

ORAL HEALTH IN THE NEW HEALTH CARE REALITY

ASHLEY BLACKBURN
COLIN REUSCH
EMILY POLAK



Dental Therapist Project Webinar
December 12, 2016

Community Catalyst

Community Catalyst is a national non-profit advocacy organization that works with national, state and local consumer organizations, policymakers and foundations to build consumer and community leadership to improve the health care system.

We support consumer advocacy networks that impact state and federal health care policy, and ensure consumers have a seat at the table as health care decisions are made.



AGENDA

- 1. Health care in the new Administration**
- 2. What does this mean for oral health?**
- 3. Campaign to protect health care**



Framing the Race

Sprint

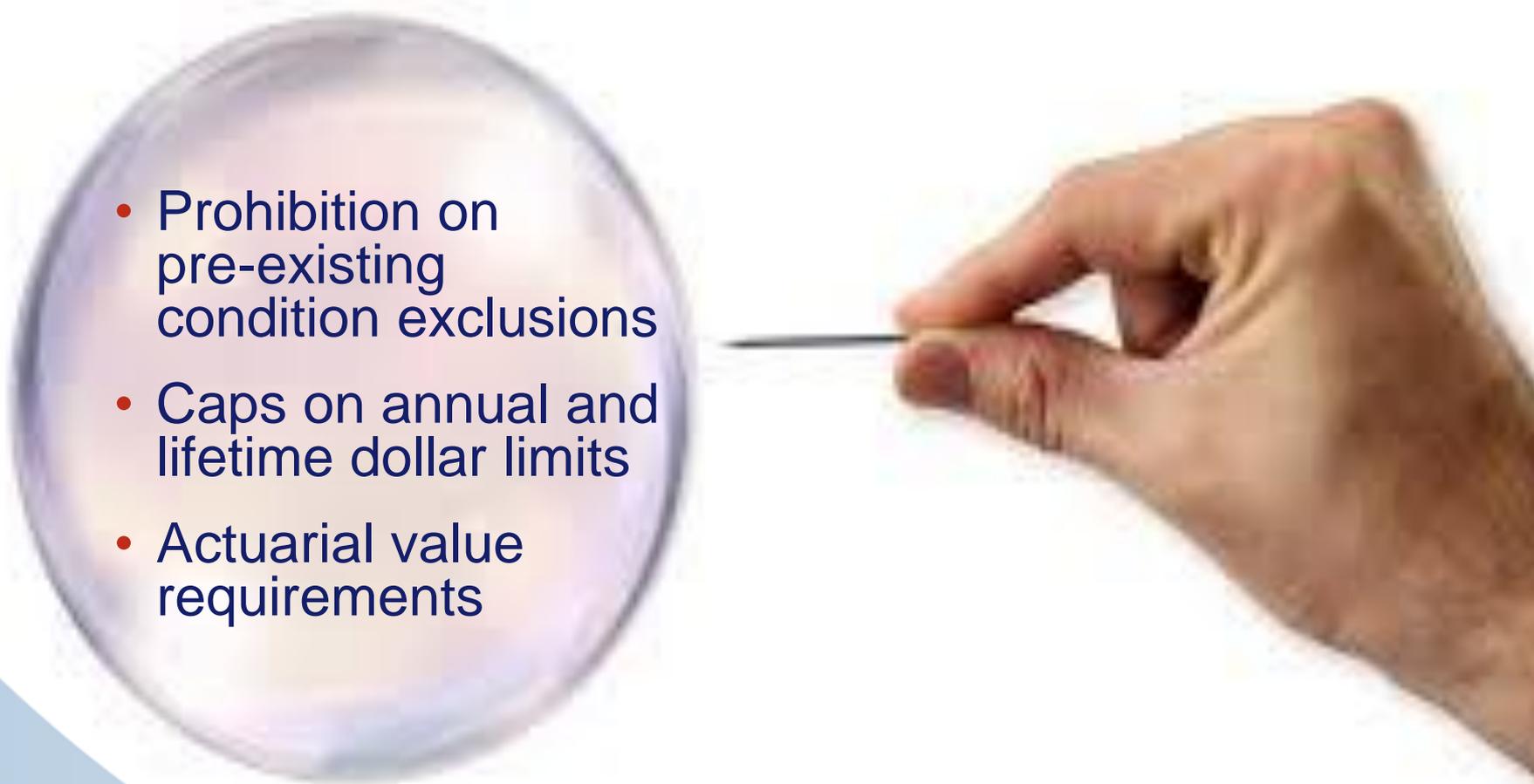


The Sprint

Repealing the Affordable Care Act

- **Process:** budget reconciliation
- **Chopping block:** APTCs/CSRs, individual and employer mandate, ACA revenue streams, Medicaid expansion
- **Timing:** January 2017

The Sprint

- 
- A hand holding a needle is positioned to pierce a large, iridescent bubble. The bubble is on the left side of the frame, and the hand with the needle is on the right. The background is white with a light blue curved border at the bottom.
- Prohibition on pre-existing condition exclusions
 - Caps on annual and lifetime dollar limits
 - Actuarial value requirements

The 5K

A Plan



Not a Plan



“Replacement” themes

- Continuous coverage requirements
- High risk pools
- Medicaid block grants or per-capita caps
- Health savings accounts
- Loosened benefit mandates
- Wider age bands
- Selling across state lines



The Marathon

Medicaid

- Squeezing state budgets
- Fewer people covered
- Constraints on innovation

Individual and small group markets

- Uncertainty leads to less choice and unaffordable options

CHIP

- Funding beyond 2017
- Rate of uninsured children will more than double



Colin Reusch

Senior Policy Analyst

Children's Dental Health Project

Children's Dental Health Project

Created in 1997, Children's Dental Health Project (CDHP) was created to advance innovative policy solutions so that no child suffers from tooth decay. We are driven by the vision that all children will achieve optimal oral health in order to reach their full potential.

CDHP Goals:

- » **Prevent childhood tooth decay**
- » **Ensure all children have affordable comprehensive care that improves their oral health**
- » **Measure for the oral health we want for our children**

2017 CDHP Policy Priorities

Maintain Coverage:

- Maintain CHIP funding & dental coverage
- Protect EPSDT/Medicaid benefits
- Defend ACA EHB & tax credits

Support Innovation:

