2017

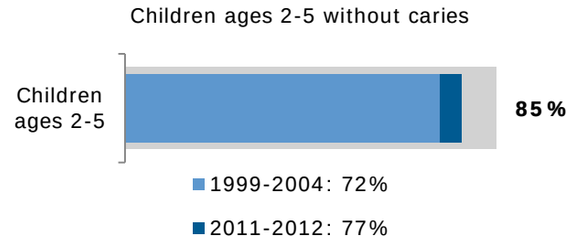
Dashboard of national progress toward targets

ORAL HEALTH FOR ALL 2020

DentaQuest Foundation

Harder+Company Community Research | Engage R+D

Eradicate dental disease in children:
With the closing of disparity gaps, 85% of children reach age 5 without a cavity



More children now reach age 5 without a cavity, but caries rates are higher for Black, Latino, and American Indian children.

Efforts by the Indian Health Services Early Childhood Caries Collaborative led to a 17% decrease in caries experiences among children ages 1-5 in American Indian communities.

Incorporate oral health into primary education:
10 largest school districts have incorporated oral health into their systems

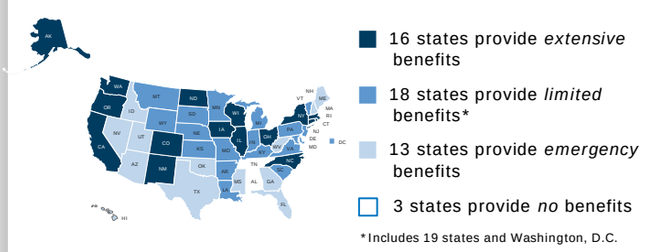
To more fully incorporate oral health, districts are:

- Convening to share and identify key strategies
- Defining a comprehensive school oral health model
- Developing policy, finance, and sustainability strategies for school-based oral health services
- Implementing policy, finance, and sustainability strategies for school-based oral health services

The 10 largest school districts offer oral health education, screenings, preventive services, and referrals. Not all children, however, are being served.

7 of 10 of the largest school districts are updating their consent processes to maximize access to and utilization of oral health services in their systems.

Include an adult dental benefit in publicly funded coverage:
At least 30 states have an extensive adult benefit



1 in 3 states provide extensive dental benefits to adult Medicaid recipients. Since July 2016, Arizona and California extended their benefits to cover additional oral health services.

Efforts to increase dental benefits are also underway in Hawaii, Maine, Maryland, Massachusetts, and Oregon.

Include an adult dental benefit in publicly funded coverage:
Medicare includes an extensive dental benefit

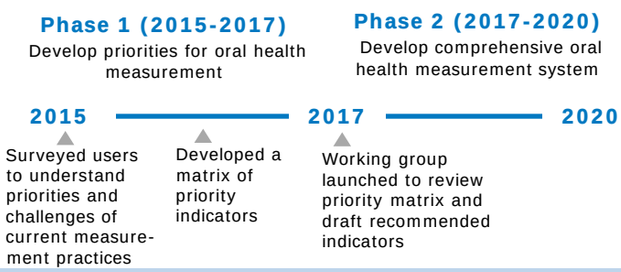
To reach this target, advocates are working to:

- Convene a broad group of stakeholders
- Define the benefit
- Identify the core leadership team to champion the bill
- Launch a media campaign to increase awareness and support
- Identify and recruit a legislative champion to introduce the bill to Congress
- Score the benefit
- Get legislation authorizing a dental benefit in Medicare

Medicare does not include an extensive dental benefit, but efforts to introduce a bill are underway.

In January 2017, 124 congressional representatives introduced legislation to add dental services to Medicare. Though the current political context is not supportive of the bill, it will help frame the debate moving forward.

Build a comprehensive measurement system:
A national- and state-based oral health measurement system is in place



Experts are laying the groundwork to develop a comprehensive oral health measurement system.

In 2017, a working group of key federal agency officials and national experts was launched to review the matrix of priority indicators and draft recommended oral health indicators.

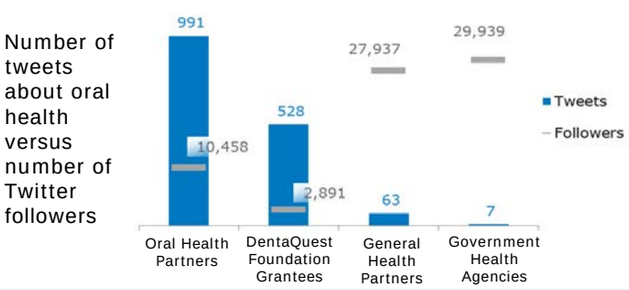
Integrate oral health into person-centered care:
Oral health is integrated into 50% of emerging person-centered care models

One in six accountable care organizations (ACOs) formed between 2012 and 2015 are contractually responsible for **offering dental services**.

Opportunities to integrate oral health into other types of patient-centered care models are emerging.

Accountable payment models that cover person- or episode-level outcomes and costs, are expanding. Opportunities for incorporating oral health into these new models will likely become increasingly clear in the coming years.

Improve the public perception of the value of oral health:
Oral health is increasingly included in health dialogue and public policy



Opportunities exist to further engage partners who can expand the reach of public messaging.

A 2016 social media analysis found that DQF grantees and oral health partners tweet about oral health frequently, but government agencies and general health partners have significantly more followers.

National Progress toward Oral Health 2020 Targets

2017 Update

ORAL HEALTH FOR ALL 2020

DentaQuest FOUNDATION

harder + co community research

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Dashboard

Oral Health 2020 is a multi-year effort to strengthen and unify the DentaQuest Foundation network, build upon current initiative strategies, and expand impact. The Foundation is engaging grantees and partners around a set of bold, shared goals with specific targets to be achieved by 2020.

The Oral Health 2020 dashboard is intended to be a data-rich, cohesive illustration of progress on a set of goals defined by the Oral Health 2020 network in collaboration with the DentaQuest Foundation.

This dashboard visual report includes an update on the network's progress toward OH2020 targets as of June 2017. There is a section for each target, with a summary key accomplishments and the role that OH2020 network members have played in each.

Oral Health 2020 Goals

Eradicate dental disease in children

Incorporate oral health into primary education

Include an adult dental benefit in publicly-funded coverage

Build a comprehensive measurement system

Integrate oral health into person-centered care

Improve the public perception of the value of oral health

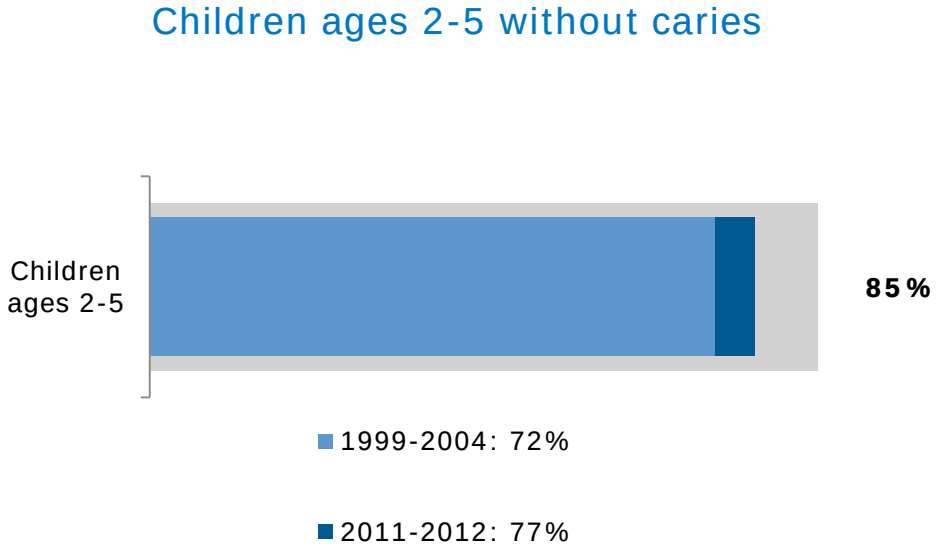
Eradicate dental disease in children:
85% of children reach age 5 without a cavity, while closing disparity gaps

More children reach age 5 without a cavity, but disparities exist for Black, Latino, and American Indian children.

