

# HB 692 Medicaid Adult Dental Benefit Planning Working Group

October 10, 2019

## Minutes

Working Group Members Present: Henry Lipman, Dr. Sarah Finne, Shirley Iacopino, Sen. Cindy Rosenwald, Rep. Jennifer Beret, Rep. Mark Pearson, Suzanne Petersen, Scott Westover, Chris Kennedy, Lisa DiMartino, Erica Bodwell, Dr. Kristine Blackwelder, Gail Brown, Nancy Rollins, Joan Fitzgerald

*Dr. Sarah Finne, (Dental Director, DHHS)* opened the meeting by thanking everyone for attending and then discussed that the focus of the meeting would be a high-level review of the population to be served, and then drill down to the different demographic groups and areas to give a sense of the need. This will then drive the environmental scan of the state to help shape the benefit. S. Finne discussed that the Working Group will be divided into four (4) subgroups based on expertise. She encouraged everyone to participate in the discussion, and noted again that the Department is looking for suggestions and input from everyone involved.

She reviewed the information packet that includes Medicaid and dental utilization data which will be posted on the Department's HB 692 web page.

- Page 1 of the packet includes Medicaid enrollment by county.
- Page 2 includes enrollment by age group (21-44 yrs and 45-64 yrs) by county; and enrollment by program type (Standard Medicaid and Granite Advantage) by county. It was noted that further age breakdowns can be obtained if needed.
- Page 3 includes a breakdown by eligibility group (Granite Advantage, Adults with Disabilities, and Other Low-Income Adults)
- Pages 4-5 includes the breakdown by age of the entire state population, *not just Medicaid*, of dentist or dental clinic utilization for any reason within the past year. The data is from the CDC Behavioral Risk Factor Surveillance System (BRFSS). The age brackets are 18-24 yrs, 25-34 yrs, 35-44 yrs, 45-54 yrs, 55-64 yrs, and 65+ years. S Finne noted that the trends in NH were not much different from other states in terms of utilization by age. She also noted that there has been a slight decline nationally from 2012-2018 of the number of adults of any age utilizing dental services.

*Nancy Rollins (Easter Seals)* asked if there is data on ED visits related to dental issues. S Finne said there would be in the future and recognized the importance of such data.

*Lisa DiMartino (MCAC)* asked how the CDC survey was done and why it did not include individuals age 65 and older. S Finne explained the CDC conducted a phone survey and that the Department was not involved. She was not sure how the CDC selected people to call, but noted that the BRFSS is one of the most robust surveys conducted by the CDC. The survey does not include individuals 65 years and older because Medicaid covers individuals up to age 64. Medicare covers eligible individuals aged 65 and older. She noted that individuals in nursing homes under age 65 are covered by Medicaid and that this population would be taken into account when designing the dental benefit.

*Senator Cindy Rosenwald* expressed concern about the Granite Advantage number, stating that the population continues to decline. She acknowledged the issue is outside the purview of the HB 692 Working Group, but wanted to point out that this number continues to decrease. She is concerned that more people are becoming uninsured in NH, and the Working Group should look into this issue. H Lipman and S Finne said they will confirm how the number reported was pulled, and that the monthly variations are likely due to the churn of members coming on and going off Granite Advantage in any given month. Approximately 2,000 - 3,000 members churn each month.

*Lisa DiMartino (MCAC)* noted it is important to determine barriers of dental care such as transportation, patient anxiety, etc. She asked if it is possible to drill down further on what is the “any reason” individuals used dental services in the CDC survey.

