



Washington Apple Health Dental Program

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Clinical Quality Care Transformation
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Objectives:

- Review the benefits and recent history of the Apple Health Dental Program
- Review and address current access issues
- How might this relate to disparities?
- Consider facilitators and barriers
- Review possible strategies to improve access and reduce barriers

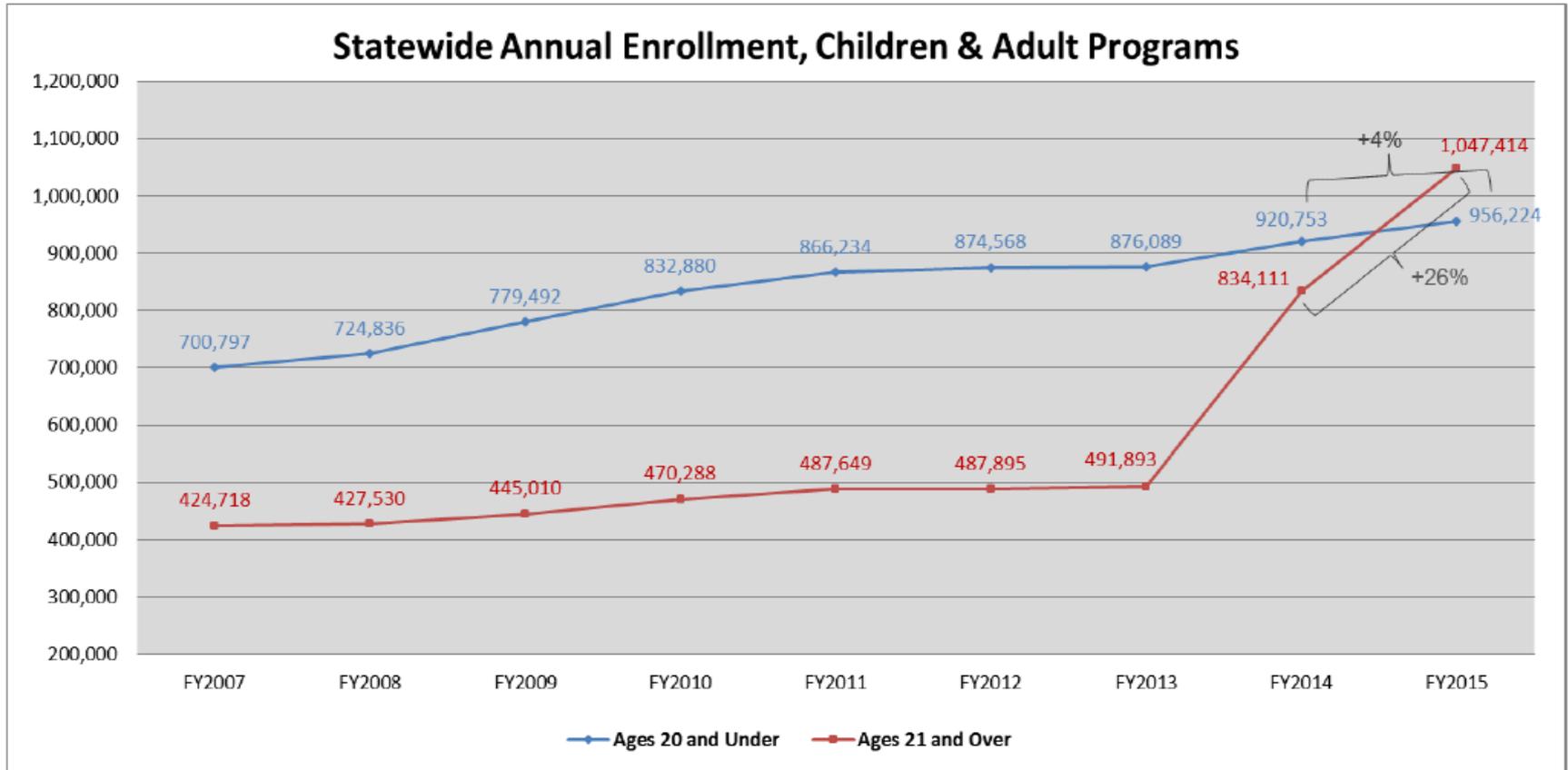


Covered Services

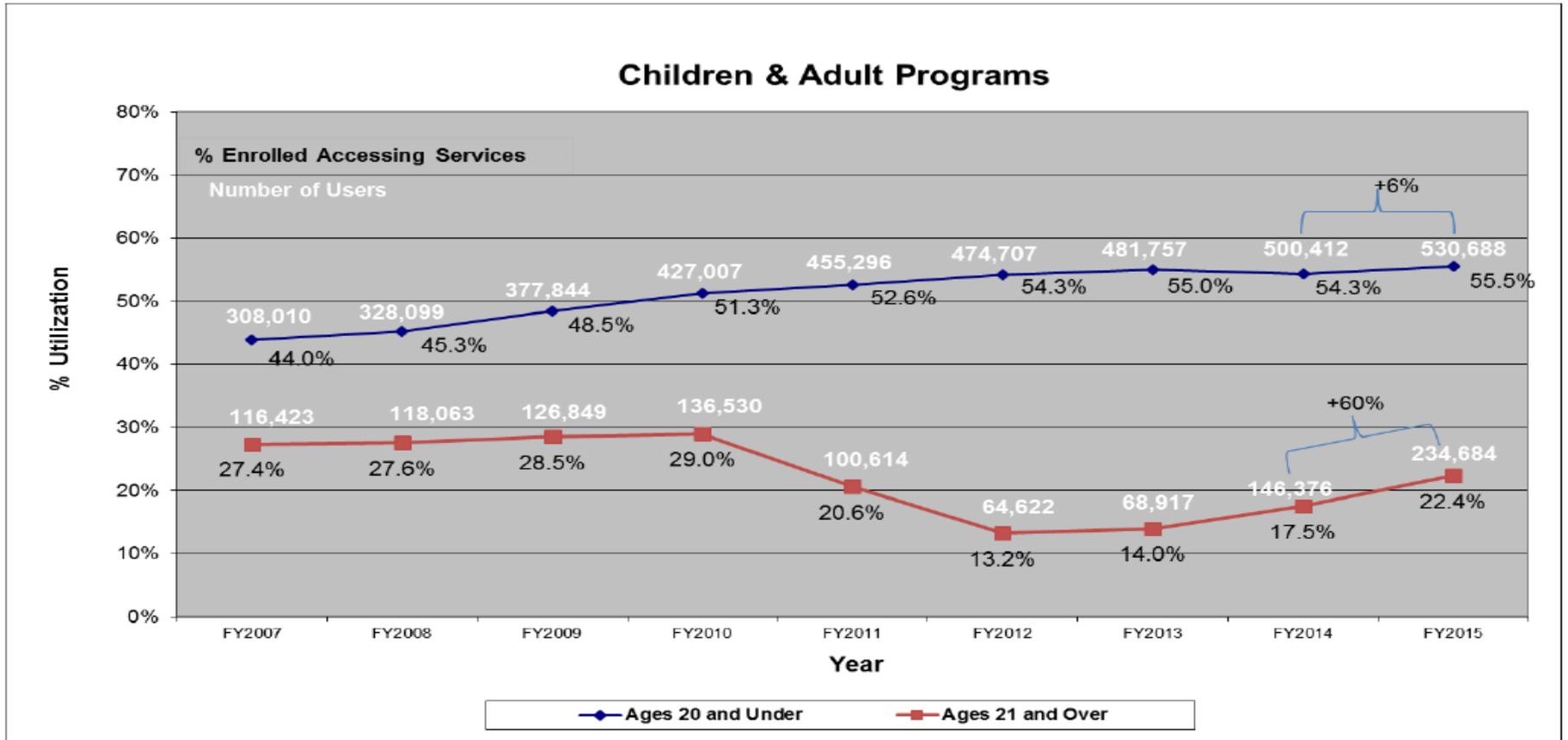
- Exams
- X-rays
- Preventive services
- Basic restoration (fillings)
- Endodontic (root canal)
- Dentures/Partials
- Oral Surgery
- Periodontal (gum disease)

