

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

November 7, 2019  
Minutes

Working Group Members Present: Henry Lipman, Dr. Sarah Finne, Laura Ringelberg, Rep. Jennifer Bernet, Mike Auerbach, Ed Shanshala, Nancy Rollins, Dr. Kelly Perry, Dr. Kristine Blackwelder, Dr. Daniel Kana, Dr. Earle Simpson, Joan Fitzgerald, Nicole Tower, Erica Bodwell, , Chris Kennedy, Laural Dillon, Joanne Muldoon

Guest: Wendy Hedrick (Envolve), Courtney Morin (Delta Dental)

By phone: Lisa DiMartino (HB 4 Working Group), Joanne Fontana (Milliman), Dr. Jeremy Corbett (Envolve)

Henry Lipman (Medicaid Director, DHHS) Dr. Sarah Finne, (Dental Director, DHHS) opened the meeting noting that the Working Group will continue to convene past the end of 2019 and until the group has met its legislative mandate. Milliman (the Department's actuary) will meet with the group in person in December. Today's meeting is focused on presentations from New Hampshire Healthy Families (NHHF) and Delta Dental.

*Chris Kennedy (NH Healthy Families) and Wendy Hedrick (Envolve Benefits, Centene's Dental Administrator) presented together, and introduced Dr. Jeremy Corbett, Envolve's Chief Health Officer (participating by phone). They presented NHHF background and how NHHF's care management approach would work well with a "carve-in" dental model used by Envolve in other states. NHHF is based in Bedford where half the staff are clinical, including customer service staff.*

*Wendy Hedrick provided an overview of Envolve. Established in 2013, Envolve is based in Tampa, FL. Envolve's main experience is working with the Medicaid population by partnering with MCOs and state governments. The company has an integrative health focus and is set up as an HMO model offering a carved-in dental benefit, recognizing that each state and health plan has different characteristics and needs. Medicaid adult dental benefits provided by Envolve in Arizona, Michigan, Kansas, Louisiana, and Georgia use various types of models. In all five states, Centene provides the Medicaid health benefit and Envolve currently works only with Centene plans as part of the Centene Corporation. H Lipman asked if Envolve has cost estimates and experience of states that implemented a new dental benefit where there previously had not been one. This information will be provided at a later date. AZ and GA are probably the most comprehensive, while the LA benefit is similar to VT with a value-added benefit.*

*Rep. Jennifer Bernet asked if there are different benefits under a carve-in versus a carve-out design. It was noted that would depend on the state's RFP design; the benefits for members would be the same, but the dental administrators would be different. Others asked about Envolve's quality measures and metrics. W Hedrick said it varies by state and health plan, but all require HEDIS reporting. Ed Shanshala (Ammonoosuc Health Services) asked if there has been a decrease in dental and/or medical claims after a state has implemented a dental benefit. W Hedrick will get back to the group with the answer. Dr. Finne asked if they have any experience serving special needs populations. W Hedrick noted that in Kansas, the dental network staff has specialized training in this area, and the dental offices are equipped*

for patients with special needs. In some states, Envolve works with the child welfare agency to serve at-risk children and children in the foster care system to help ensure continuity of dental care.

*Joanne Muldoon (NHHF)* discussed NHHF's local care management focus, how they look at members holistically, and try to provide one point of contact for member. NHHF shares information with physicians and other providers through the Integrated Delivery Networks (IDNs) and community based organizations. Dr. Corbett noted Centene operates an integrated approach to medical care, taking into account social determinants of health when working with members, as well as in designing member programs. He gave the example of their "on demand" diabetic program that includes a dental focus because diabetics are at a high risk for periodontal disease.

*Michael Auerbach (NH Dental Society)* asked about feedback Envolve has received from dentists in the states in which Envolve has networks. W Hedrick noted they meet with providers and stakeholders before implementing the benefit, as well as provide support through dedicated provider representatives and portals. She will get back to the group with the percentage of dentists in their networks in the states in which Envolve provides a dental benefit. *Nancy Rollins (Easter Seals)* asked how no-shows are handled. Envolve works with the health plans to case manage members who do not show for appointments to determine the reason. J Muldoon noted that part of the NHHF case management team are local community health workers who may go into the field to assist patients in getting to their appointments. *Laural Dillon (DHHS Oral Health Program)* asked about Envolve's health outcomes. W Hedrick will get back to the group with more information. *Joan Fitzgerald* asked about EMR coordination with medical providers. Dr. Finne noted that while this is an important issue, it is outside the scope of designing a dental benefit and should be placed in the "parking lot" for the time being.

E Shanshala noted that going forward, the MCOs and Administrators should show utilization, outcomes, and measures for carve-in and carve-out models.

*Erica Bodwell and Courtney Morin of Delta Dental* reviewed the fiscal note of Maine's Adult Dental Benefit as an example for comparability with New Hampshire because, although the Medicaid populations of the two states are different, this was a first time Medicaid benefit for Maine. They explained that the bottom line numbers are not relevant for this group, but they wanted to provide the utilization rate, ramp-up experience, and offsets.

They reviewed examples of cost estimates to New Hampshire – one with an annual benefit maximum of \$1,000 and one with a \$500 annual maximum benefit. Both assume no co-pays and an initial 40% utilization rate and increasing to 55%. The models showed the breakdown between State and Federal funds for the traditional Medicaid population (50% federal/50% state) and the Medicaid Expansion population (90% federal/10% state.) The models do not reflect potential offsets from reduced ER visits nor the potential shift of the current adult dental spend at this time.

After taking into account savings from the current Children's Health benefit, the Delta model assumes an estimated cost to the State only of \$2,291,068 for Year 1 and \$2,599,684 for Year 2 for a **total Biennial cost to the State of \$4, 890,753 for a \$1,000 annual maximum benefit design.**

After taking into account savings from the current Children's Health benefit, the Delta model assumes an estimated cost to the State only of \$1,903,094 for Year 1 and \$2,174,235 for Year 2 for a **total Biennial cost to the State of \$4, 077,329 for a \$500 benefit design.**

H Lipman noted the need to make sure sufficient funds are available in the Health Care Trust Fund for the Medicaid Expansion population, as the General Funds cannot be used to cover any Medicaid services for this group. There was discussion on reviewing crowns and dentures and other restorative services, as these services may be difficult to cover in certain models due to cost.

Dr. Finne announced that the Nov. 21 working group meeting is canceled, and further information will be posted on the website including the upcoming meeting schedule. The working group then adjourned and the Public Health Sub Group began its work session.

#### Public Health Sub Group Work Session:

Dr. Finne reviewed notes emailed to group last week. Each member was asked to consider each question and report back to Dr. Finne about what they plan to do to scan their constituents and present information that is vital to the working group. They were asked to let her know if they will need help facilitating focus groups, printing survey materials, etc. Discussion of different benefit elements followed.