S Finne and H Lipman discussed the environmental scan to be developed based on information and questions provided by the four suggested subgroups. The subgroups were proposed to be broken up as follows (and will have meetings that are noticed):

1. FQHCs/community health centers
2. Public Health programs including the Oral Health Program, mobile dental clinics, MCAC representative(s), and dental home care providers
3. Private dentists and other dental providers and NH Dental Society
4. MCOs/Delta Dental

The first step in developing the scan is to understand the patient population. S Finne distributed a sample questionnaire as a starting point for the Working Group to consider the types of questions necessary to gather information. The first set of questions should focus on patient demographics including insurance status. She noted that a point of frustration for dentists is the inability to complete treatment plans due to lack of insurance coverage for many patients. Therefore, the questionnaire should capture denial rates as well as the pre-surgical clearance process for those procedures that may require anesthesia.

S Finne clarified that the questionnaire will be sent to providers including FQHCs and other dental clinics and programs. Questions will not be on the individual level, and providers will not be asked to provide either individual patient or practice information. The information should be provided in the aggregate so that there is a solid basis for assessing ranges in the actuarial rate development.

Several work group members noted that in addition to providers, it is important to reach out to clients and consumers as well. *Gail Brown (NH Oral Health Coalition)* noted the challenge in reaching the uninsured, but that it is critical to understand their barriers to care. S Finne discussed how the Department is reaching out to many organizations across the state to try to get a true understanding of the barriers and need. *Nancy Rollins (Easter Seals)* commented that a question for patients/consumers should be, “When did you last see a dentist?” H Lipman noted that information from such a question helps in decision-making around the actuarial rate ranges. *Mike Auerbach (NH Dental Society)* suggested a question to providers should be, “What is the percentage of no-shows?”

*Joan Fitzgerald (NH Dental Hygienists Association)* noted her organization conducted a small pilot study with Crotched Mountain Health Care on dental utilization which she will share that with group. She

stated that a significant issue with care management is managing children in the CHIP program who are transitioning to Adult Medicaid.

H Lipman discussed comparing care management needs in the dental benefit similar to what currently exists for the medical benefit, noting that transportation is included in the medical benefit. S Finne asked the Working Group to provide the Department other care management questions to include on the questionnaire. She recognized that workforce is an issue for both dentists and dental assistants.

H Lipman asked the insurance representatives to provide any insight information on what they could offer actuarially from their plan and look at any existing plans they may have in NH or other states. *Erica Bodwell (Delta Dental)* noted that 90% of the dentists in NH contract with her organization, so she is able to provide commercial plan data as well as information from DentaQuest on Medicaid plans in other states. She asked if the Department has data on emergency dental visits/procedures in EDs and outpatient sites. *Scott Westover (AmeriHealth Caritas)* said he can share data dating back to September 1, as well as his organization's experience in building a network in NH. He noted that it is important to balance access and need when creating the reimbursement schedule and devising the codes.

H Lipman reiterated that the group should look at Value Based models rather than fee-for-service.

S Finne mentioned the Oral Health Value Based Training Conference offered by Bi-State Primary Care on November 18<sup>th</sup> and 19<sup>th</sup>. Details are available on the HB 692 webpage.

S Finne discussed the subgroups and that their work will be shared with the larger Working Group. Scheduling information will be posted on the HB 692 webpage as available, and subgroup meetings will be open to the public.

It was asked if there will be a subgroup devoted to care coordination. It was explained that care coordination will likely come up in all subgroups as an important issue to address and could be modeled on medical care coordination.

*Gail Brown (NH Oral Health Coalition)* stated it will be critical to build up a dental network, as the need is well known. The Oral Health Coalition conducted a baseline survey in 2015 that covered many of the issues discussed by the Working Group. She recognized that though the data is old, the framework will be useful. This will be shared with the Department. She noted that the Oral Health Coalition is a resource and trainer for the Working Group, and they are offering a program on Improving Oral Health Outcomes through Community-Based Strategies on November 22, 2019. This program is different from the Bi-State Primary Care conference, but is a complement to it. The program information will be provided to the Department to post on the HB 692 webpage.

The meeting adjourned with the NH Dental Society offering their space for the subgroup meetings. The next Working Group meeting on October 24 will be held at the Legislative Office Building. People are advised to check the HB 692 web page frequently for details.