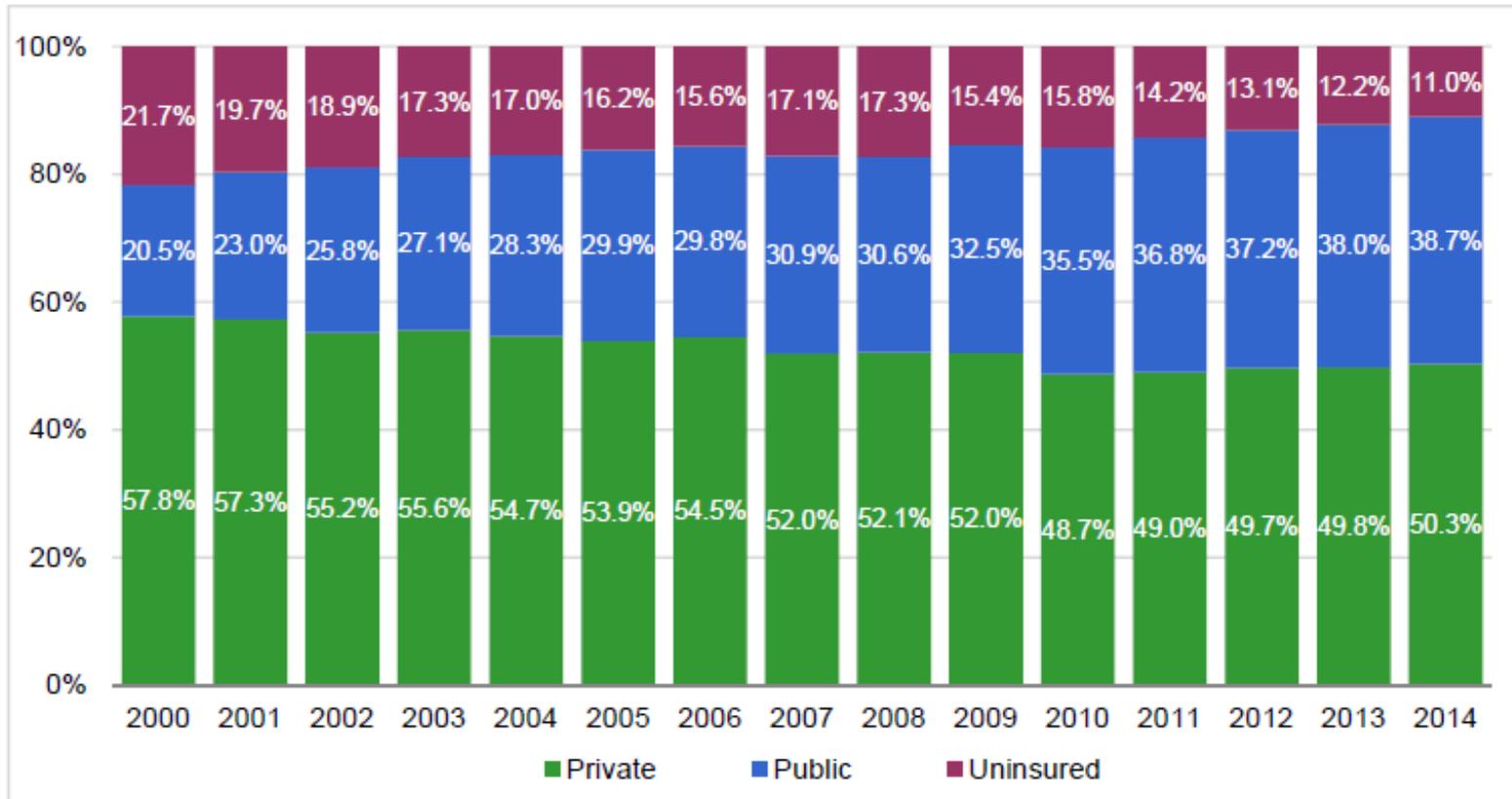
- Seek partnerships to test and assess innovation in care delivery and payment reform

Increase visibility:

- Educate policymakers & advocates about