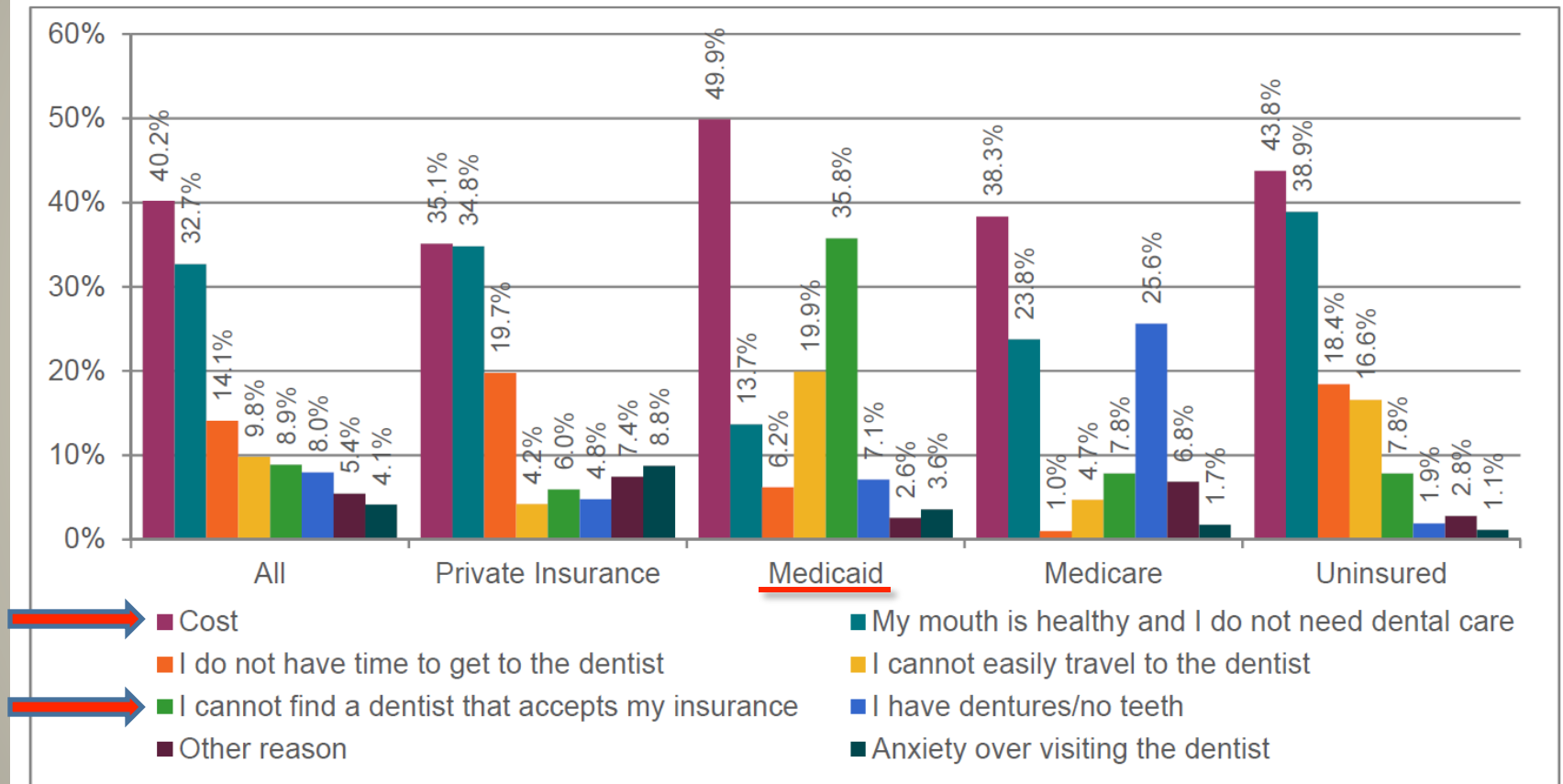
 Medicaid  
Coverage

1.1 million

 Private  
Coverage

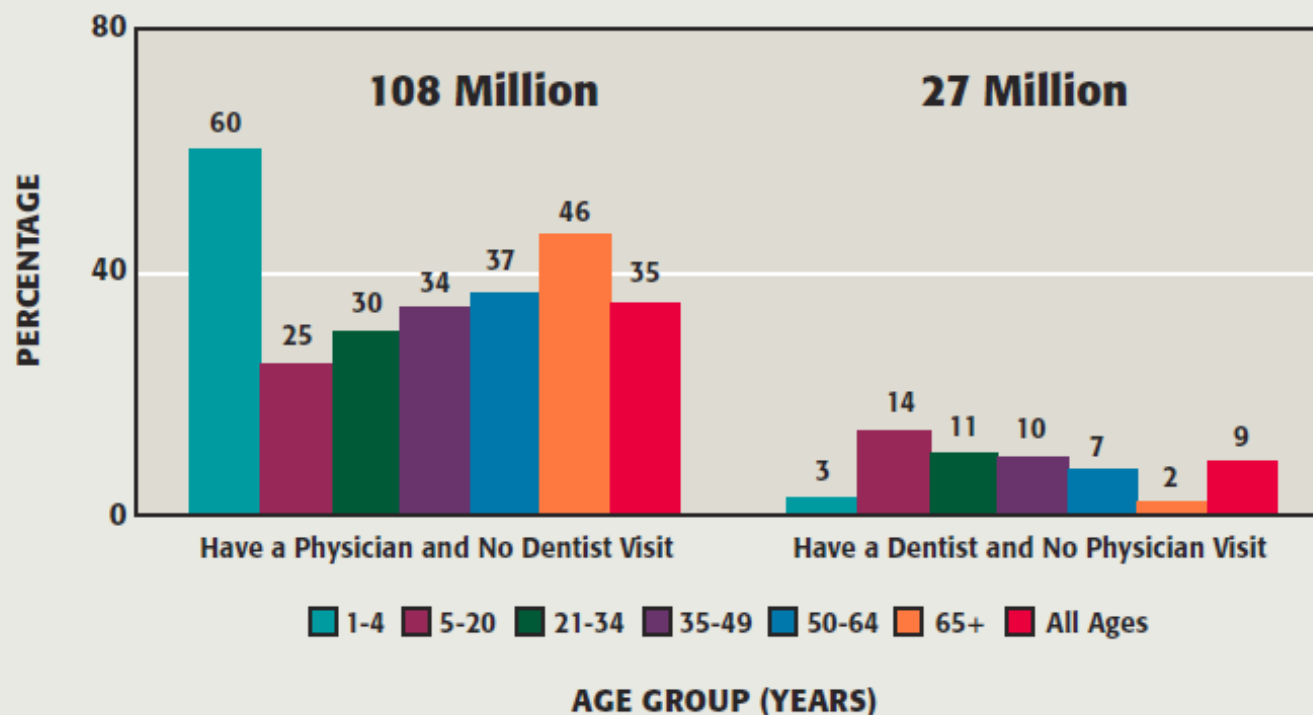
# Reasons for Not Seeking Dental

**Figure 3:** Reasons Why Adults Do Not Plan to Visit a Dentist in the Next 12 Months by Health Insurance Status



**Source:** ADA Health Policy Institute analysis of Harris Poll survey data collected April 2014. **Notes:** Results based on 965 observations. Health insurance categories are based on respondents' reported source of health insurance. All survey responses are weighted by general population weights provided by Harris Poll.

# Rethink the Role of the Dentist



**Figure.** Visits to dentists and physicians in the course of one year among U.S. patients. Analysis by the American Dental Association Health Policy Resources Center, based on data from 2011 (the most recent year for which data are available) from the Medical Expenditure Panel Survey of the Agency for Healthcare Research and Quality.

# Thank You!

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