Medicaid Waivers and Children’s Oral Health

With special guests:
Sara Rosenbaum, of the Milken Institute School of Public Health at George Washington University and Peter Damiano, of the University of Iowa Public Policy Center

May 9, 2017
Some details

• Please place questions in the chat box and we will address them at the end
• A recording of the webinar and slides will be posted in our “Why Dental Coverage Matters” Tool kit
  – Follow the link from our access-to-care page:
    cdhp.org/topics/access-to-care
Before we start: An AHCA update

• The American Healthcare Act (AHCA) passed the House on May 4th
  – Policies include:
    • Converts Medicaid to per-capita-cap w/ state block grant option
    • Allows waivers of EHBs
    • Removes mandates and scales back tax credits
    • See CDHP blog for more details (www.cdhp.org/blog)

• Moves to the Senate for reconciliation
  – Process projected to take months
    • Opportunities for education and advocacy
  – 13 Senators tasked with editing
13 Senators Reworking AHCA

- Sen. Mitch McConnell (R – KY)
- Sen. Orrin Hatch (R – UT)
- Sen. Lamar Alexander (R – TN)
- Sen. Mike Enzi (R – WY)
- Sen. John Thune (R – SD)
- Sen. Ted Cruz (R – TX)
- Sen. Mike Lee (R – UT)
- Sen. Tom Cotton (R – AR)
- Sen. Cory Gardner (R – CO)
- Sen. John Barrasso (R – WY)
- Sen. John Cornyn (R – TX)
- Sen. Rob Portman (R – OH)
- Sen. Pat Toomey (R – PA)
Part 1

AN INTRODUCTION TO SECTION 1115 WAIVERS

PRESENTER: SARA ROSENBAUM, JD
SECTION 1115 AND WAIVERS

Presented by Sara Rosenbaum, JD of the Milken Institute School of Public Health at George Washington University
Section 1115

- Part of the Social Security Act; predates Medicaid
  - **Not** part of Medicaid; lives outside the Medicaid statute
  - Congress can instead alter Medicaid to create flexibility otherwise available only on a demonstration basis
- Examples: Medicaid managed care; long term services and supports; Medicaid eligibility
- Gives the Secretary the power to alter or modify Social Security Act state grant in aid programs (e.g., Medicaid, child support enforcement, cash welfare, CHIP)
- Establishes scope-of-power and procedural constraints on the use of Secretarial powers similar the regulatory process more generally –
  - Is there a demonstration or experiment?
  - Does the demonstration promote Medicaid objectives?
  - Is the process transparent and open to public comment?
(a) In the case of any experimental, pilot, or demonstration project which, in the judgment of the Secretary, is likely to assist in promoting the objectives of [Medicaid]

(1) the Secretary may waive compliance with any of the requirements [related to state plans for medical assistance] to the extent and for the period he finds necessary to enable such State or States to carry out such project, and

(2) (A) costs of such project which would not otherwise be included as expenditures under [Medicaid] shall, to the extent and for the period prescribed by the Secretary, be regarded as expenditures under the State plan or plans approved under such subchapter, or for administration of such State plan or plans, as may be appropriate
What Can Be Waived?

- Eligibility provisions (most)
  - Categories
  - Financial (most)
  - Special eligibility rules (e.g., retroactive eligibility)
- Benefit provisions
  - Most
  - Amount duration and scope
- Administrative requirements
  - Reasonable promptness
- Cost not otherwise allowable
  - e.g., costs associated with lead abatement
The 1115 Process: Statute and Rules

• Public notice and comment at the state level sufficient to “ensure a meaningful level of public input”

• An additional notice and comment period once the state’s application is received by the Secretary; Secretary may expedite

• Periodic reports from the state concerning project implementation, including impact on insurance rates, outcomes on quality, cost and access, and results of beneficiary satisfaction surveys

• “a process for the periodic evaluation by the Secretary of the demonstration project”

• rules require that states carry out evaluations under Secretarial approval, as well as public notice and comment rights
Part 2

THE IMPACT OF A WAIVER: A CASE STUDY
PRESENTER: PETER DAMIANO DDS MPH
Research Required for State Waiver Requests:
Iowa’s Dental Wellness Plan Evaluation as an Example

Pete Damiano
Director
In This Presentation

• Use of multimodal research to evaluate Medicaid waivers in Iowa
  – Medical and dental programs

• Example of a waiver evaluation
  – Iowa Dental Wellness Plan evaluation
    • Iowa’s Medicaid expansion
UI Public Policy Center