oral health, caries prevention, and caries management

Progress in Recent Years

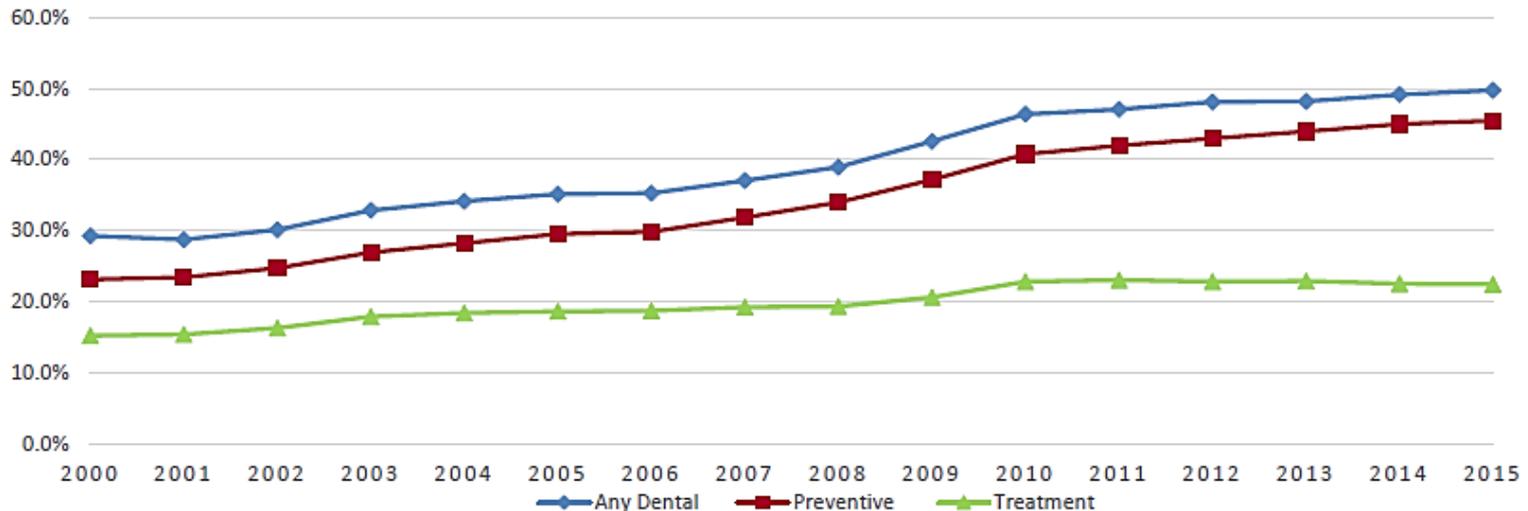
Figure 1: Source of Dental Benefits, Children Ages 2-18, 2000-2014



