

## HB 692 Medicaid Adult Dental Benefit Planning Working Group

September 26, 2019

### Minutes

Working Group Members Present: Henry Lipman, Dr. Sarah Finne, Sen. Cindy Rosenwald, Rep. Jennifer Bernet, Dr. Kelly Perry, Dr. Kristine Blackwelder, Kristine Stoddard, Erica Bodwell, Nancy Rollins, Christopher Kennedy, Scott Westover, Ed Shanshala, Loral Dillon, Dr. Stephen Hoffman, Dr. Daniel Kana, Dr. Salman Malik, Dr. Mary Beth Pierce, Dr. Earle Simpson, Amy Girouard, Regina Blaney, Shirley Iacopino, Amber Couture

*Henry Lipman (Medicaid Director, DHHS)* opened the meeting on behalf of Commissioner Jeffrey Meyers, who was unable to attend, by thanking all participants for their work. H Lipman noted that the Commissioner has no preconceived ideas of what the Adult Dental Medicaid Benefit should look like other than it be a value-based program. The Commissioner wants to ensure that dentists be involved in the benefit design and asked that the Working Group explore different administrative structures. H Lipman noted that the ultimate goal of the Working Group is to create the right benefit with the right structure that works for New Hampshire. He noted that Senator Rosenwald and Rep. Bernet were the co-sponsors of HB 692, who spoke of the need for an adult dental benefit and that they are excited to be on the Working Group.

H Lipman summarized HB 692, noting that the legislation removed the prohibition of a Medicaid adult dental benefit, and that January 1, 2020 is the date by which the report on all proposed changes to state law that the Commissioner believes may be necessary for the incorporation of an adult dental benefit into a value-based care platform will be submitted to the Governor, Speaker of the House, and President of the Senate. He explained that information, updates, meeting notices and minutes will be posted on DHHS website's HB 692 webpage, and there is a dedicated e-mail address for stakeholders to submit questions and comments to the Department. **He then requested that the Working Group meet every other Thursday at 2:00 pm** until the end of the year (other than Thanksgiving Day). The Working Group agreed to this schedule.

H Lipman and *Dr. Sarah Finne (Dental Director, DHHS)* noted that the initial discussions of the Working Group should focus on the demands and needs for the dental benefit and that DHHS wants to get an environmental scan of access issues. The Department will be reaching out to stakeholders in the coming months to get a sense of the needs and concerns across the state. The Department will provide the Working Group with survey language to use in their communities to help assess needs. H Lipman and S Finne noted they would ask representatives from Medicare, Medicaid, CHIP, Dental Services Association (MSDA) and other experts in this space to present on existing Value-based models and experiences of other states.

The meeting was opened for Working Group members to share their comments and concerns about creating the adult dental benefit.

*Dr. Stephen Hoffman* noted that he was looking forward to designing such a benefit because there is currently not anything, and there is a definite need.

*Ed Shanshala (Ammonoosuc Community Health Service)* discussed the lack of fixed dental sites in the North Country until Littleton, which is only 5 years old. They have seen a decrease in ED visits in Littleton during this time, and the biggest challenge for the site is dental hygiene; they have ~25% no-show rate for hygiene appointments. They have workforce issues however, the State Loan Repayment Program and the Workforce Innovation Act have helped address the shortage. They have had three dental students rotate through and now have a practicing DDS through these programs.

*Erica Bodwell (Delta Dental)* noted that Delta Dental has a lot of administrative expertise as well as data on statewide need and demand. They have actuarial resources and a risk-assessment consultant they can share with the Working Group. She noted that creating an adult dental benefit for NH Medicaid relates to Delta Dental's mission of and advocacy for improving dental health.

*Amy Girouard (MCAC)* noted she has a daughter on CHIP and wants to make sure her daughter will have access to dental care when she is an adult. She also discussed the need to have dental providers with expertise in treating individuals with disabilities, dementia, and the elderly.

*Kristine Stoddard (Bi-State Primary Care)* discussed how it is important that any dental benefit be integrated with overall healthcare, especially related to SUD treatment. She noted that Bi-State is holding a conference with and funded by DentaQuest on Value-Based Dental Benefits on November 18-19, 2019. S Finne requested the conference information to post on the HB 692 webpage.