Tooth decay affects more than one-fourth of U.S. children aged 2–5 years. Children from low income and minority families are particularly vulnerable because they are less likely to have their oral health addressed. An estimated 17 million low income children in the United States go without oral health care each year. This represents about one out of every five children.[1]

The good news is that tooth decay is preventable. Approximately 77% of children ages 2-5 did not experience dental caries in primary teeth in 2011-2012, 8 percentage points away from the goal of 85% of children reaching age 5 without a cavity by 2020.[2]

However, more work is needed to address disparities. Caries prevalence was higher for Hispanic and non-Hispanic Black children. While 73% of all children ages 2-8 did not experience caries in 2011-2012,* only 56% of non-Hispanic Black children and 54% of Hispanic children did not experience caries.[3] Rates of tooth decay are even greater among American Indian and Native Alaskan children, more than four times greater than their white Non-Hispanic peers.[4]



*Data on caries for children by race/ethnicity is available for ages 2-5 only.

Eradicate dental disease in children:
85% of children reach age 5 without a cavity, while closing disparity gaps

DentaQuest Foundation's partners and grantees are working to ensure oral health is included in nutrition, health and school settings for families and young children.

- The American Academy of Pediatric Dentistry Pediatric Oral Health Research and Policy Center is building a predictive model to forecast the risk of caries among children. The project has the potential to engage primary care providers in oral health and encourage needed referrals for dental care.
- QUEST in AI/AN Children—an organization that convenes resources and expertise to reveal and address the causes of high caries rates among American Indian and Alaska Native (AI/AN) is supporting the development of a field guide to support Indian Health Services' efforts to support caries reduction in AI/AN communities.
- The Indian Health Services Early Childhood Caries (ECC) Collaborative engages medical and community partners to provide oral health assessments, fluoride varnish, and referrals to dental clinics with the goal of reducing early childhood caries in AI/AN communities. Across participating ECC Collaborative sites, access to sealants and fluoride varnish increased among children ages 0-5 by 65% and 161%, respectively, between 2010 – 2014.[5]

More children, especially those eligible for public benefits, are receiving more preventive services.

The percentage of children ages 0-5 receiving Medicaid-funded preventive dental services has increased from 25% to 31% since 2010.[6]

About 6% of children ages 0-5 in Medicaid received oral health services from a non-dental provider in 2015. This number has remained steady from 2013 to 2015.[7]

Incorporate oral health into primary education:
10 largest school districts have incorporated oral health into their systems

The 10 largest school districts offer oral health education, screenings, preventive services, and referrals. Not all children, however, are being served.

Schools are an underutilized resource for children's health and oral health. Healthy children at school, free from hunger and pain, can focus on academics and are less apt to disrupt the classroom. School-based oral health education, screenings, assisted referral, and delivery of oral preventive care services provide equitable, reliable entry into long-term oral health care and assist parents by reducing the need to take time from work and find transportation. The combination of education, prevention, and access to care has the potential to nearly eliminate tooth decay in school-age children.

To more fully incorporate oral health into their systems and ensure that all children have access to the services they need, many of the ten largest schools districts are taking four key actions (see left). While work related to all actions is taking place, districts' have dedicated substantial time to convening to share and identify key strategies. In summer 2017, school districts from across the nation, including many of the 10 largest, met for their second annual convening to discuss the challenges of integrating oral health into their systems and identify new opportunities. During this year's convening, districts committed to testing promising practices to increase the rate of consent for and utilization of school-based oral health services.

To more fully incorporate oral health into their systems and ensure that all children have access to the services they need, school districts are working to:

- Convene to share and identify key strategies
- Define a comprehensive school oral health model
- Develop policy, finance, and sustainability strategies for school-based oral health services
- Implement policy, finance, and sustainability strategies for school-based oral health services

Incorporate oral health into primary education:
10 largest school districts have incorporated oral health into their systems

School districts are exploring policy, finance, and sustainability strategies that integrate oral health into overall school-based health.

In 2017, the Association of State and Territorial Dental Directors (ASTDD)'s School and Adolescent Oral Health Committee, and Best Practices Committee released the *Improving Children's Oral Health through the Whole School, Whole Community, Whole Child (WSCC) Model Best Practice Approach Report*.

The WSCC model is an ecological approach that looks at a school holistically. Schools draw their resources and influences from the broader community in service of the needs of a whole child. The report outlines WSCC as a public health strategy, and offers evidence of its effectiveness as well as examples of successful or innovative implementation.[8]

The American Journal of Public Health published an article titled, *Getting the Incentives Right: Improving Oral Health Equity With Universal School-Based Caries*, that proposes a comprehensive school-based approach to caries prevention. The article addresses the misalignment of dental insurance payment systems with the current best evidence and the potential positive impact of system redesign to reduce children's caries.[9]

A National Learning Community on School-Based Oral Health

The School Based Health Alliance (SBHA) is dedicated to creating a respectful and engaging shared learning community in support of incorporating oral health into school-based health systems. Participants include school districts from across the nation, including many of the 10 largest school districts. The learning community aims to:

- Convene school districts so they can identify strategies, and share ideas and best practices
- Promote and support districts' efforts to plan and implement oral health incorporation strategies based on districts' programs, resources and needs
- Collect student-level data through a new online portal to inform and track school-based oral health efforts
- Promote the sharing of tools, information, and resources related to children's oral health and school oral health services through an Online Oral Health Resource Library
- Engage additional school districts with large student populations

Include an adult dental benefit in publically funded coverage:
At least 30 states have a comprehensive adult benefit

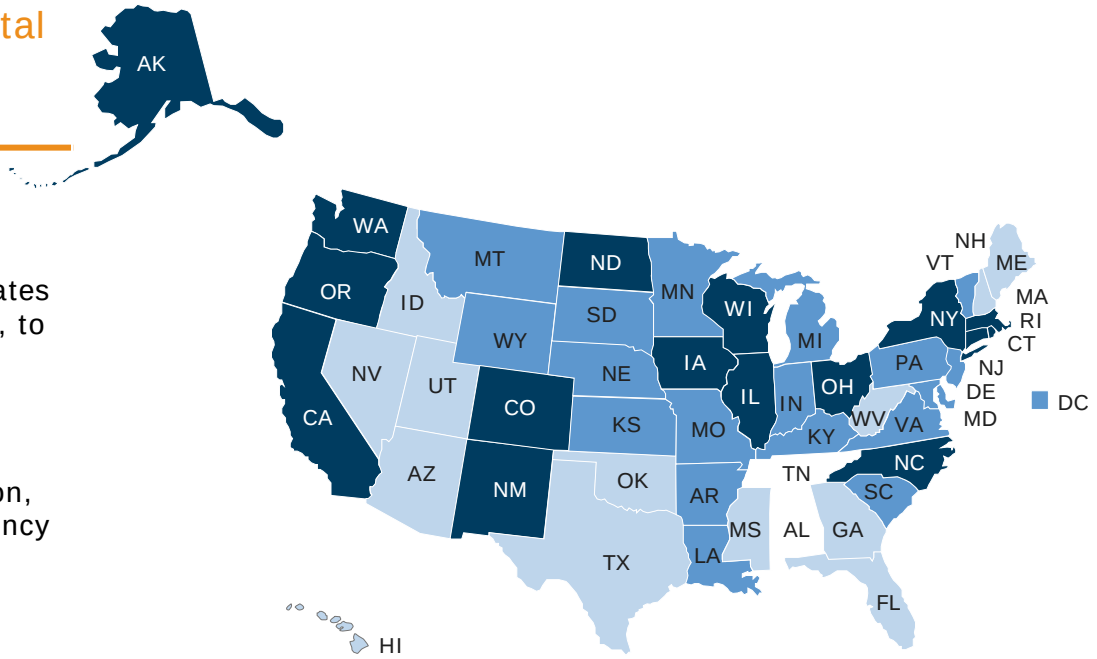
As of July 2017, 16 states provide extensive dental benefits to adult Medicaid recipients.