Source: Health Policy Institute analysis of the Medical Expenditure Panel Survey, AHRQ. **Notes:** All changes were significant at the 1% level (2000-2014). The change in uninsured from 2013 to 2014 was statistically significant at the 10% level.

Progress in Recent Years

PROPORTION OF CHILDREN, AGE 1-20, ENROLLED IN MEDICAID FOR AT LEAST 90 DAYS WHO RECEIVED DENTAL SERVICES, FFY 2000 – FFY 2015



Source: FFY 2000-2015 CMS-416 reports, Lines 1, 1b, 12a, 12b, and 12c

Note: Data reflect updates as of 7/13/16.

1 With the exception of FL and OH, the national FFY 2011 percentage used FFY 2011 data reported by states to CMS as of May 28, 2013. Due to errors in FL's FFY 2011 data that could not be corrected, the state's FFY 2012 data were used in the FFY 2011 national percentage. As FFY 2011 data for OH were reported after May 28, 2013, these data were not included in the FFY 2011 national percentage.

2 With the exception of CT and OH, the national FFY 2012 percentage used data reported by states to CMS as of April 10, 2014. FFY 2011 data for CT were used in the FFY 2012 national percentage because final FFY 2012 data for CT were not available as of April 10, 2014. As FFY 2011 data for OH were not used in the FFY 2011 national percentage, OH's FFY 2012 data were similarly excluded from the FFY 2012 national percentage.

3 With the exception of OH, the national FFY 2013 percentage used data reported by states to CMS as of December 15, 2014. As FFY 2011 data for OH were not used in the FFY 2011 national percentage, OH's FFY 2013 data were similarly excluded from the FFY 2013 national percentage.

4 With the exception OH, the national FFY 2014 percentage used data reported by states as of October 1, 2015. As FFY 2011 data for OH data were not used in the FFY 2011 national percentage, OH's FFY 2014 data were similarly excluded from the FFY 2014 national percentage.

5 With the exception of OH, the national FFY 2015 percentage used data reported by states as of July 13, 2016. As FFY 2011 data for OH data were not used in the FFY 2011 national percentage, OH's FFY 2015 data were similarly excluded from the FFY 2015 national percentage.

Progress in Recent Years

PREVALENCE OF UNTREATED CARIES, BY INCOME LEVEL AND AGE GROUP

Untreated caries rates are declining for children, especially low-income children.



In contrast, untreated carries rates for low-income adults are on the rise.

