

## **HB 4 (Formerly HB 692) Working Group on the Plan Preparation of a Medicaid Adult Dental Benefit**

October 24, 2019

Minutes

Working Group Members Present: Henry Lipman, Dr. Sarah Finne, Shirley Iacopino, Sen. Cindy Rosenwald, Rep. Jennifer Beret, Rep. Mark Pearson, Ed Shanshala, Lisa DiMartino, Erica Bodwell, Carolyn Virtue, Scott Westover, Holly Eaton, Dr. Kelly Perry, Dr. Earle Simpson, Dr. Dan Kana, Joann Muldoon, Nicole Tower

By phone: (Work Group members): Laural Dillon, Gail Brown, Kristine Stoddard  
(Public stakeholder members): Colleen Dowling, Regina Blaney, Helen Taft, Lisa Beaudoin  
(Actuary for DHHS) Milliman - Joanne Fontana, Mathieu Doucet

*Henry Lipman (Medicaid Director, DHHS), Dr. Sarah Finne, (Dental Director, DHHS)* opened the meeting by noting this session will focus on the presentations by Delta Dental and the health plans regarding their experiences in the dental Medicaid space.

*Erica Bodwell (Northeast Delta Dental) and Megan Ryczek (DentaQuest)* presented together. E Bodwell noted that DentaQuest is the largest dental Medicaid payor in New England. Northeast Delta Dental has been in New Hampshire for 60 years, and DentaQuest administers the dental Medicaid benefit in MA. She noted that, based on the organization's experience, she believes that a carve-out dental benefit is the best option for New Hampshire Medicaid. They reviewed key points to consider when designing a Medicaid benefit. They explained the differences between a carve-in and carve-out dental benefit, noting that most states are moving toward a carve-out design. They also see states moving toward a risk-based model rather than an ASO. Under a risk-based contract, the administration of the benefit is more streamlined, and the administrator is expected to provide outreach and education to patients and providers. DentaQuest has been administering dental carve-outs for approximately 20 years, and M Ryczek discussed DentaQuest's access tools as well as their quality and compliance programs. She discussed DentaQuest's ED diversion program and that they track outcomes with patients seen post-ED visit. E Bodwell noted that only 16% of dentists in NH see Medicaid patients, and that Delta Dental does and will continue to outreach to private providers to build the provider network.

H Lipman and Dr. Finne asked to hear more about Delta Dental's and DentaQuest's actuarial analysis and utilization experiences in other states, as this information is needed to build the benefit in New Hampshire. Erica noted that Delta Dental does have that information, but does not have it with her for today's meeting, as she was not aware it would be the focus of today's meeting. She asked her colleague to bring the actuarial models and charts. She noted that experience in other states shows about a 16% utilization rate the first year an adult dental benefit is introduced.

*Ed Shanshala (Amonoosuc Community Health Services)* asked about the ROI on the Medicaid population in those states with the new benefit; i.e. is there data for ED utilization and/or have they seen a reduction in claims costs. He noted there is an incentive for private providers to join the Medicaid network and that preventive care hygiene services is the greatest need; this is the highest no-show rate

for his organization. M Ryczek discussed how DentaQuest tracks no-shows and reaches out to members to find out why.

*Senator Cindy Rosenwald* asked for further clarification on the Delta Dental/DentaQuest numbers. E Bodwell will follow up with her.

H Lipman asked how the ED utilization decrease plays into the financial projections in other states, and if it shows an offset in the benefit cost. It was noted that Maine projected a 40% reduction in dental related ED claims by implementing a dental benefit. Both organizations will follow up with him.

E Bodwell asked if NH would consider eventually moving children into an MCO, as Delta Dental would like to manage entire families. Dr. Finne and H Lipman stated the focus is currently on adults. It was noted that the dental utilization rate in NH for CHIP members is the fourth highest in the country (55%).

*Lisa Beaudoin (AbleNH)* asked why there is such a big difference between dental and medical utilization rates. Several noted this is an important question, but not within the scope of today's meeting.