Having dental benefits is a key factor in an individual's ability to access dental care in the United States. For low-income adults, however, Medicaid adult dental coverage varies widely across states – from no coverage, to coverage for emergency procedures only, to limited services, and in a few instances, comprehensive benefit programs.

Currently, 16 states provide extensive dental benefits to all Medicaid recipients.[10] Of the remaining, 18 states and Washington, D.C. provide limited benefits, and 13 states provide only emergency benefits. Three states provide no benefits.

Between January 2014 and July 2017, 11 states have increased dental benefits for some or all adult Medicaid recipients in their states.[11] In 2017, Arizona's benefits increased from emergency to extensive for elderly and developmentally and physically disabled persons. Arizona and California also increased the respective Emergency and Extensive benefits offered to Medicaid recipients.

From July 2016 to July 2017, an additional five states have worked to increase, restore, or extend benefits to new adult Medicaid recipients.* Maryland secured legislative language that could lead to future funding, Massachusetts and Oregon secured language to further study an expansion of benefits, and Hawaii and Maine advanced a legislative proposal further than in past sessions.[12]



**18 states and Washington, D.C. provide limited benefits

* In 2017, many states engaged in efforts to restore or expand Medicaid dental benefits. These 7 states are highlighted for their engagement in advancing legislation and/or budget items.

Include an adult dental benefit in publically funded coverage:
At least 30 states have a comprehensive adult benefit

After years of advocating, Arizona and California successfully extended coverage and added new dental benefits for all adult Medicaid recipients.

OH2020 network members and partners in **Arizona** have been advocating for the restoration of the Medicaid adult dental benefit for several years. In 2017, they reached a significant milestone when Governor Doug Ducey included $1.5 million in the FY2018 state budget for the restoration of key adult dental benefits. The restored benefits include up to $1,000 annually in "emergency"* dental care and extractions through its Medicaid agency, Arizona Health Care Cost Containment System (AHCCCS). The benefit is expected to begin on October 1, 2018.

Though **California** had restored primary preventive dental care and full dentures in 2014, OH2020 network members and advocates have continued to call for the full restoration of adult dental benefits. In 2017, the Legislature passed a state budget for FY2018 that included funding for periodontal treatments, root canals, and partial dental services for all adult Medicaid enrollees. The restoration of benefits will take effect in January 2018.

States continue to test new approaches to extend the reach and scope of dental benefits for adult Medicaid recipients.

States are filing Section 1115 Medicaid Demonstration Waivers to test out innovative approaches to improve oral health. These Medicaid waivers provide states an opportunity to test new approaches in Medicaid that provide flexibility in program operation, provide access to quality healthcare that is at least as affordable and comprehensive as healthcare provided without the waiver, and coverage to at least a comparable number of residents. As such, waivers have important implications for beneficiaries, providers, and states. Recently, the Centers for Medicare and Medicaid Services (CMS) sent a letter to governors affirming the administration's intent to use waivers to increase program flexibility.

While these waiver proposals are a source of concern for many advocates due to their emphasis on reductions in enrollment, there are a number of recently approved waivers that are innovative and expected to bring positive changes for patients, providers, and state finances.

*Although Arizona's benefit covers emergency dental care and extractions, the state's benefit level is classified as Limited, per the ADA benefit definition.

Include an adult dental benefit in publically funded coverage:
Medicare includes a dental benefit

Medicare does not include an extensive dental benefit, but work to introduce the bill is underway.

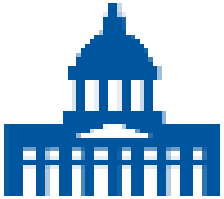
Dental coverage is positively associated with access to and utilization of oral health care. Research indicates that adults with dental coverage are significantly more likely to seek and use regular dental services than their uninsured peers. Providing dental coverage and increased access to dental care positively impacts health and well-being. Since Medicare does not include a dental benefit, almost 70 percent of Americans age 65 and older do not have dental coverage.

Advocates are working toward legislation authorizing a dental benefit in Medicare Part B. Notable work over the past year includes:

- In January 2017, 124 congressional representatives introduced legislation to add dental services to Medicare. Though the current political context is not supportive of the bill, it will help frame the debate moving forward. The goal is to have every major candidate will support it in the next presidential campaign in 2020.[13]
- Oral Health America and the American Dental Association (ADA) and collaborated to conduct a public opinion poll. Poll results will inform their joint effort to design a Medicare dental benefit for further discussion with policymakers and key stakeholders.

Work is underway to:

- Convene a broad group of stakeholders to develop and execute strategy to reach this goal
- Define the benefit
- Identify the core leadership team to champion the bill
- Launch a media campaign to increase awareness about the need for a Medicare dental benefit and garner widespread support
- Identify and recruit a legislative champion to introduce the bill to Congress
- Score the benefit
- Get legislation authorizing a dental benefit in Medicare introduced and work to cultivate advocates for the implementation and funding of the legislation



Include an adult dental benefit in publically funded coverage:
Medicare includes a dental benefit

Advocates are working toward a Medicare dental benefit by defining the recommended benefit level, raising awareness of the need, and engaging policymakers.

In July 2017, advocates gathered for *PART 3: Access for Older Adults- Advocating for Oral Health in Medicare*, an interactive symposium, to discuss state and national efforts and identify next steps. During the symposium, advocates* shared updates on their three core strategies:

Policy and Procedure
Advocates are exploring different approaches for how to include oral health in Medicare and how a dental benefit in Medicare Part B would be structured and what it would cost.

Marketing and Communications
Advocates tested public campaign messaging in 16 focus groups of older adults, and identified "We've earned it" as the most resonant theme for future media and messaging efforts.

Politics and Advocacy
To advance the political campaign for a Medicare dental benefit, this group shared Oral Health America's position paper on how oral health is vital to overall health throughout the lifespan with 31 strategically-selected congressional offices.

Advocating for Older Adults

Oral Health 2020 network partners are actively advocating for oral health benefits for older adults[16]

- Oral Health America piloted an advocacy campaign targeting Florida's congressional delegation in which older adults mailed postcards and toothbrushes to their representatives as part of the "Demand Medicare Dental" campaign.
- The Center for Medicare Advocacy has deepened its partnership with the Oral Health 2020 Network. CMA provides technical legal expertise to help the coalition refine the dental benefit structure. Additionally, CMA leads an impact litigation effort to protect and clarify the scope of Medicare's coverage for medically-necessary oral health care.