• In UI Office of Vice President for Research
• Primary mission:
  • Conduct academic research to inform policymakers and public
• 6 areas of research at PPC
  • Health (most mature program)
  • Environment
  • Social and Education Policy
  • Politics and Policy
  • Transportation and Vehicle Safety
• Academic Researchers not advocates!
Health Policy Research at PPC

Research on the changing health care environment

• Affordable Care Act
• Health insurance coverage
  – Medicaid expansion and Marketplaces
• Accountable Care Organizations
• Safety Net
• Medical/integrated health homes (Medicaid)
• School meal guideline acceptance
• Oral health services research
Wavier Evaluations at PPC

Waiver evaluations with Iowa Medicaid for over 25 years

- 1991-Medicaid Managed Care Evaluation (1915b waiver)
- Today
  - Chronic medical and mental health home
  - Medicaid managed care
  - Medicaid expansion (1115 waiver)
    - Overall
    - Healthy Behaviors Incentives
    - Dental Wellness Plan
Multimodal Approach for Waiver Evaluations

**Administrative Data**
- Insurance enrollment files
- Claims/encounter data
- Provider data

**Surveys**
- Consumers, members, patients
- Providers, administrators

**Qualitative data**
- Interviews
- Focus groups
Multimodal Approach for Waiver Evaluations

- Administrative Data
  - Factual

- Surveys
  - Knowledge
  - Attitudes
  - Experiences

- Qualitative data
  - Methods development
  - Depth of inference
Iowa Dental Wellness Plan Evaluation:

Dental Portion of Iowa’s Medicaid Expansion
Waiver Evaluation Research Team

Dentist Investigators
- Ray Kuthy
- Susan McKernan
- Julie Reynolds
- Astha Singhal
- Donald Chi

Health services researcher
- Elizabeth Momany

Behavioral Scientist
- Natoshia Askelson

Economists
- Dan Shane
- Phuong Nguyen

GIS Expert
- Mark Pooley
IowaCare Waiver Evaluation Led to DWP Development

UI PPC Evaluation of IowaCare Program (2013)

• IowaCare did not have a dental component
• Key findings:
  – Significant pent-up demand for dental care
  – Lower oral health status (uninsured adults)
### Uninsured’s Chronic Health Conditions

<table>
<thead>
<tr>
<th>Health conditions lasting &gt;3 months</th>
<th>% reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental, Tooth or Mouth Problems</td>
<td>39%</td>
</tr>
<tr>
<td>Back or Neck Problems</td>
<td>37%</td>
</tr>
<tr>
<td>Arthritis, Bone or Joint Problems</td>
<td>36%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>34%</td>
</tr>
<tr>
<td>Overweight/Obesity</td>
<td>31%</td>
</tr>
<tr>
<td>Allergies or Sinus Problems</td>
<td>29%</td>
</tr>
<tr>
<td>Indigestion, Heartburn or Ulcers</td>
<td>27%</td>
</tr>
<tr>
<td>Migraine Headaches</td>
<td>16%</td>
</tr>
<tr>
<td>Bladder or Bowel Problems</td>
<td>15%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>15%</td>
</tr>
<tr>
<td>Bronchitis, Emphysema, Lung Problems</td>
<td>14%</td>
</tr>
<tr>
<td>Heart Problems</td>
<td>11%</td>
</tr>
<tr>
<td>Asthma</td>
<td>11%</td>
</tr>
</tbody>
</table>
Oral Health Status of Uninsured, (2013)

Iowa Care

- Excellent: 7%
- Very Good: 22%
- Good: 34%
- Fair: 27%
- Poor: 12%

Medicaid

- Excellent: 15%
- Very Good: 17%
- Good: 37%
- Fair: 20%
- Poor: 11%
DWP Evaluation Plan

• Developed in active coordination with CMS and Iowa Medicaid
  – Biweekly meetings

• Built on evaluation plan for medical portion of Medicaid expansion
  – Took 7 months to develop
  – Earned benefits model in DWP based on healthy behavior incentives in medical plan
DWP Earned Benefit Structure

- Earned benefits maintained with recalls every 6-12 months
- Dentists encouraged to do an online clinical risk assessment (Previser)
- Reimbursement ~60% higher than Medicaid
- No annual maximum
Evaluation Components

Activities

• Member Surveys
• Provider surveys
• Provider network adequacy
• Cost & utilization outcomes
  • Administrative data

Questions

• Access to care
• Quality of and satisfaction
• Cost of care
• Provider participation in and attitudes toward program
• Provider Network
• Outreach and referral
Data

Administrative

- Medicaid and Delta Dental of Iowa
- Cost, outcomes and provider adequacy

• Member surveys
  - Mail back/online w/DWP (n=4800) and Medicaid (n=6000)