Not Covered: Bridges, Implants, Crowns
Except for folks in DDA: Fluoride, sealants, crowns

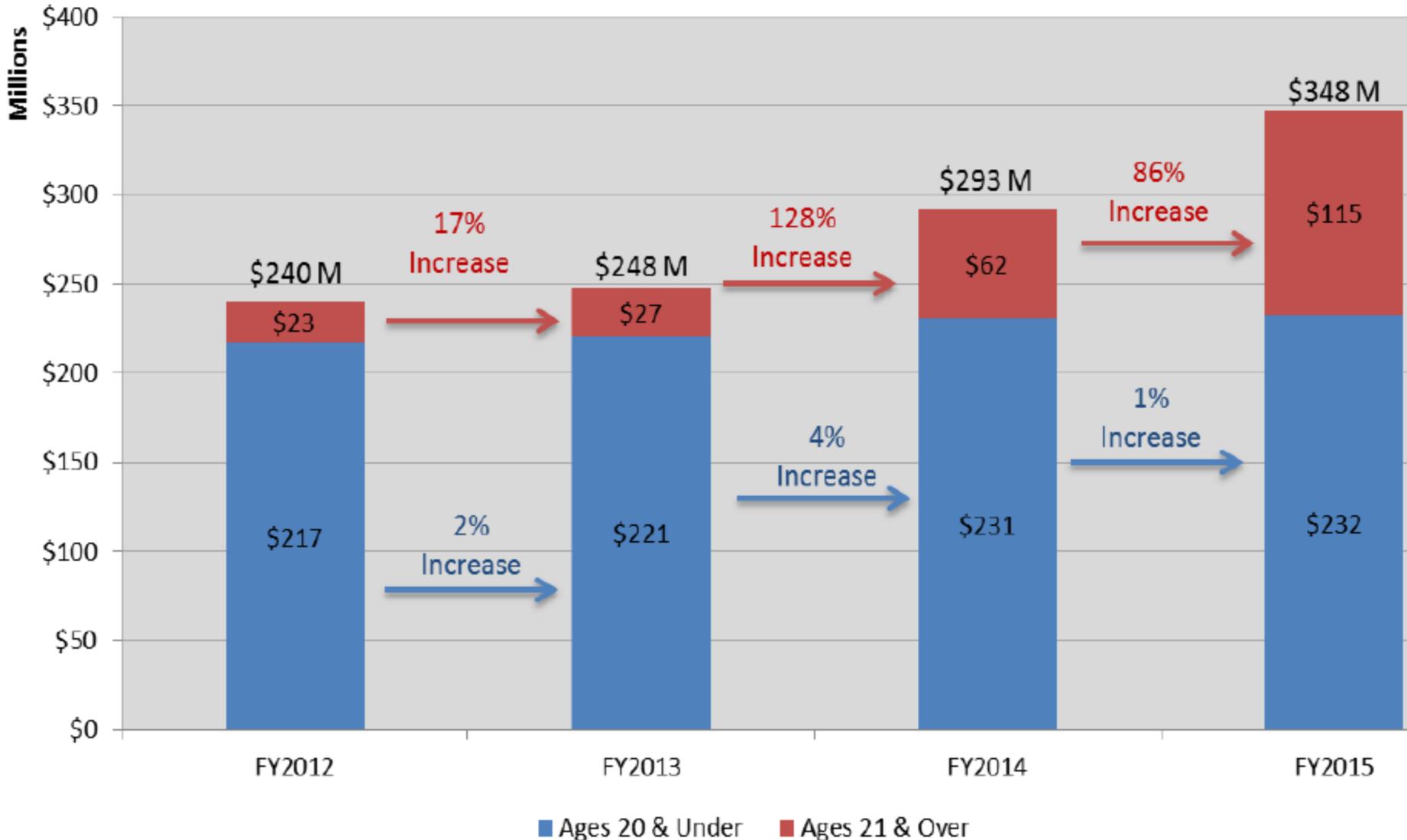
Statewide Apple Health Annual Enrollment Children & Adult Programs