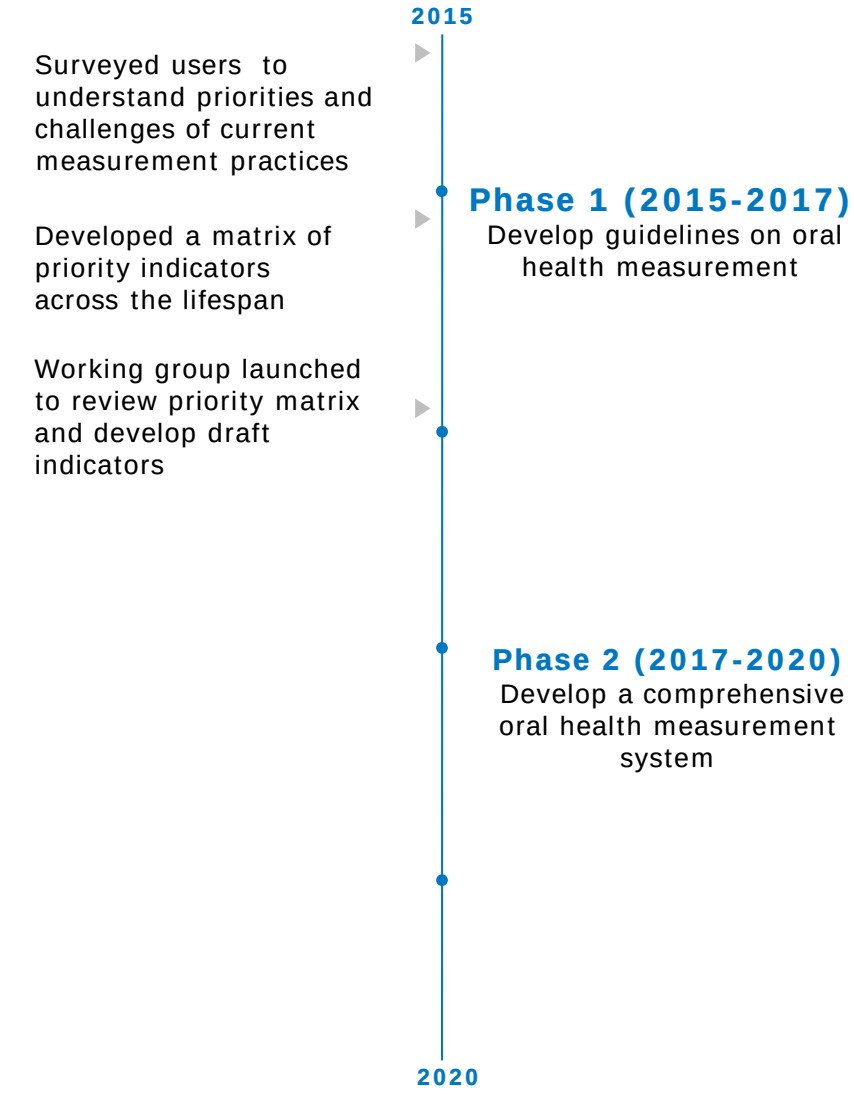
*Symposium participants and advocates include the American Dental Association, American Association of Retired Persons (AARP), Children's Dental Health Project, Community Catalyst, Center for Medicare Advocacy, Families USA, and Oral Health America.

Build a comprehensive measurement system:
A national- and state-based oral health measurement system in place

In 2017, the network publicly released an oral health measurement guidelines matrix and developed aligned policy priorities.

Improving the oral health of the U.S. population requires the ability to reliably measure success and setbacks to better inform strategies. We must have complete and consistent data on oral health status, evidence of the impact of community resources to protect oral health, and data to demonstrate quality care in order to better understand baseline disparities, to target resources and interventions, and to measure progress.

Since 2015, the Children's Dental Health Project (CDHP), the Association of State and Territorial Dental Directors (ASTDD), and the DentaQuest Foundation have collaboratively led efforts to define oral health measurement priorities, a key step toward building a comprehensive oral health system. The group started with a scan of available data sources and indicators to understand the landscape and gathered input from experts to identify measurement priorities. Informed by the perspectives of those who use oral health data, the group developed a matrix outlining a set of priority indicators across the lifespan including access to and utilization of preventive care and other oral health services. In 2017, the matrix was shared with federal agency officials and experts to vet the matrix and draft recommended indicators.



Build a comprehensive measurement system:

A national- and state-based oral health measurement system in place

Work is underway to build the infrastructure needed to support a common measurement system, and coordinate existing oral health measurement activities with new efforts.

The Children's Dental Health Project (CDHP), in collaboration with the Association of State and Territorial Dental Directors (ASTDD), and the DentaQuest Foundation, are developing a set of 13 policy recommendations that will help create the conditions and systems to build a common measurement system. A brief outlining the recommendations is scheduled to be released in 2017.

CDHP is also facilitating a working group that is tasked with incorporating federal agency input and priorities in the measurement matrix. They will also be pursuing opportunities to align these priorities through the federal budget process.

The Association of State and Territorial Dental Directors (ASTDD) is engaging key stakeholders to develop a standardized approach to collecting and reporting oral health data in Emergency Departments.

The Dental Quality Alliance is supporting efforts to bolster Medicaid data collection practices. Areas of focus include prevention, access to care, and quality of life.

Measurement Priorities

Through a series of conversations and focus groups, the Foundation and its grantees engaged advocates and providers to understand what they hope a common oral health measurement will do. Through this work, four priorities were identified:

The system should measure **oral health status** across the lifespan to understand the prevalence of oral diseases and trends across time and populations.

The system should measure **utilization of oral health services** to understand the nature and frequency of services utilized, type of health professionals providing oral health care, extent to which patients are receiving continuity, and cost of care.

The system should use a common **diagnostic coding system** that can be coordinated with electronic dental records.

The system should serve as an accessible **central repository** for oral health data.

Integrate oral health into person-centered care:
Oral health is integrated into at least 50% of emerging person-centered care models

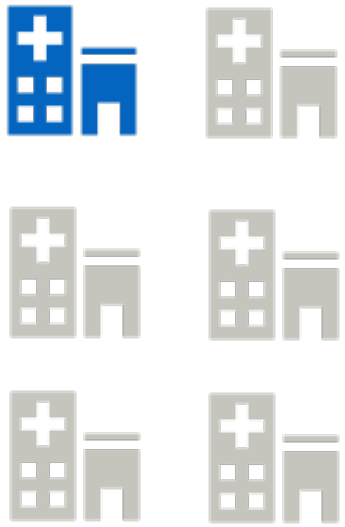
Integrating of oral health into accountable care organizations has been challenging; but opportunities to integrate oral health into other alternative payment models are emerging.

The health care environment that supported the passage of the Affordable Care Act has led to a number of patient-centered care models and innovative financing methodologies. This includes increased focus on and adoption of health care models that aim to improve health outcomes while reducing cost and improving the patient's experience. Because oral health is a component of health and impacts the outcomes and course of many diseases, it is important that oral health is addressed and included in the development of these emerging models of care and financing.

Integrating oral health into ACO contracts has, however, been challenging- only one out of every six recently formed ACOs offers dental services. Limited integration of dental care into ACO contracts has been attributed to various inter-professional differences including billing and information technology, referral difficulties, provider time constraints, and limited evident effect of dental care, based on current quality measurement and improvement metrics.[14]

While ACOs are an important alternative payment model (APM), other APMs are expanding.[15] The oral health community is looking to other APMs that may be more conducive to the inclusion of oral health as part of patient-centered care. In the future, oral health will look to other APMs as a better entry point.

One in six accountable care organizations (ACOs) formed between 2012 and 2015 are contractually responsible for offering dental services.



Integrate oral health into person-centered care:
Oral health is integrated into at least 50% of emerging person-centered care models

Several efforts to integrate oral health and medical care, especially into education settings, are underway.