Public Dental Coverage

- Medicaid & CHIP provide dental coverage to nearly 46 million children
- EPSDT is most appropriately designed benefit for kids at greatest risk for tooth decay
- Medicaid was designed to automatically respond to need
- Medicaid Block granting or a per-capita cap structure could threaten the benefit structure for children and put the cost of kids at odds with adults/dual eligibles
- CHIP covers more than 8 million children of working families
- CHIP funding ends Sept. 2017 without Congressional action
- More than 5 million adults estimated to have gained dental as result of Medicaid expansion through 2015

ACA Dental Coverage

- Pediatric dental as essential health benefit
- No-cost preventive oral health services covered by nearly all health plans
- Inclusion of pediatric dental in many QHPs (especially in state-based marketplaces)
- Standardized plan options increasingly feature dental
- Nearly 2 million enrolled in dental plans with more in QHP dental coverage
- Adults buying significant share (more than 90%) of dental plans on marketplace
- IRS plans to improve tax credits for dental coverage

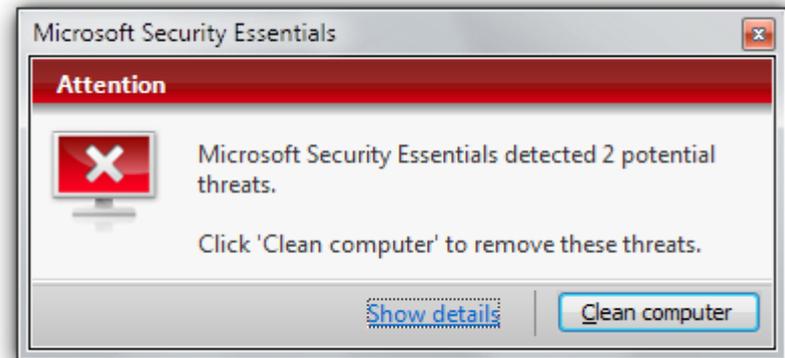
Oral Health Innovation

Oral health payment and service delivery innovation is happening:

- 16 states: Perinatal and Infant Oral Health Quality Improvement initiative
- 4 awards: CMMI Health Care Innovation Awards
- 3 states: CHIPRA Quality Demonstration grants
- 1 state: CMCS 1115 Waiver over 5 years for dental
- Multiple states: CMMI State Innovation Models (SIM)
- *Coming soon: CMS IAP Medicaid Payment Reform in Children's Oral Health*

Potential Threats

- Repeal of the ACA
 - Marketplace coverage
 - Market reforms
 - Medicaid expansion
 - Maintenance of Effort
- Discontinuation of CHIP
- Structural changes to Medicaid (block grant or per capita caps)



New Administration's Priorities

- President-Elect Trump
 - Promise to repeal & replace ACA
 - No emphasis on children or oral health
- HHS Secretary Tom Price
 - Previously opposed CHIP
 - Would eliminate ACA
 - Proposed automatic debt limits & cuts to public programs
- CMS Administrator Seema Verma
 - Architect of “skin in the game” Medicaid policies

Implications for Oral Health

- **ACA**
 - Loss of private & public coverage gains for kids and adults
 - Fewer consumer protections
 - Elimination of EHB
 - Elimination of preventive services
- **CHIP**
 - Potential loss of coverage for millions of kids (even if ACA remains)
- **Medicaid**
 - Fewer dollars for state programs
 - Tough choices on benefits and reimbursement
 - Threats to provider participation and access



Strategic Questions

- Who are likely allies & influencers?
- Which GOP offices are key to major votes?
- How do governors & policymakers feel about changes at state level?
- How do we reframe oral health & public programs?
- How do we make the business/economic case?
- How do we capitalize on emphasis on middle class & working families?



What is unique & compelling about oral health?

Framing the Race

Sprint



Campaign to Protect Health Care

- **Raise our voices in collective action!**
- **Action on the state level to affect the federal level**
- **Oral health community needs to elevate oral health in efforts to protect oral health**



Campaign to Protect Health Care

- **Week of Action**
- **Contact Elected Officials**
- **Story Collection**



For More Information:

Colin Reusch, Senior Policy Analyst

Children's Dental Health Project

creusch@cdhp.org

@Teeth_Matter @colinreusch

Ashley Blackburn, Policy Analyst

State Consumer Health Advocacy Program, Community Catalyst

ablackburn@communitycatalyst.org

Emily Polak, Associate Director

State Consumer Health Advocacy Program, Community Catalyst

epolak@communitycatalyst.org

Tera Bianchi, Project Director

Dental Access Project, Community Catalyst

tbianchi@communitycatalyst.org

Thank You