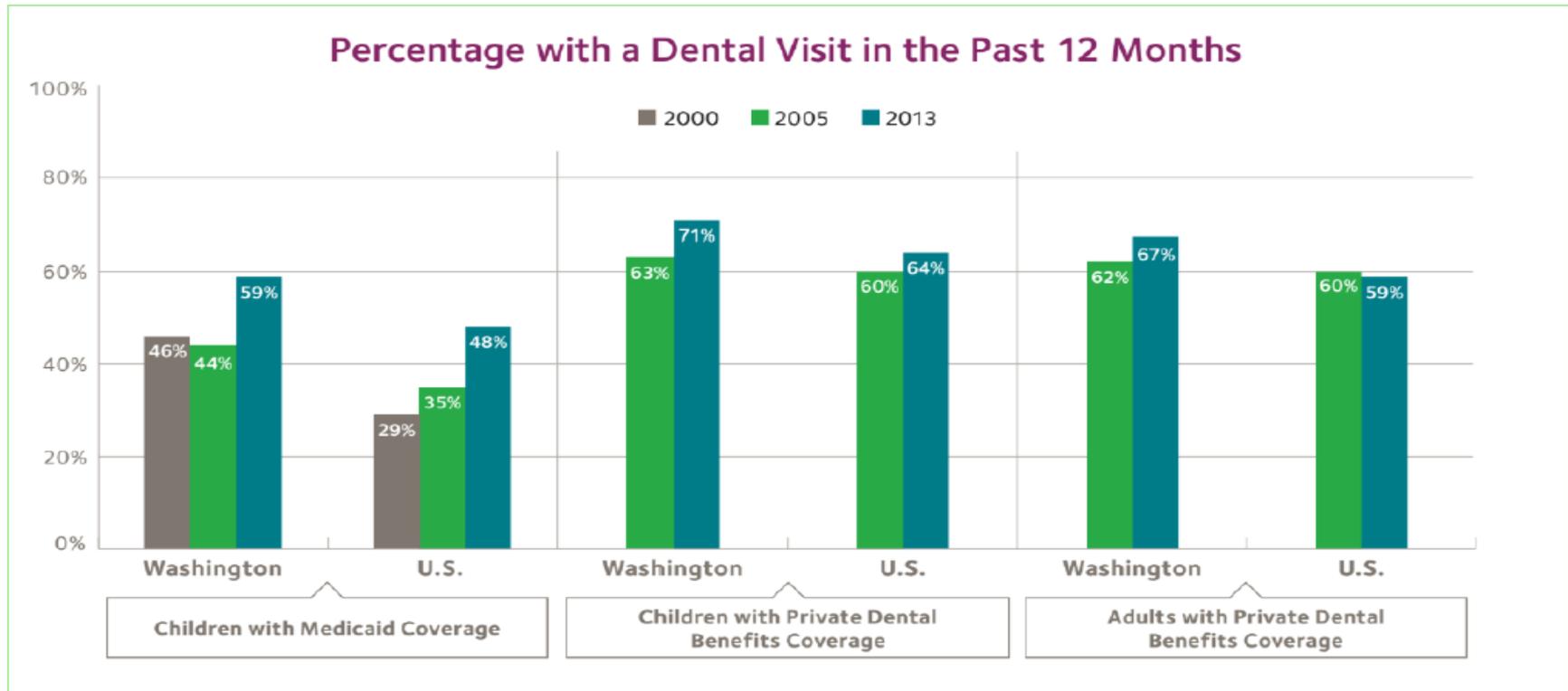
Statewide Apple Health Dental Utilization



Historical Dental Expenditures (in \$ Millions)



National Dental Utilization Comparison



Source: American Dental Association. Health Policy Institute. The oral health care system: A state-by-state analysis. Available at:

<http://www.ada.org/en/science-research/health-policy-institute/oral-health-care-system?source=VanityURL>

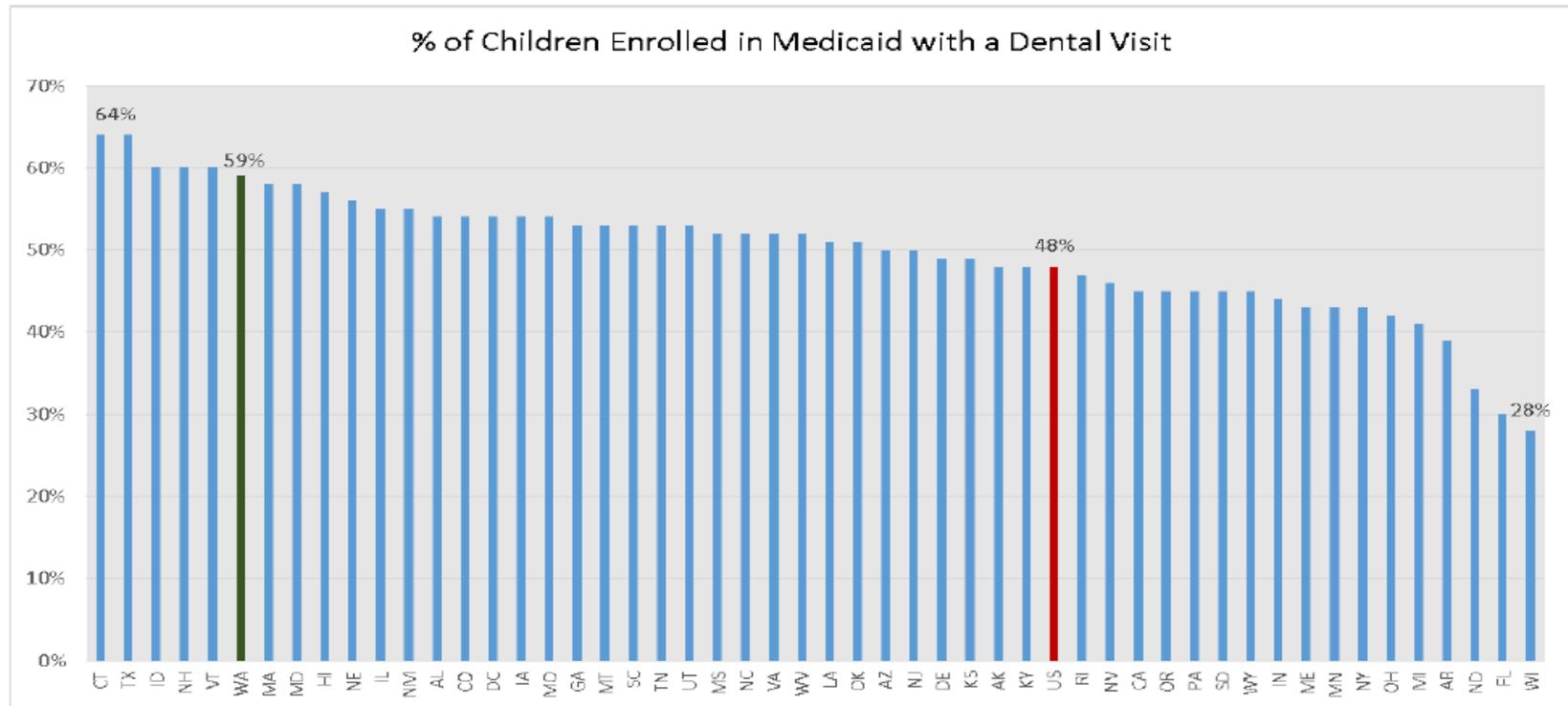
Truven MarketScan Research Database was used to measure private dental care utilization, while the Centers for Medicare and Medicaid Services Form 416 (CMS-416 Data) was used to measure dental care utilization among children with Medicaid dental benefits. CMS-416 data

includes all services provided regardless to reimbursement status, while Apple Health dental utilization data captures reimbursed services only.