- The American Medical Association (AMA) adopted a formal resolution in September 2016, committing itself to "explore opportunities for collaboration with the American Dental Association on a comprehensive strategy for improving oral health care and education for clinicians."[16]
- A survey of 2,500 physicians assistants found that nearly 40% who received oral health instruction during their professional education successfully incorporated oral health services into their practice.[17]
- The Health Resources & Services Administration (HRSA) Health Center Program increases access to quality health care services, including oral health, for medically underserved populations in primary care settings. In 2015, the program provided more than 13 million dental visits, representing an increase of more than 1.2 million visits from the previous year.[18]

Interprofessional Networks Promoting Oral Health Integration

National Oral Health Innovation and Integration Network (NOHIIN) is leading a national movement to unify and empower Primary Care Associations (PCAs) and safety net providers to be champions of oral health as an essential component of good overall health. NOHIIN serves as a learning collaborative of more than 30 Primary Care Associations across the country.

The National Interprofessional Initiative on Oral Health (NIIOH) facilitates dialogue and develops and disseminates curricula—including the core Smiles for Life curriculum—to integrate oral health into professional education programs for related health professions. In July 2016, NIIOH released a new curriculum model for front line health workers, which has been adopted in Arizona, Connecticut, and Texas.

Qualis Health, with sponsorship from NIIOH, released an *Oral Health Integration Implementation Guide* in October 2016. This practice guide supports health care sites to integrate oral health, and is currently being piloted in 17 sites.

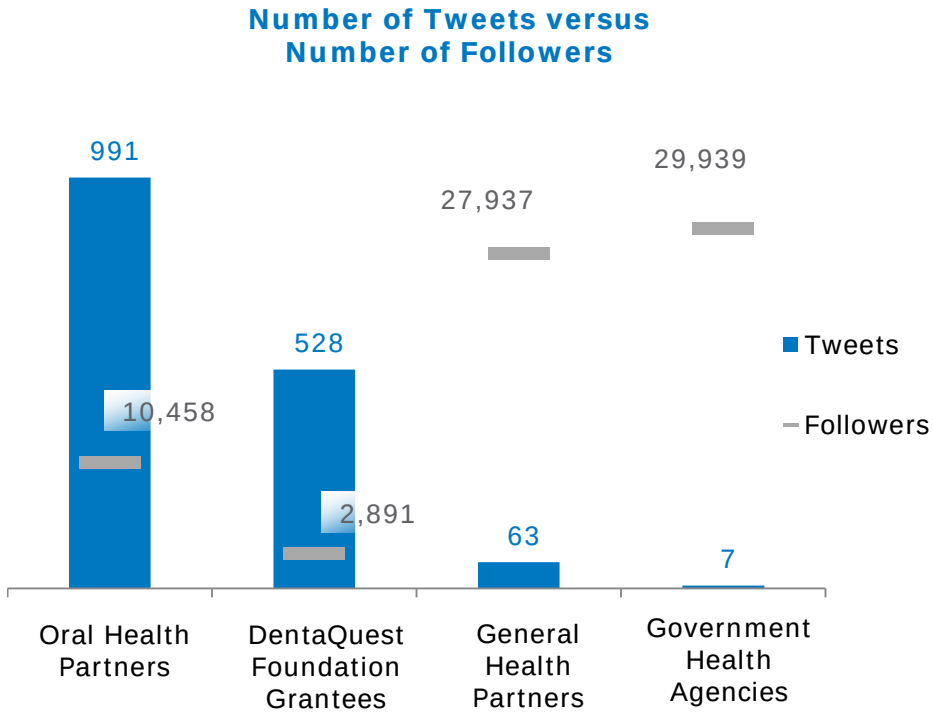
Improve the public perception of the value of oral health:
Oral health is integrated into at least 50% of emerging person-centered care models

Opportunities exist to further engage partners who can expand the reach of public messaging.

Without a shift in social norms toward changing the public perception of oral health as essential to overall health, we will be unable to successfully meet the targets of Oral Health 2020. In order to realize significant systems and public policy changes, we will need to engage those most impacted by oral health disparities and the systems that negatively impact health outcomes. Our network will need to communicate via messaging that is targeted, aligned, and appropriately framed to change the social norms around what it means to be healthy.

According to a 2016 social media analysis, opportunities exist to further engage important partners who can expand the reach of public messaging.[19] The analysis, which reviewed the twitter activity of a sample of organizations across four categories, as seen in the chart on this slide, suggests that:

- Organizations with the greatest social media reach—including general health organizations and government agencies—do not frequently tweet about oral health.
- Opportunities exist for OH2020 partners and DentaQuest Foundation grantees to further engage allies with broad reach—such as Children's Defense Fund and the Office of Minority Health—in efforts to communicate the value of oral health.



Improve the public perception of the value of oral health:
Oral health is integrated into at least 50% of emerging person-centered care models

Efforts are underway to engage new audiences in recognizing and promoting the value of oral health.

To improve the public perception of the value of oral health and the role of government to support it, the DentaQuest Foundation formalized a strategic partnership with the Frameworks Institute. The overarching goal of this new partnership is to re-frame the public's understanding of oral health as a national public health concern, not a problem of personal responsibility.

Blending research in cognitive and social sciences to design effective messaging frames that influence public support for social programs and policies, Frameworks developed two publications that map out a strategic approach to improving the public perception of oral health.

- In *Getting Stories to Stick: The Shape of Public Discourse on Oral Health,* Frameworks Institute analyzed organizational and media materials about oral health care issues that appeared between 2015-16. The report revealed that advocates and experts use a set of productive framing strategies in their materials, but press coverage is often framed through an individualist lens that implicitly places the onus for change on families and communities, as opposed to policymakers.

- In *Unlocking the Door to New Thinking: Frames for Advancing Oral Health Reform,* Frameworks developed five key recommendations to promote a strategic framing of oral health issues in media coverage.

Promoting Oral Health in Health and Policy Dialogue

OH2020 members across the country are promoting the importance of oral health in public policy and health dialogue.

- Youth Empowered Solutions (YES!) is lifting up the voices of youth leaders and providing opportunities for them to raise public awareness of oral health and to engage in youth-driven change-making processes. In March 2017, YES! hosted an Advocacy Day at North Carolina's state capital, connecting youth from across the state to their representatives to advocate for improved oral health policies.

- The OH2020 Network Policy Workgroup coordinates advocacy talking points for groups engaged in OH2020-aligned advocacy efforts.

- The Children's Dental Health Project coordinates a twitter campaign each month.

Endnotes

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This document was created in collaboration with the DentaQuest Foundation and the members of the Oral Health 2020 network.

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Dental Benefits for Low Income Adults

Detailed Overview of Progress Update August 2017

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Oral Health 2020 Medicaid Goal:

By 2020, at least 30 states have a comprehensive adult benefit

There are no minimum requirements for adult dental coverage under the Medicaid program. This means that states may place limits on the types or amount of services they will cover, or that they may elect not to provide dental services at all. As a result, variation exists across state's Medicaid programs.

In an effort to understand progress toward the Oral Health 2020 goal—that 30 states have an extensive adult benefit—DentaQuest Foundation has been tracking states' efforts to expand or fight for the preservation of Medicaid adult dental benefits.

This report shows states' current benefit levels for low-income adults and talks about successes*, including expanding benefits to more low-income adults and providing more extensive services, as well as states that are fighting to preserve, or have cut Medicaid dental benefits between July 2016 and August 2017.

*In this report we talk about a few different kinds of successes. More "expansive" services refers to expanding benefits to more low-income adults. "Extensive" services refers to a more comprehensive mix of services, including many diagnostic, preventive, and minor and major restorative procedures. It includes benefits that have a per-person annual expenditure cap of at least $1,000. An increase in "access" refers to utilization rates.

