

**Colorado Department of
Health Care Policy and Financing**

**Dental Program
Informational Public Meeting**

**Dental Benefits
in the DD Waivers**

Friday, October 4, 2013

Colorado Department of Healthcare Policy and Financing



Meeting Ground Rules

- Tough on issues, not people
- One person speaking at a time
- Be concise/ share the air
- Listen for understanding, not disagreement
- Speak up here, not outside
- In the room: Phones on silent/ vibrate
- On the phone: Please mute your line
- Please introduce yourself & state your affiliation when asking a question or making a comment.



Guiding Principles

- Be good stewards of public resources
- Build a person centered culture of care and coverage
- Embrace Colorado uniqueness
- Streamline/ simplify whenever possible
- Ensure access and continuity of care
 - Urban and Rural



Guiding Principles

- Improve health outcomes
 - Align quality measurement, outcomes and payment
 - Engage providers in a coordinated fashion
- Strengthen the Public Health - Department of Human Services - Medicaid partnership
- Strengthen stakeholder partnership



Benefits Collaborative Tie-In

DRAFT PROPOSAL

Colorado Adult Dental Benefit Summary

<i>Benefit</i>	<i>Description</i>	<i>Limitations*</i>
Annual Maximum	\$1,000 per person.	
Deductibles	No Deductibles.	
Co-Pays	No co-pays or coinsurance.	
Eligibility	Any adult covered by Medicaid; age 21 and up.	
Preventive and Diagnostic Services	Includes oral evaluation; x-rays; and two cleanings per year.	Evaluations are 2 per 12 months. Full mouth x-rays are 1 per 5 years; Bite-wing x-rays are 1 set per 12 months.
Restorative Services	Includes both anterior (front) and posterior (back) fillings; includes both white and silver fillings. White fillings allowed for anterior teeth.	1 time per 36 months per tooth.
Crowns	Includes single crowns. Subject to professional review. Must meet professional policy guidelines. Covered only in instances of fracture or decay; not for cosmetic reasons. Cannot have periodontal disease. Must be at least age 16.	1 time every 84 months per tooth.
Endodontics (Root Canal)	Includes root canals on all teeth, except third molars. Subject to professional review. Must meet professional policy guidelines.	1 time per lifetime per tooth.
Periodontal (Gum Treatment)	Includes periodontal scaling and root planning and periodontal maintenance. Subject to professional review. Must meet professional policy guidelines.	2 per 12 months; count as cleanings
Prosthetics (False Teeth)	Includes full and partial dentures. Subject to professional review. Must meet professional policy guidelines.	1 time every 84 months
Implants	Not covered.	
Oral Surgery	Simple extractions are covered. No coverage for third molars that have no symptoms (asymptomatic).	
Orthodontics	Not covered for adults.	

• Listed limitations are representative and not comprehensive. Additional professional review and processing policies may apply.



Participant Role

Per SB13-242, the Department retains ultimate decision making authority over the Medicaid dental benefit design. However, the collaborative exists to assist the Department in its design of cost effective, evidence based standards by contributing in the following ways:

- Share diverse perspectives to expand understanding ahead of decision making
- Share new information/research
- Ask questions and provide informed insight in response to analysis offered and suggestions made



Department Role

The Department will:

- Work with participants to ensure that concerns are consistently understood and considered
- Wherever possible, work to ensure that input is reflected in alternatives developed
- Provide feedback on how input influenced decisions made and explanation when input cannot be incorporated/adopted



Legislative Summary

Senate Bill 13-242

- SB 13-242 directed the Department (HCPF) to create a limited dental benefit for adult Medicaid beneficiaries using a collaborative stakeholder process by April 1, 2014 and directed that it will be funded through Unclaimed Property Tax Fund (UPTF) interest and principal.
- Currently adult Medicaid beneficiaries are generally covered for emergency dental services only.
- Department spends around \$5M General Fund annually on emergency dental services for adult Medicaid beneficiaries .



Legislative Summary

Senate Bill 13-242

The bill outlines that:

- The Department shall determine the most cost-effective method for providing the benefit
- If the Department decides to choose an Administrative Service Organization (ASO), the ASO is prohibited from requiring dental providers to participate in any other public or private program or to accept any other insurance products as a condition of participating as a dental provider.
- The Department shall retain policy making authority, including but not limited to benefits and rate setting.



Legislative Summary

Senate Bill 13-242

Funding

- The limited dental benefit will not use any General Fund dollars but will be funded through the principal and interest of the Unclaimed Property Trust Fund (UPTF).
- This funding source is currently used to fund CoverColorado, the state's high-risk health insurance pool. This funding will become available when the CoverColorado program is phased out as a result of federal requirements in the Affordable Care Act that health insurers must cover individuals with pre-existing conditions.



Goals for Today

- Contribute ideas to the development of a strategic approach for people in the waivers in terms of dental benefits as we work to align and enhance the programs.
- Engage in meaningful conversation and gather input
- Think about the possible interaction between an Administrative Service Organization (ASO) and the benefits in the DD Comp and SLS waivers
- Ensure continuity of dental care for clients



Strategic Planning

Core Principles to Keep in Mind

- Look at ways of raising the annual max in certain cases. Some people, for different reasons, may need more than the currently proposed annual maximum in consideration of other medically necessary needs.
 - Often the needs for services, in light of a new benefit, exceed the proposed annual max.
- Increase the wealth/supply of dental providers who will see individuals with special needs, including DD clients.



Strategic Planning

Core Principles to Keep in Mind

- Address the issue of consent for services. Are the appropriate people making those consent decisions?
- Avoid extended waits for services because of lack of access.
- Retain the intention that people will get the best dental care that they can. Aim to solve some true dental problems. Explore the possibility of shifting cost savings towards clients with greater need.
 - [Dept. note: From a CMS perspective, there are challenges associated with this concept.]



Strategic Planning

Core Principles to Keep in Mind

- Data collection is going to be very important moving forward, we will all need to work together on this point.
- Colorado Dental Association (CDA) is working on the number of dentists accepting Medicaid; “Take 5” initiative.
- Clarification of eligibility determinations in terms of the database. Ease of administration is critical.
- Efficiency, caring, building community, creation a situation where all people win. Reach for something substantial that can be the model for other states.



Strategic Planning

Core Principles to Keep in Mind

- Hold true to the Governor's three "E's": Efficiency, effectiveness, and elegance.
- Timely access for people who need sedation in surgery center locations.
- Consideration for more cleanings allowed per year for clients with extensive periodontal needs. Flexibility in benefit design for certain client bases that can be better targeted.
- Encourage Medicaid provider participation in creating real accessibility to/inside of clinics for care.



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Thank You