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Medicaid Dental Utilization A National Comparison 2013



Source: American Dental Association. Health Policy Institute. The oral health care system: a state-by-state analysis. Available at:

<http://www.ada.org/en/science-research/health-policy-institute/oral-health-care-system?source=VanityURL>

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Disparities in Oral Health

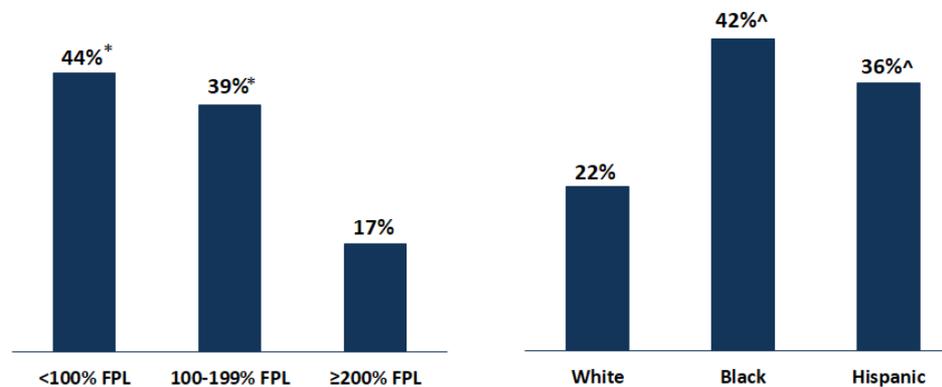
- Non-Hispanic Blacks, Hispanics, AI and AN have the poorest oral health in the US
- Highest rates of disparity in non-Hispanic Black and Mexican American children age 2-4 yrs and 6-8yrs
- Blacks, non-Hispanics, and Mexican Americans aged 35–44 years experience untreated tooth decay nearly twice as much as white, non-Hispanics.
- Higher rates of decay and gum disease if did not finish high school or have some college
- 5 yr survival rates for throat cancers has as high for black men as white
- Almost 50% of adults have gum disease, higher in men, Mexican American, non-Hispanic black and those not finishing high school

http://www.cdc.gov/OralHealth/oral_health_disparities/index.htm May

2016

Figure 1

Prevalence of Untreated Dental Caries Among Nonelderly Adults, by Income and Race/Ethnicity, 2011-2012

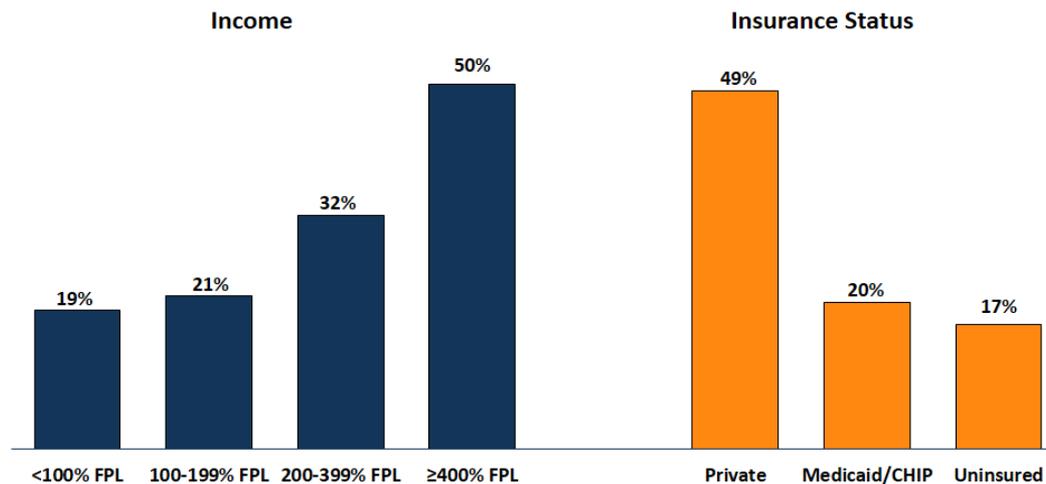


NOTES: Adults age 20-64. *Difference from ≥200% FPL is statistically significant at $p < 0.05$. ^Difference from White is statistically significant at $p < 0.05$.

SOURCE: KFF analysis of National Health and Nutrition Examination Survey (NHANES), 2011-2012.

Figure 3

Percentage of Nonelderly Adults with a Dental Visit in the Past Year, by Income and Insurance Status, 2013



NOTES: Adults age 19-64. "Private" includes those with private dental benefits. Some state Medicaid programs provide limited or no dental benefits for adults. "Uninsured" includes those without private dental benefits or Medicaid coverage. Uninsured also includes people who have only Medicare, which provides no dental benefits.
SOURCE: ADA Health Policy Institute analysis of Medical Expenditure Panel Survey. Nasseh and Vujicic, *Dental Care Utilization Rate Continues to Increase among Children, Holds Steady among Working-Age Adults and the Elderly*, HPI, October 2015.

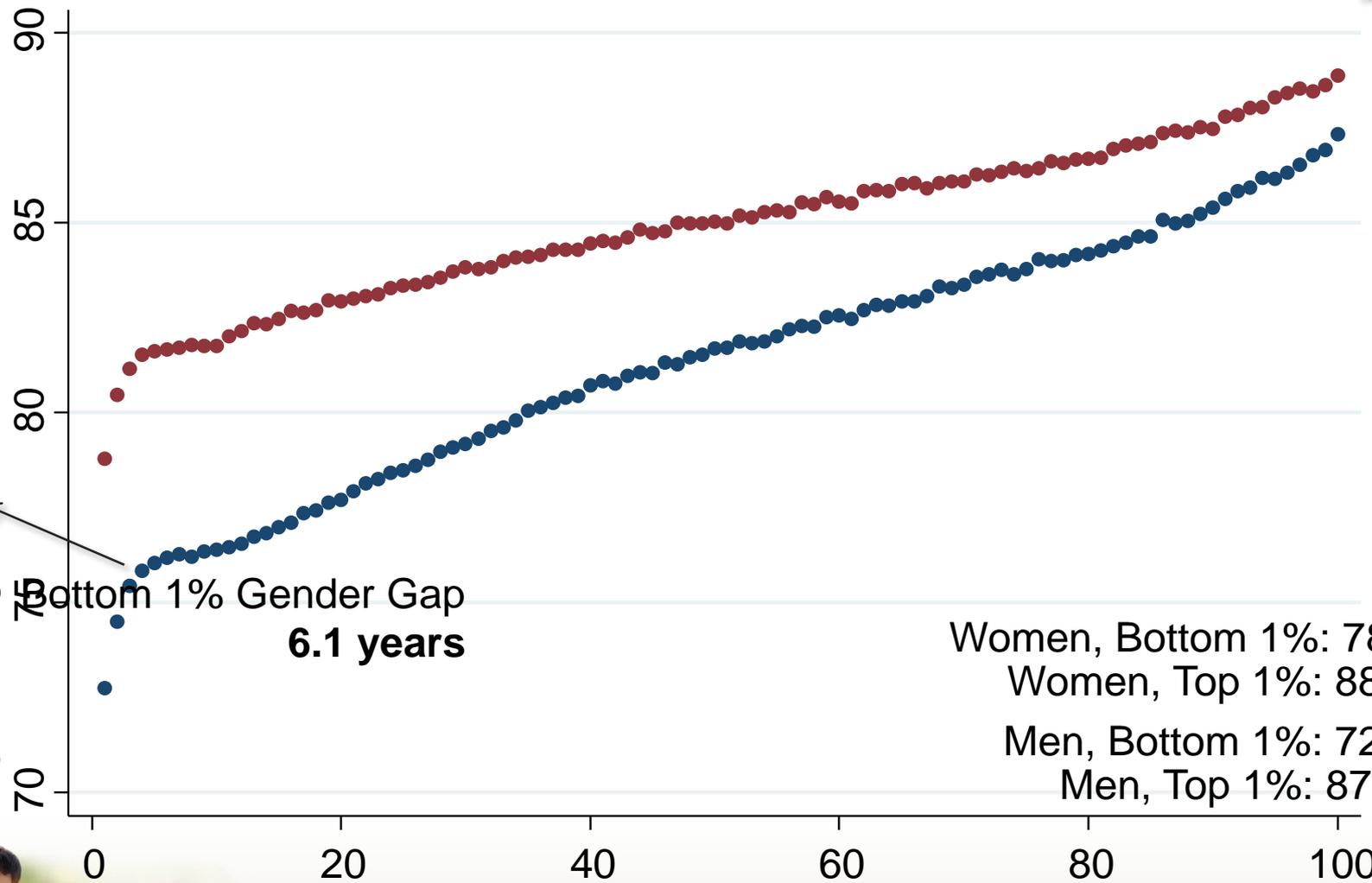
Expected Age at Death vs. Household Income Percentile By Gender at Age 40