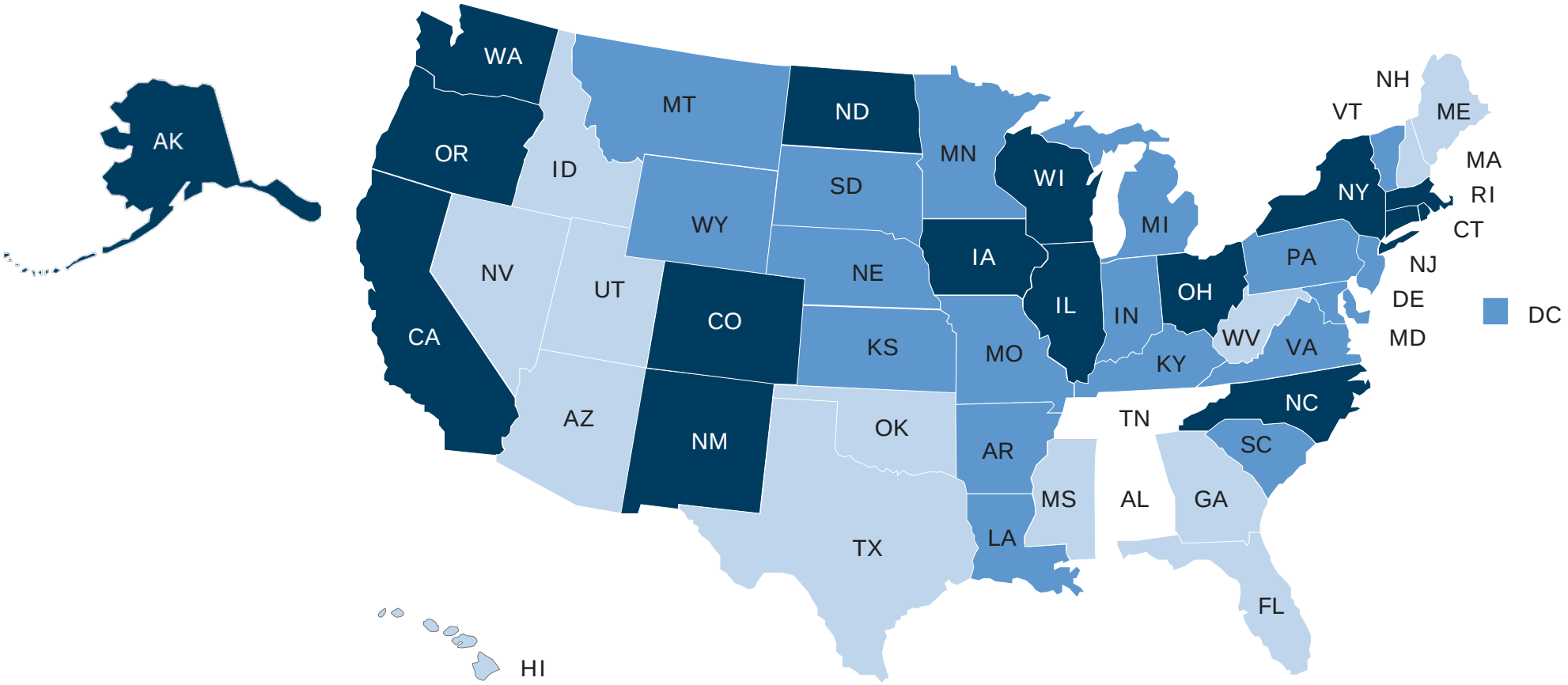
Medicaid Dental Benefits Levels, July 2017

16 states provide **Extensive** dental benefits to Medicaid patients

18 states provide **Limited** dental benefits to Medicaid patients*

13 states provide **Emergency** dental benefits to Medicaid patients

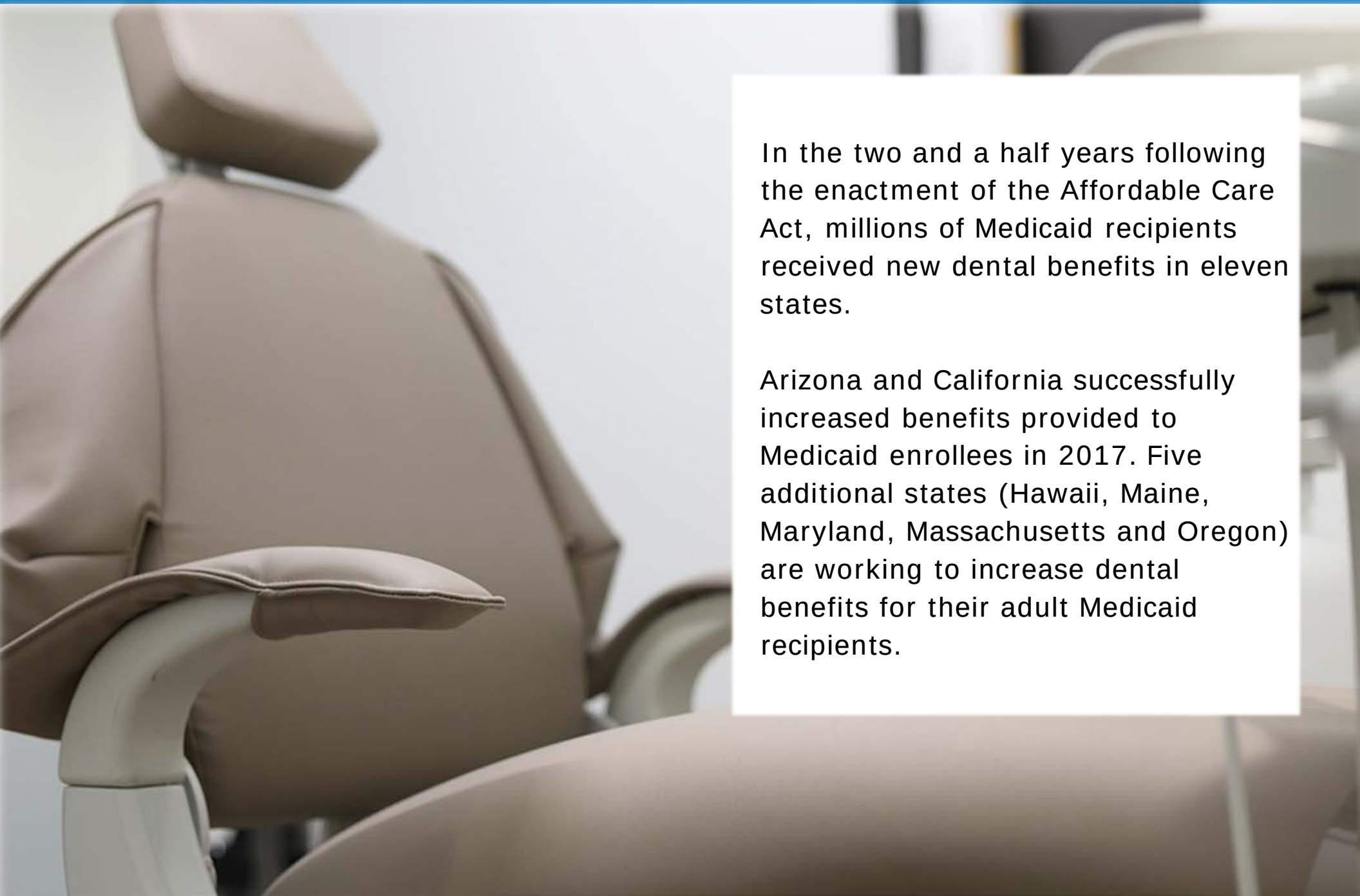
Three states provide no dental benefits to Medicaid patients



* 18 states and Washington, D.C. provide limited benefits

Note: Benefit levels were developed by the American Dental Association's Health Policy Institute in April 2013. Benefit levels have been updated by the DentaQuest Foundation, in consultation with the Health Policy Institute and other state Medicaid benefit experts. The current benefit levels were determined based on data available from July 2016 through August 2017. Benefit level definitions are included on p. 14.