*Scott Westover (AmeriHealth Caritas)* noted that AmeriHealth Caritas currently offers a self-funded adult dental benefit to its NH Medicaid members, and he can share utilization and other relevant data in real time to the Working Group.

*Rep. Bernet* noted she's a sponsor of HB 692 based on her experience both as a parent of an adult son with developmental disabilities and as a social worker.

*Christopher Kennedy (NH Healthy Families)* expressed his company's intent to work on finding the most constructive way to build the benefit. He noted that their sister company, Centene, has experience with Medicaid dental programs in other states and will share those experiences.

*Dr. Kelly Perry (Mid-State Health Center)* noted that her clinic sees a high number of emergencies and that they offer patients a sliding scale. She discussed the need to connect oral health to systemic health and overall well-being.

*Laural Dillon (DPHS Oral Health Program Interim Director)* discussed how her program currently receives limited state and federal funds for its services.

*Dr. Earle Simpson (Saving People's Smiles)* noted how his clinic is a 501(c3) and provides services on a sliding scale. He expressed the need for a Medicaid adult benefit.

*Dr. Kristine Blackwelder (Winnisquam Dental)* spoke about care coordination and transportation as necessary for an adult benefit.

*Nancy Rollins (Easter Seals)* discussed the heavily subsidized adult and children dental program Easter Seals operates in Manchester that serves a very diverse population including veterans. She explained that a significant barrier for the program in providing services to disabled individuals is that these individuals often need to have dental procedures done under anesthesia, which is not available in the Easter Seals dental site. She pointed out that often the people they serve have not had dental care in many years and need extensive dental work and cleaning. She expects that may be true of many adults who would use a Medicaid dental benefit. She also stressed the need to be thoughtful about care coordination and the social determinants that are barriers to care (i.e. childcare, transportation, etc.) She noted the need for provider development programs and opportunities to recruit and maintain a strong network.

*Dr. Daniel Kana* shared his experience about working in a capitated environment in nursing homes in New York State and in a value-based payment system in Vermont that had a \$500 benefit limit. (One of the stakeholders noted the VT benefit has increased to \$1,000, excluding preventive care, and that State had created a similar work group.) He noted the need for a consistent dental hygiene program in nursing homes in particular as well as overall.

*Dr. Salman Malik* noted that the Department and Working Group must include more private practice providers and involve them in the benefit design. He said one of the biggest deterrents to private providers serving Medicaid clients is the bureaucratic system and process, and that the system needs to be simplified for both the provider and patient.

After hearing from Working Group members, stakeholders present were asked to share comments, experiences and thoughts.

*Amber Couture (Greater Seacoast Community Health)* noted her clinic also sees ~25% no-show for hygiene appointments. They offer childcare at the clinic and provide some transportation benefits to encourage patients to keep their appointments.

*Kris McCracken (Amoskeag Health)* discussed the dental clinic at her FQHC and noted that the average dental patient costs ~\$2,500. She expressed her concern about placing a cap on the service, the need to have a reasonable and timely process for emergency dental services when the need is related to health conditions (i.e. pregnancy issues, cardiac needs, etc.). She noted the need and associated cost of interpreters at dental appointments when there is a language barrier.

*Dr. Mary Beth Pierce (Catholic Medical Center)* noted that the group should reflect on how much progress has been made on the issue over the past several years, and the fact that there is now an opportunity to create a Medicaid adult dental benefit. She spoke of the impact the opioid epidemic has on dental care in Manchester and the need to address it, as well as the need for more provider training to treat individuals with special needs.

H Lipman thanked everyone for attending the Working Group meeting and participating in the process to design a Medicaid dental benefit. He recapped the action items from the meeting:

- The Working Group will meet every other Thursday at 2:00 pm until the end of the year
- The Department/Working Group will work on forecasting the demand and needs across the state
- H Lipman and S Finne will work to bring external experts on dental plan design and structure to the meetings
- Working Group members and stakeholders are advised to check the website, <https://www.dhhs.nh.gov/ombp/medicaid/hb692/index.htm>, frequently for updates and information. S Finne will send updates to those on the HB 692 e-mail distribution list. Stakeholders were asked to make sure the Department has their e-mails if they would like to receive these emails
- The Working Group will begin to research plan designs and administrative models.