Washington State
Health Care Authority

<https://healthinequality.org/documents/>

Top 1% Gender Gap
1.6 years

Expected Age-at-Death for 40 Year Olds in Years



Bottom 1% Gender Gap
6.1 years

Women, Bottom 1%: 78.8
Women, Top 1%: 88.9
Men, Bottom 1%: 72.7
Men, Top 1%: 87.3

Household Income Percentile
● Men ● Women



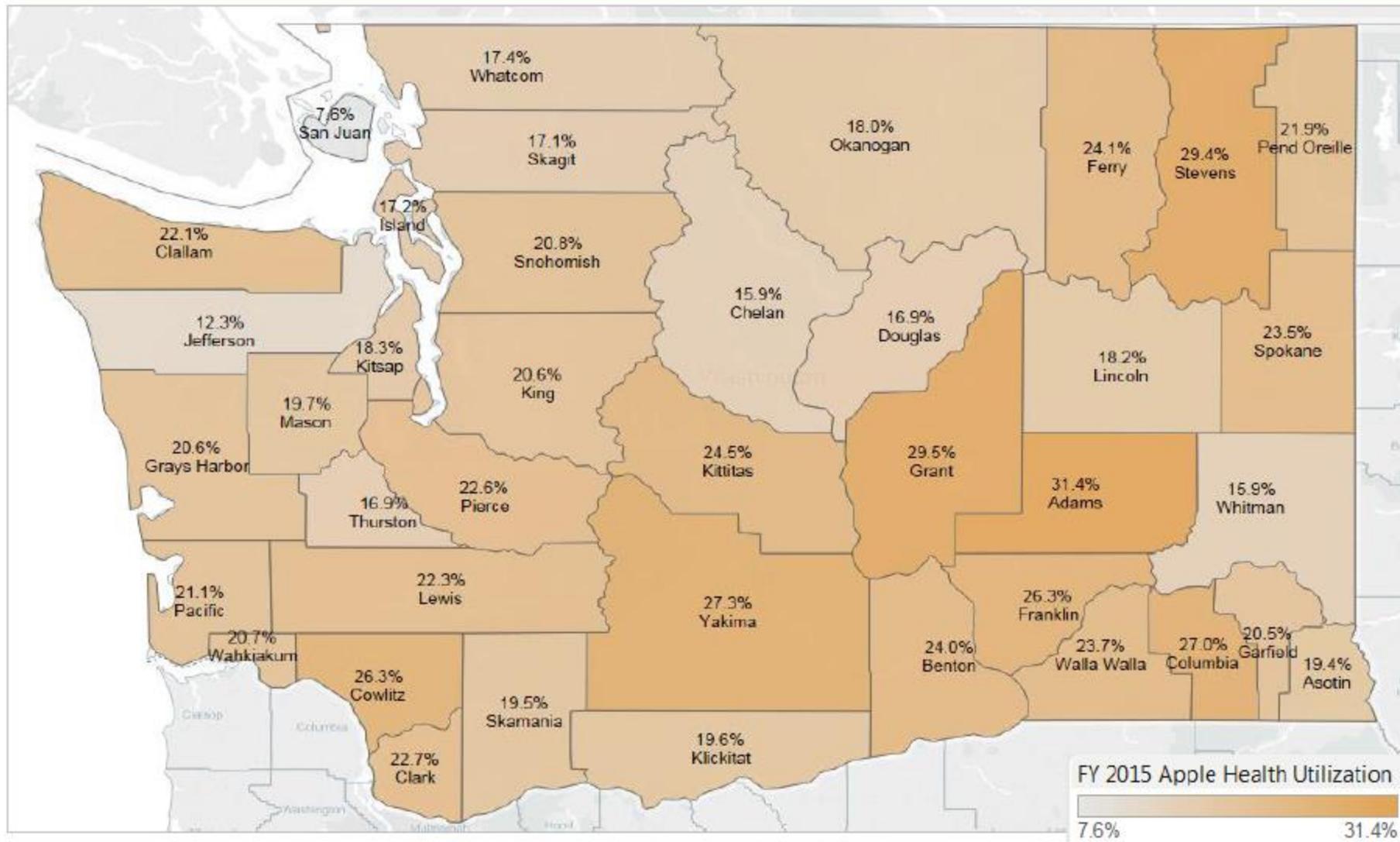
Access to Care

Table 1. Accessing primary care among Medicaid and commercial enrollees, July 2012 - June 2013. Red=rate is significantly worse than Medicaid statewide rate; Green=significantly better; Gray=not significantly different. Color rankings based on Wilson Score Interval statistical test.

ACCESS TO CARE: Percentage of patients who had a primary care visit during 2012-2013 measurement year	Statewide Results		White	Hispanic/ Latino	Black/ African American	American Indian/ Alaska Native	Asian	Native Hawaiian/ Other Pacific Islander
	Commercial	Medicaid (all races)						
Ages 12–24 months	89 %	84 %	82 %	90 %	87 %	42 %	89 %	87 %
Ages 2–6 years	78 %	70 %	67 %	78 %	71 %	31 %	78 %	68 %
Ages 7–11 years	81 %	78 %	77 %	82 %	79 %	36 %	85 %	76 %
Ages 12–19 years	81 %	74 %	77 %	73 %	77 %	37 %	82 %	74 %
Ages 20–44 years	90 %	82 %	82 %	84 %	83 %	81 %	81 %	75 %
Ages 45–64 years	95 %	90 %	90 %	90 %	91 %	87 %	90 %	90 %
Ages 65+ years	97 %	90 %	90 %	86 %	*	*	91 %	*

*Did not meet public reporting denominator minimum (<160) threshold requirements.