Changes in Medicaid Dental Benefits:
Increases, Preservation, and Cuts



In the two and a half years following the enactment of the Affordable Care Act, millions of Medicaid recipients received new dental benefits in eleven states.

Arizona and California successfully increased benefits provided to Medicaid enrollees in 2017. Five additional states (Hawaii, Maine, Maryland, Massachusetts and Oregon) are working to increase dental benefits for their adult Medicaid recipients.

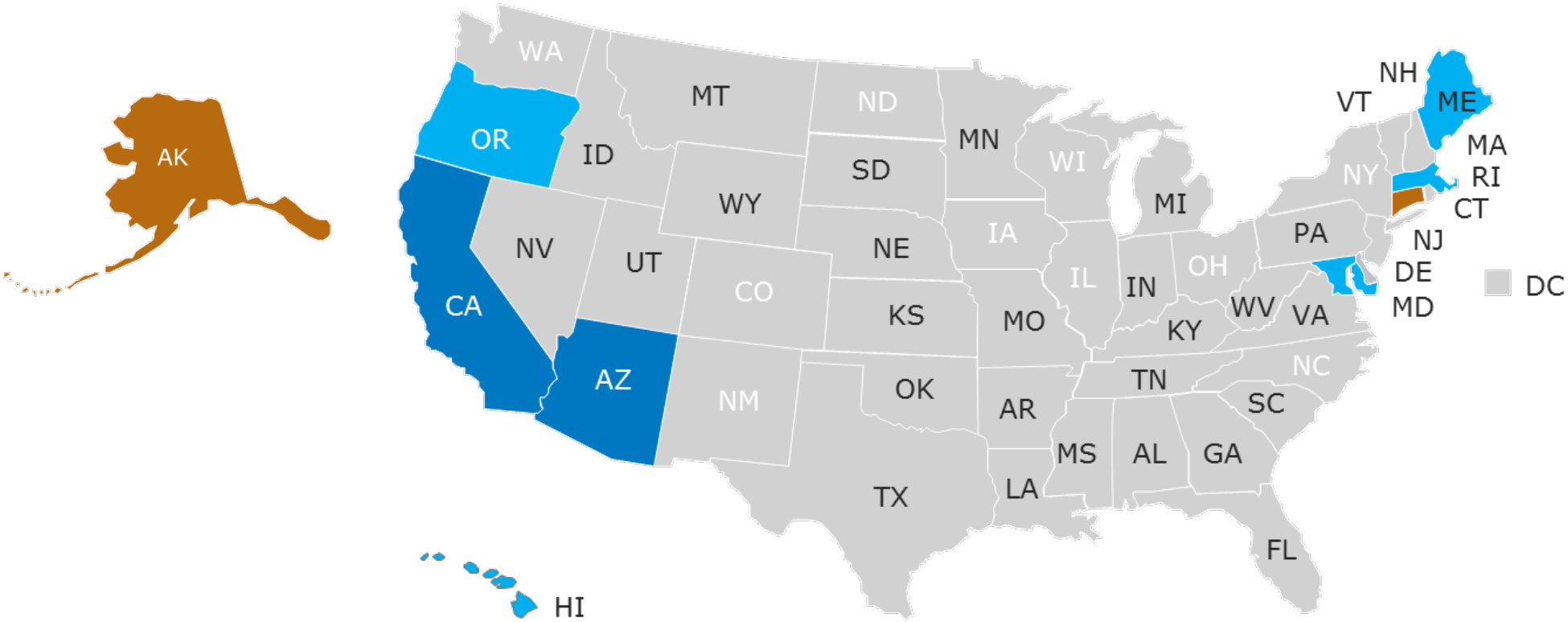
Increases, Preservation and Cuts

States that have increased benefits since July 2016

States currently engaged in efforts to increase benefits

States currently fighting to preserve or have cut benefits

No changes to or efforts to change benefits



Note: Increases, efforts to increase, and efforts to preserve/cut benefits were tracked and determined by DentaQuest Foundation.

Successful Increase: Arizona

After years of advocacy, the FY18 budget included funding for the restoration of an Emergency dental benefit for all beneficiaries with coverage of up to $1,000 per year. The state's FY17 budget also included funding for Extensive dental benefits for elderly and developmentally or physically disabled adults in the Arizona Long Term Care System (ALTCS) program.

The Arizona Health Care Cost Containment System (AHCCCS) Medicaid adult dental benefit has historically covered extractions or root canals on the twelve anterior teeth for non-elderly, non-disabled adult beneficiaries. In 2009, the emergency benefit was eliminated for all adult beneficiaries. After years of advocacy, the FY18 state budget included funding for the restoration of an adult benefit which will provide up to $1,000 per year for emergency dental care and extractions. The benefit is expected to begin on October 1, 2018. Benefits for elderly and developmentally and physically disabled adults in the ALTCS program that were scaled back in 2006 have also been restored and expanded to cover preventive dental services. The benefit went into effect on October 1, 2016.

Successful Increase: California

In June 2017, the Legislature passed its FY18 budget, which included the full restoration of dental benefits for all adult Medicaid enrollees and increased funding for dental provider reimbursements with the goal of increasing oral health utilization.

In June 2017, the CA Legislature passed its FY18 budget and included funding to fully restore dental benefit to Extensive benefit levels for adult members.* The restoration of benefits will take effect January 2018.

Also included in the FY18 state budget is $546M for improving Medicaid provider reimbursement rates as a result of the Proposition 56 tobacco tax increase. This funding includes $140M for dentists, that with the accompanying federal matching funds, will amount to approximately a 30% increase in funding for dental provider reimbursements with the goal of increasing dentists that accept Medicaid insurance and oral health utilization rates.**

*Covered services now include periodontal treatments, root canals, and partial dentures.
**With funding now allocated, the state Department of Healthcare Services will develop criteria for how reimbursements will be made.

Efforts to Increase Benefits

Five states—Hawaii, Maine, Maryland, Massachusetts and Oregon, are engaged in efforts to increase benefits for low-income adults. Although bills to increase dental benefits did not advance in any of these states during the 2016 legislative session, several saw greater movement and support than ever before.

Hawaii - In 2017, Governor Ige's FY18-FY19 budget recommendation included the restoration of a basic adult dental benefit for Medicaid and QUEST Integration members and SB 27 was filed in order to appropriate funds to the Department of Human Services to restore non-emergency dental benefits to adult members. Unfortunately, and despite strong advocacy from a growing coalition of stakeholders and legislative champions, neither measure was approved during the 2017 legislative session.

Maine - In 2017 a bill to provide dental benefits for adults with intellectual disabilities or on the autism spectrum disorder advanced through the House and was passed to the Senate. Although the legislation did not yet pass, it represents greater progress than in past years. As of July 2017 the bill was still before the Senate Appropriations Committee.

Efforts to Increase Benefits

Maryland - After many years of sustained advocacy, in 2017 the Maryland Legislature gave unanimous and bipartisan final approval of a bill that authorizes the Governor to provide comprehensive dental benefits to adults with household incomes at or below 133% of the federal poverty level beginning January 1, 2019, and to conduct a study to determine the cost of emergency room visits to treat dental conditions of adult enrollees in the Maryland Medicaid program as well as adults who are uninsured. The study will report the amount of money from the ER that can be reinvested into an adult dental benefit and the Governor will then be authorized to reinvest those funds in a future state budget.