E Shanshala stated that one challenge is the longitudinal health status of the population and that providers must be able to use their clinical judgment in any benefit design.

*Scott Westover and Nicole Tower (AmeriHealth Caritas NH (ACNH))* presented. S Westover discussed the philosophy behind his organization's decision to offer a dental benefit in its Medicaid program and that Nicole stood up the existing program. They discussed how their current benefit is based on a treatment limit rather than a financial limit, and includes restoration and periodontal codes. They discussed how their organization believes that an integrated health benefit and care coordination is an important aspect of the dental program. ACNH works with providers to assist them to navigate through the administrative processes of the current Medicaid benefit. ACNH has engagement strategies for both members and providers. S Westover noted that the current network has 50 providers, 26 of which are in FQHCs. N Tower noted that the success of the program so far has been that anecdotal stories drive the benefit, both member utilization and providers joining the network. One of the challenges to date is provider outreach. ACNH is aware of the lack of providers in southwestern New Hampshire and is working to fill the gap.

H Lipman asked about utilization to date and if there is any feedback on wait times. S Westover noted that utilization data is obviously limited but will share the data when available. There is currently a 6 – 8 week wait time, and they are looking into how that can be mitigated. They discussed the integrative approach to the dental program and that they are continually looking to build their network. They noted that the dental benefit could have an impact on the charitable program, for example with dentures, and ACNH will monitor this. ACNH is banking on "non-provable" offsets, i.e. non-dental savings to their Medicaid program, by having a dental benefit. ACNH will share data in real time with the working group as it becomes available.

*Holly Eaton (Wellsense)* presented for Wellsense. She noted they do not have a formal presentation, but that Wellsense supports the working group and providing a Medicaid adult dental benefit. She noted that there is a dental benefit for the QHP members in MA, and she will share the MA experience with the working group.

Dr. Finne stated that NH Healthy Families was unable to attend today's meeting, but they are part of the Working Group.

H Lipman noted that the actuary for DHHS, Milliman, has been engaged by the Department to develop plan designs, as well as to provide other services as the working group proceeds.

*Dr. Dan Kana (Northeast Mobile Dental Services)* asked how the financial aspects of a dental benefit would work, i.e. will the state hire an ASO to administer the benefits? H Lipman replied that the Legislature mandated a value-based program. He noted the State could contract with an MCO or another entity to administer and manage the benefit, but that is still to be determined. He noted the State needs to see financial data, ED rates, and other related data in order to make a comprehensive and sustainable benefit. He said the CHIP dental program is fee-for-service.

Sen. Rosenwald asked about the types of dental providers that would be in the network and noted “mid-level” providers. M Ryczek responded that it depends on what the state allows. *Dr. Kelly Perry (Mid-State Health Center)* discussed the scope of mid-level providers such as certified Public Health Dental Hygienists (CPHDH) and Expanded Functional Dental Assistants (EFDA). They work under dentist supervision allowing dentists to see more patients. Dr. Finne noted that New Hampshire will consider allowing CPHDHs as providers.

E Shanshala discussed that the dental workforce shortage is an issue and that the working group should consider ways to address the shortage, such as tele-dentistry, tele-education for providers, etc. E Bodwell noted that the group should look at philanthropy, loan repayment, and other options to manage the workforce shortage. Dr. Finne stated that the Workgroup can raise issues outside the scope of its mandate and that the State is currently trying to address the work force issues.

*Michael Auerbach (New Hampshire Dental Society)* noted that the Dental Society is exploring how to best use dental paraprofessionals in a Medicaid benefit.

Dr. Finne closed the meeting by noting that the name of the Working Group has changed from “HB 692 Working Group” to “HB 4 Working Group” to be consistent with the Legislative process that enfolded SB 692 into the final budget bill, HB 4, enacted in September. The webpage name on the DHHS web site will change from “HB 692 Working Group” to “HB 4 Working Group”; however the original HB 692 dedicated e-mail address remains the same.

The next Working Group meeting is scheduled for November 7, 2019. Further details will be posted on the website soon.