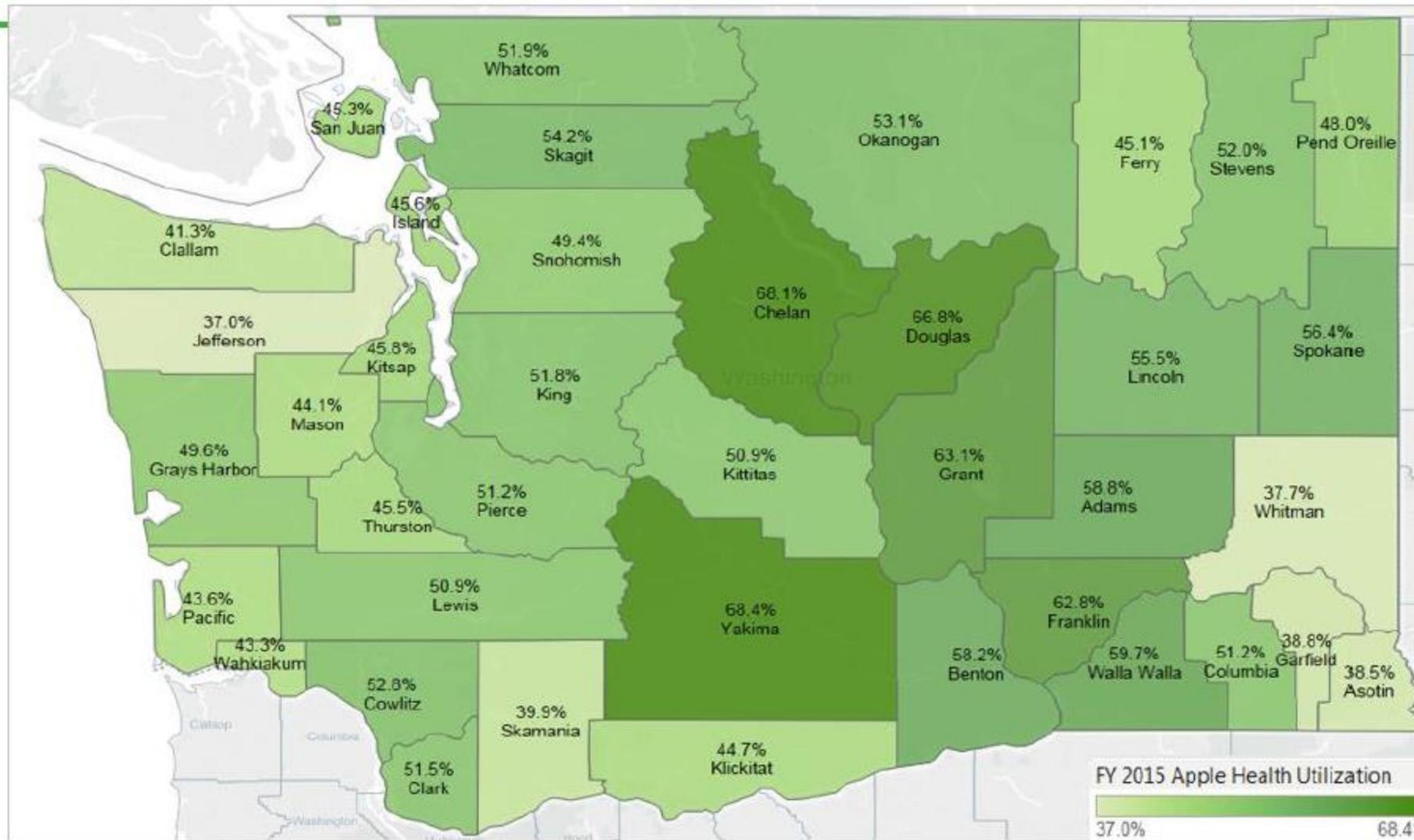
FY 2015 Apple Health Dental Utilization by County Adults Ages 21 and over



Statewide Utilization Total 22.4%

Washington Dental Service

FY 2015 Apple Health Dental Utilization by County Children Ages 20 and under



Barriers

- Low re-imbbursement rate
- Practice configurations
- Financing/payment of dental care
- Scope concerns
- Historical origins of Medicaid
- Resources to administer the program

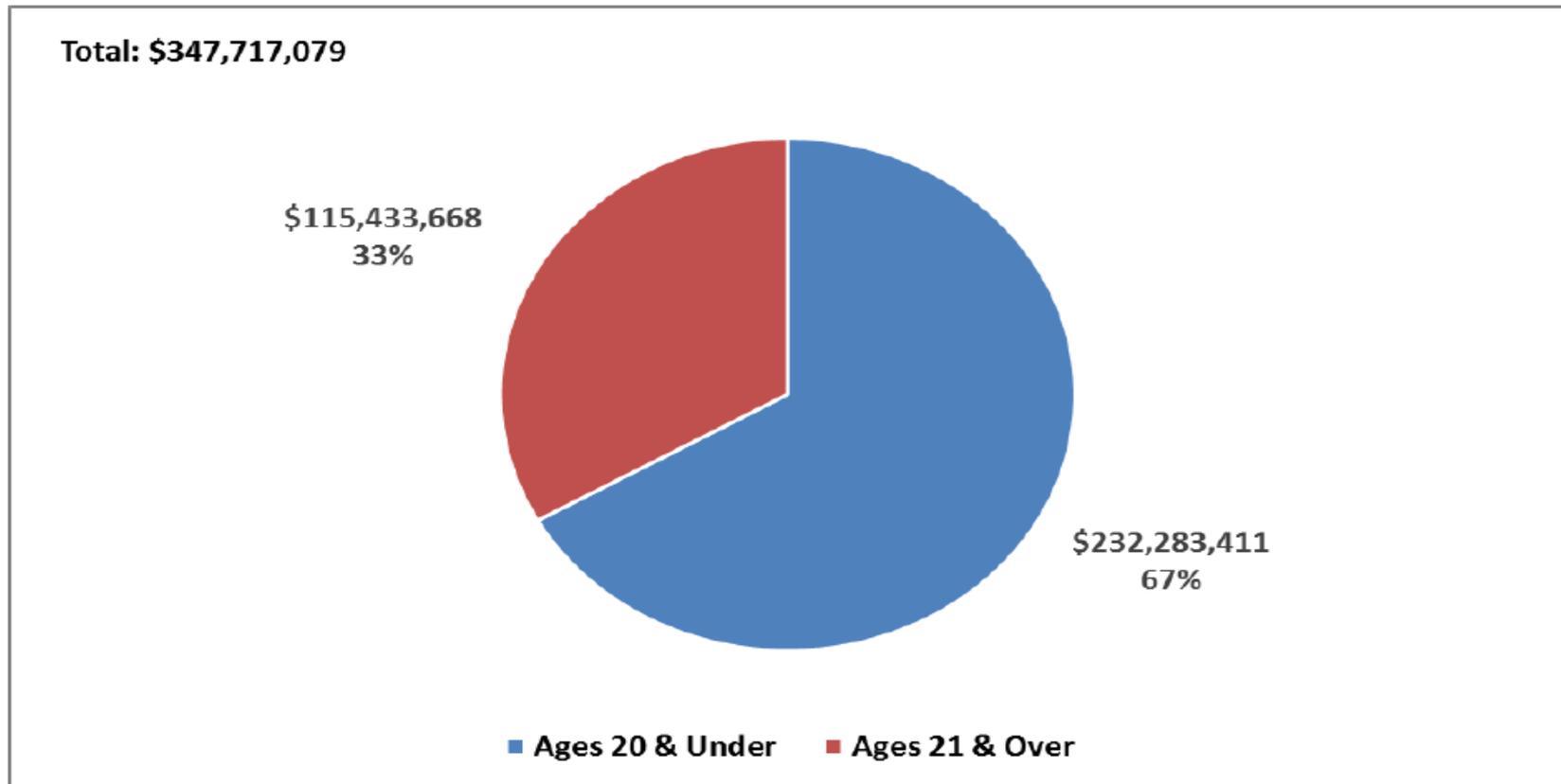
State comparison of Medicaid rates for dental service