Massachusetts - In July 2017, the Governor signed a budget that included language directing the Executive Office of Health and Human Services to develop a plan for the full restoration of adult dental benefits, which include periodontal services, by March 2018.

Preservation and Cuts

Connecticut is currently working to preserve Medicaid dental eligibility and benefits.

Connecticut – Historically, Connecticut has provided an Extensive dental benefit for adult Medicaid recipients. The state's Medicaid program is also widespread. However, Connecticut has recently faced a host of challenges related to adult eligibility as well as the adult dental benefit. Faced with a two-year $5 billion deficit, the Legislature is considering a proposal by the Governor in the FY 2018-2019 state budget to reduce Medicaid eligibility.* At the same time, the Legislature is also considering a proposal by the Governor to restructure the Medicaid adult dental benefit so that benefits are capped at $1,000 per year per patient and that dentists will need to seek prior authorization to prove medical necessity for all services. The $1,000 cap on services may prohibit many adult beneficiaries from paying for all services they need, resulting in missed or delayed care, as well as poor health outcomes. At the time of this writing, negotiations over the state budget continue between legislative leaders and the Governor.

* Reduce eligibility from 155% to 138% FPL. If approved, it is expected that 9,500 adults will lose their Medicaid coverage as well as their dental benefit.

Preservation and Cuts

Alaska will enact budget cuts in fiscal year 2018 that eliminate $500,000 from the Medicaid dental program.

Alaska - After years of a stable and Extensive dental benefit, Alaska's Medicaid dental program has recently faced significant threats as the state grapples with multi-billion dollar deficit. In 2017, Governor Walker signed the FY 2018 budget into law that approved the cut of $500,000 to the Medicaid dental program, and the Senate directive that the program find additional efficiencies in the program moving forward. Advocates will continue working to prevent future cuts and are also engaging in efforts to revitalize the statewide Alaska Dental Action Coalition and coalesce consumer, provider, and industry support for oral health services in the Medicaid dental program.

Medicaid Dental Benefits Levels Definitions

The Medicaid benefit levels used in this report were developed and defined by the American Dental Association's Health Policy Institute[1]

Benefit Level	Definition
None	No dental benefits
Emergency	Relief of pain and infection. While many services might be available, care may only be delivered under defined emergency situations.
Limited	A limited mix of services, including some diagnostic, preventive, and minor restorative procedures. It includes benefits that have a per-person annual expenditure cap of $1,000 or less. It includes benefits that cover less than 100 procedures out of the approximately 600 recognized procedures per the American Dental Association's Code on Dental Procedures and Nomenclature.
Extensive	A more comprehensive mix of services, including many diagnostic, preventive, and minor and major restorative procedures. It includes benefits that have a per-person annual expenditure cap of at least $1,000. It includes benefits that cover at least 100 procedures out of the approximately 600 recognized procedures per the American Dental Association's Code on Dental Procedures and Nomenclature.

[1]Nasseh K, Vujicic M, O'Dell A. *Affordable Care Act expands dental benefits for children but does not address critical access to dental care issues.* Health Policy Resources Center Research Brief. American Dental Association. April 2013. http://www.ada.org/sections/professionalResources/pdfs/HPRCBrief_0413_3.pdf.

Appendix: State Progress Spotlights

Section 1115 Medicaid Demonstration Waivers

States are testing new approaches to extend the reach and scope of dental benefits for adult Medicaid recipients.

States are filing Section 1115 Medicaid Demonstration Waivers to test new approaches in Medicaid that provide flexibility in program operation, provide access to quality healthcare that is at least as affordable and comprehensive as healthcare provided without the waiver, and coverage to at least a comparable number of residents. As such, waivers have important implications for beneficiaries, providers, and states. Recently, the Centers for Medicare and Medicaid Services (CMS) sent a letter to governors affirming the administration's intent to use waivers to increase program flexibility. While these waiver proposals are a source of concern for many advocates due to their emphasis on reductions in enrollment, there are a number of recently approved waivers that are innovative and expected to bring positive changes for patients, providers, and state finances.

Waiver Spotlight: California

California's waiver program, Medi-Cal 2020, has four initiatives* that aim to improve the:

- Quality, experience, and value of care provided by California's safety net hospitals and hospital systems by providing incentive payments based on the achievement of specified benchmarks
- Health of the remaining uninsured through coordination of care and a value-based mechanism to increase incentives to provide primary and preventive care services and other high-value services
- Coordination of health, behavioral health, and social services to improve beneficiary health and well-being through the Whole Person Care (WPC) Pilot
- Oral health of children in California by increasing the utilization of preventive services and to increase dental continuity of care

* Programs include Public Hospital Redesign and Incentives in Medi-Cal Program (PRIME), Global Payment Program (GPP), Whole Person Care (WPC), and the Dental Transformation Initiative.

Waiver Spotlight: Massachusetts

Massachusetts is implementing a statewide Accountable Care Organization (ACO) program to improve integration of care, coordination among providers and the member experience of care, while reducing the rate of growth in the cost of care while maintaining clinical quality and access.

- The new ACO options will be available for nearly 1.3 million MA Medicaid (MassHealth) beneficiaries who are currently required to enroll in either the MassHealth Primary Care Clinician plan or a MCO.

- Massachusetts ACO model will hold ACOs financially accountable for cost, quality, and member experience.

* Programs include Public Hospital Redesign and Incentives in Medi-Cal Program (PRIME), Global Payment Program (GPP), Whole Person Care (WPC), and the Dental Transformation Initiative.

Implementation Update: Missouri

Although Missouri restored its Limited dental benefit in 2017, Medicaid recipients are facing barriers accessing oral healthcare services.

Although more services are covered for Medicaid recipients, beneficiaries are not necessarily able to get the services those services because there is a shortage of providers that accept Medicaid. Only 11% of private practice dentists participate in the Missouri Medicaid program; most care (85%) is provided at Federally Qualified Health Centers. After more than a decade with an Emergency benefit, the demand for dental care among adult Medicaid members is great. Access to care is limited in many parts of the state due to provider shortages. In response to these challenges, and in preparation for the 2017 legislative session, the Missouri Coalition for Oral Health and legislative champions prioritized maintaining the existing adult Medicaid dental benefit while at the same time advocating for an Extensive benefit and increasing provider reimbursement rates as a way to attract more providers to the program. Given shrinking state revenues, it soon became apparent, however, that their focus would need to remain on maintaining the existing benefit.

Implementation Update: Missouri

Despite a budget deficit that threatened the stability of the adult Medicaid dental benefits, no changes were made to the adult benefit in the FY 2018 budget. Advocates credit this maintenance of coverage to a host of factors including three key components: unlike many states, the issue of restoring and maintaining adult Medicaid dental benefits has been and continues to be championed by Republican lawmakers in the House and Senate; Missouri recently appointed a state Dental Director to serve across both the Medicaid agency and Department of Health and Senior Services which allows for increased access to hospital and emergency room data; and preliminary data show a decrease in emergency room utilization for non-traumatic dental conditions since the adult benefit was restored.

While there is much to celebrate in Missouri, challenges remain. In the upcoming legislative session and in preparation for the FY 2019 state budget there will be continued scrutiny on the Medicaid program generally and possibly to the adult dental benefit itself. Advocates will continue their calls for the maintenance of this essential benefit.

This document was created in collaboration with the DentaQuest.

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