• Provider surveys - all dentists in Iowa
  - Mail back/online
DWP Evaluation Results
(select)
Enrollment Churn between Tiers

Figure 2. Flow diagram of DWP members enrolled in May 1, 2014 tier movement by quarter May 2014 – April 2016 (n=112,983)
Member Experiences Year 2

- DWP members
  - Lower reported oral health status compared to Medicaid members
  - Less unmet need for dental care
  - Low awareness of the earned benefits model
  - Easier to find a dentist compared to Medicaid
- No difference in overall rating of plan between DWP and Medicaid
Provider Availability (Consumer Perspective)

9. Rating (0-10, 10=easiest) of ease of finding a dentist who accepts DWP/Medicaid

- DWP* (n=408):
  - 43% (9-10 - Easy)
  - 35% (7-8)
  - 22% (0-6 - Difficult)

- Medicaid* (n=515):
  - 34% (9-10 - Easy)
  - 51% (7-8)
  - 15% (0-6 - Difficult)

*Statistically significant difference at p<.05
Provider Experiences

- Problems among participating dentists
  - Intermittent eligibility
  - Referring to dental specialists
  - Time spent on paperwork
- Reasons for not participating
  - Low reimbursement rates
- DWP participating dentists more likely to participate in Medicaid
- Dentists were ambivalent about the earned benefits approach
Provider Network Adequacy

Figure 10. Distribution of members by travel distance (miles) to the nearest primary care dentist, Year 2

<table>
<thead>
<tr>
<th>Distance</th>
<th>DWP</th>
<th>Medicaid</th>
<th>DDIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 miles</td>
<td>84.1%</td>
<td>87.4%</td>
<td>83.6%</td>
</tr>
<tr>
<td>6-15 miles</td>
<td>11.2%</td>
<td>10.6%</td>
<td>15.1%</td>
</tr>
<tr>
<td>16-25 miles</td>
<td>4.2%</td>
<td>1.9%</td>
<td>1.3%</td>
</tr>
<tr>
<td>26-35 miles</td>
<td>0.5%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>&gt;35 miles</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
DWP Evaluation Led to Major Redesign of Program

- Complexity of the program became clear in evaluation
  - Both members and dentists
  - Few were making it to next Tiers
- Iowa Medicaid put out national RFI for ideas
- Just released new plan to start July 1
  - All adults in Medicaid will be in DWP
  - Tier 1 will now include fillings, single crowns and periodontal care
  - Expanding healthy behaviors
    - Check up and health risk assessment or pay premium
Discussion

Vinny
Part 3

WHAT CAN I DO?
Who to talk to

State-level comments

- Minimum 30 day period after state applies
- Channels of communication – depends on state:
  - Online (via email or submission service)
  - Public hearings (come ready with comments and materials)
  - Written submission

Federal comments

- Minimum of 30 days of comment before consideration
- Channels of communication:
  - Online: [https://public.medicaid.gov/connect.ti/public.comments/grouphome](https://public.medicaid.gov/connect.ti/public.comments/grouphome) or search “Medicaid public comment”
When to speak up

• Before applying – state comment period of at least 30 days:
  “States must provide at least a 30-day public notice and comment period for applications for new demonstrations and extensions of existing demonstrations…”

• After application – federal comment period of at least 30 days:
  “After the State is notified that their application is complete, there will be a 30-day Federal comment period for the general public and stakeholders to submit comments… CMS will not act on the demonstration request until … after the conclusion of the public comment period.”

• Be diligent with keeping track of those dates:
  “CMS will continue to accept comments beyond the 30-day period; however, CMS cannot guarantee that comments received after the 30-day comment period will be considered”

Source: https://www.medicaid.gov/medicaid/section-1115-demo/transparency
What to say

• Emphasis on proof or lack thereof
  – Does the state demonstration hold water?
  – Are there other examples to draw from?

• Quality over quantity
  – These are answered differently than calls in an elected officials office – so making repeated calls and comments without new information will have limited effect
  – Resource: Medicaid waiver guidelines

• Speak directly to what HHS should be concerned about:
  – Specifics over hypotheticals
  – Particular emphasis on costs, patient outcomes, administrative complexity, impact on access
Part 4

QUESTIONS AND HOUSE KEEPING
How can I watch and share this webinar?

These slides (and a recording of this webinar) will be posted in our “Why Dental Coverage Matters” Tool kit

Follow the link from our access-to-care page:

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Facebook: https://www.facebook.com/childrensdentalhealth

Follow up with any questions:
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