Comparison of States' Medicaid Pediatric Dental Rates

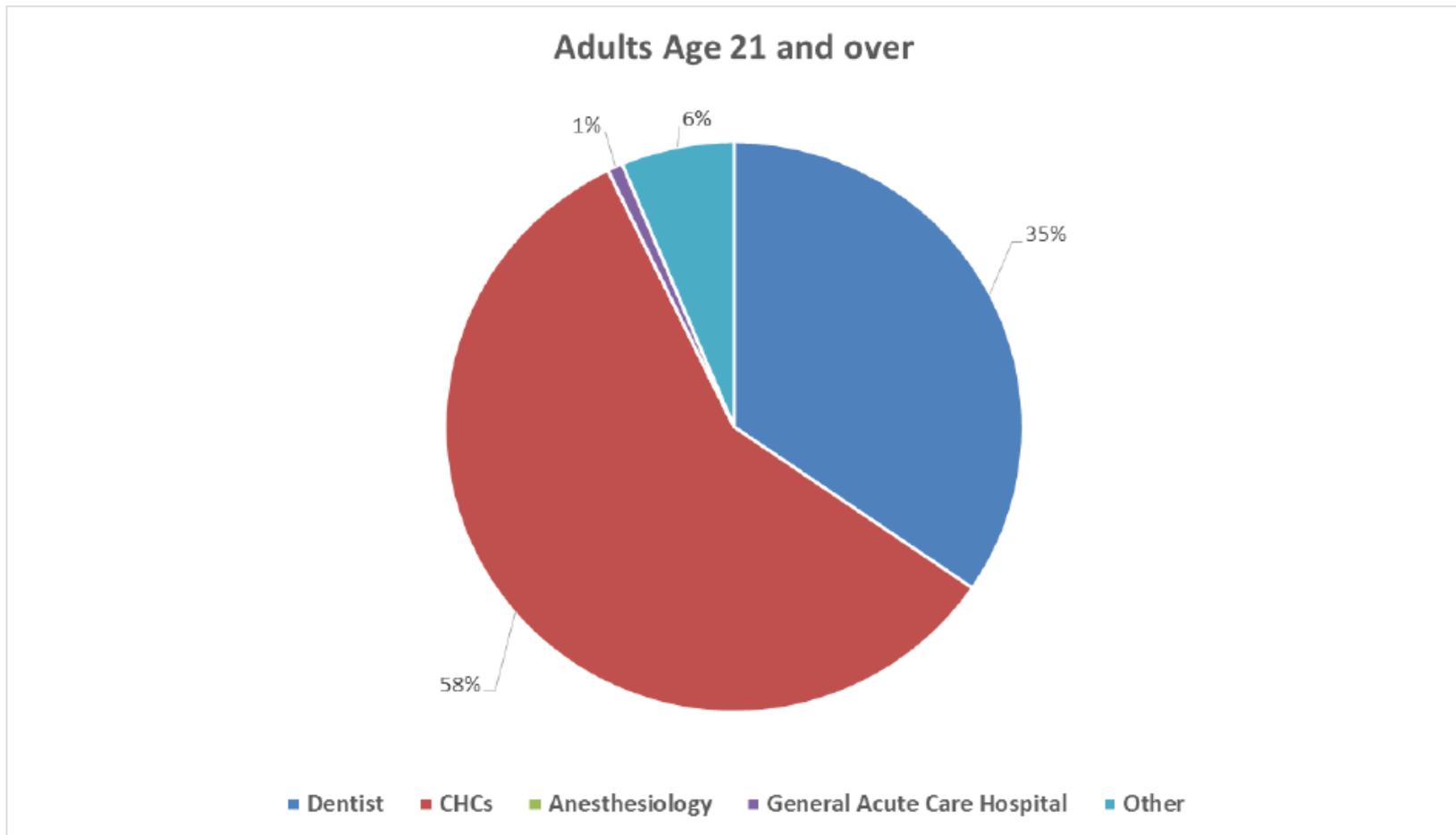
State Rank	State	Rates for serving Medicaid children as a percentage of dentists' retail fees	State Rank	State	Rates for serving Medicaid children as a percentage of dentists' retail fees
1	Alaska	91.4%	26	Nevada	54.70%
2	District of Columbia	84.1	27	Vermont	54.5
3	Delaware	80	28	Alabama	53.6
4	Connecticut	78.5	29	New Mexico	53.5
5	Maryland	70.7	30	Georgia	51.9
6	Arizona	68.9	31	Kentucky	51.9
7	Massachusetts	68.6	32	Colorado	51.1
8	Louisiana	67.9	33	Nebraska	49.4
9	Tennessee	67.3	34	Pennsylvania	48.8
10	North Dakota	66.2	35	Illinois	48.4
11	Wyoming	65.3	36	Iowa	46.8
12	Oklahoma	64.4	37	Missouri	46.7
13	Arkansas	63.9	38	Maine	46.5
14	Texas	63.8	39	Washington	46.5
15	West Virginia	62.5	40	Michigan	45.9

Ave: 60.5%, lowest FLA=27.5%

FY 2015 Apple Health Dental Expenditures



FY 2015 Apple Health Dental Expenditures by Billing Provider Type Specialty



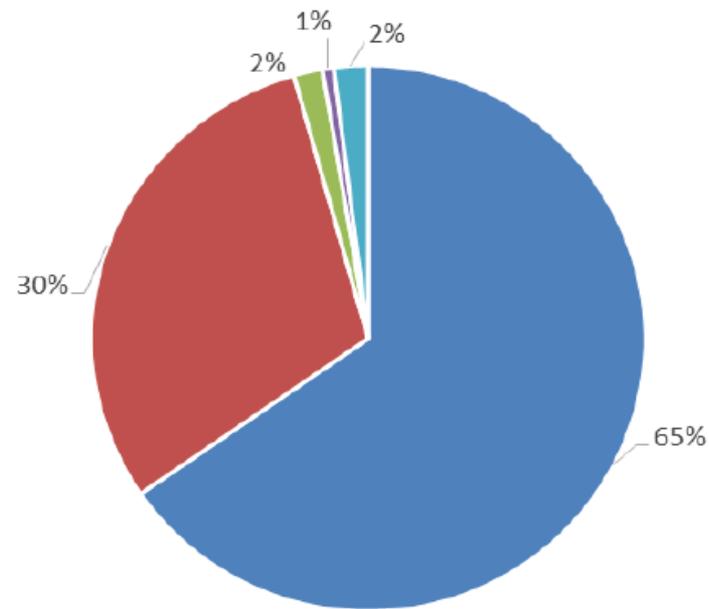
Other includes Multi-Specialty, Dental Hygienists, Pediatrics, Denturists, Oral & Maxillofacial Surgery, Nurse Anesthetist, Single Specialty, Public Health, Family Practice, Nurse Practitioner, Anesthesiology, and General Practice.

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FY 2015 Apple Health Dental Expenditures by Billing Provider Type Specialty

Children Age 20 and under



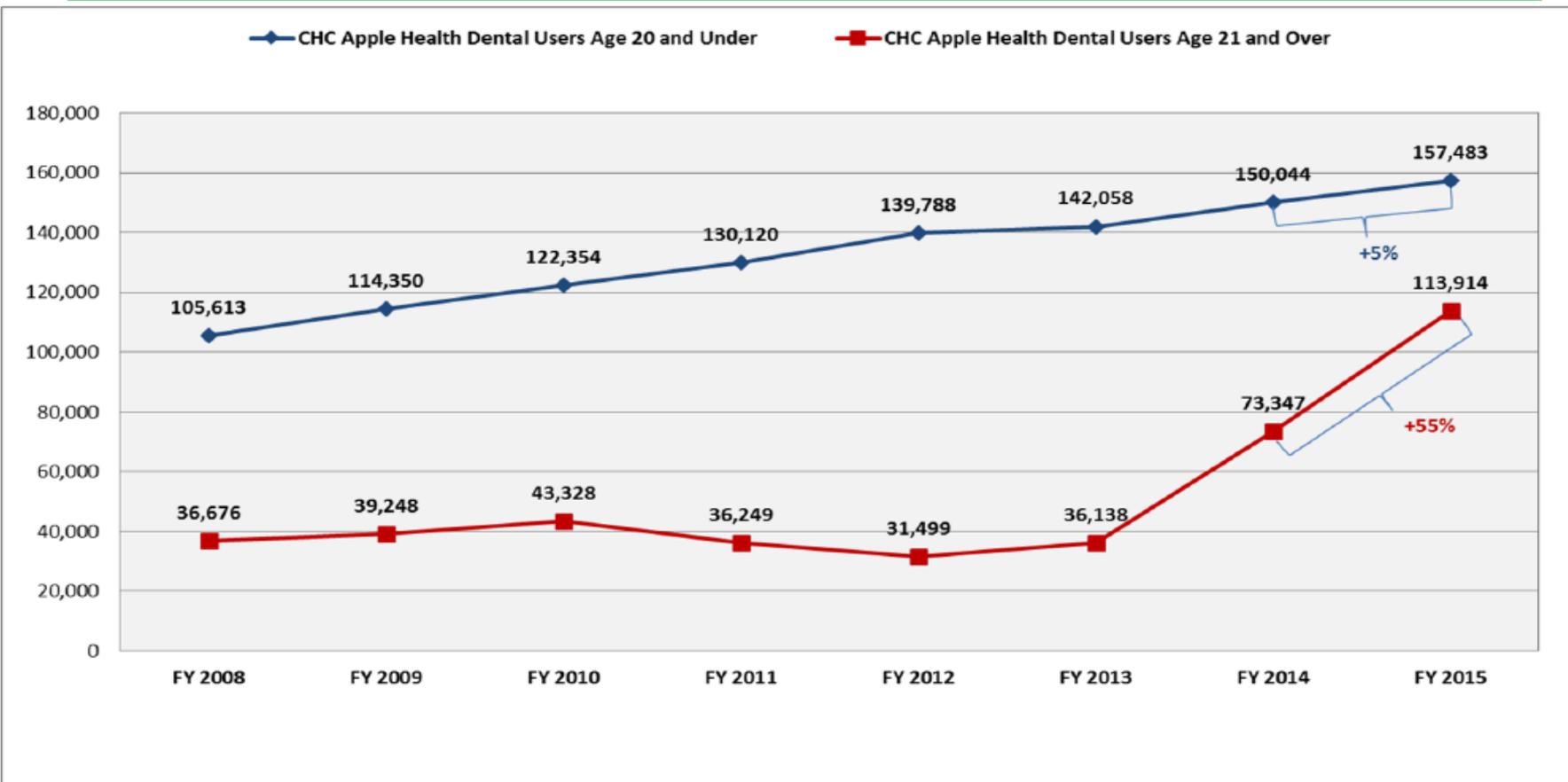
■ Dentist ■ CHCs ■ Anesthesiology ■ General Acute Care Hospital ■ Other

Other includes Multi-Specialty, Dental Hygienists, Pediatrics, Denturists, Oral & Maxillofacial Surgery, Nurse Anesthetist, Single Specialty, Public Health, Family Practice, Nurse Practitioner, and General Practice.

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Apple Health Dental Users Served by Community Health Centers FY 2008 – FY 2015



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Third-Party Administrator (TPA): An organization processing claims or performing other outsourced functions on behalf of a separate entity

Typical TPA Functions

- > Provider Recruitment & Outreach
- > Provider Services
- > Beneficiary Services & Outreach
- > Customer Service
- > Appeals & Grievances
- > Mail Room
- > Medicaid Benefit Set Up
- > Claims Operations
 - > Adjudication
 - > Prior-authorization
 - > Utilization Management
- > Provider Payment Processing
- > Document Management & outbound correspondence
- > Medicaid Reporting
- > Quality Management

Typical Non-TPA Functions

- > Program Oversight
- > Medicaid Management Information Systems (MMIS) maintenance and support
- > Medicaid Benefit Application & Renewal
- > Holding reserves
- > Provider Auditing
- > Record of Source

Suggestions for Improvement

- Reduce administrative barriers
 - Prior authorization
 - Claims processing
- Increase fees
- Align benefit package with current evidence
- Consider contracting out services



Kaiser Commission Policy Roundtable

- Lack of access to oral health impacts employability, opioid abuse, ED use and health disparities
- The science of dental caries is understood and treatment exists.
- Maximize Medicaid benefits
- Workforce innovation
- Transformation of oral health system

Questions?

More Information:

<http://www.hca.wa.gov/free-or-low-cost-health-care/apple-health-medicaid-coverage/dental-services>

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