ADVOCATING FOR AN ADULT DENTAL BENEFIT IN YOUR STATE

November 19th, 2019
Housekeeping

- All lines will remain muted to avoid background noise.
- A copy of the slides and a link to the recording will be shared after the webinar concludes.
- After the presentations we hope to have some time for Q&A
  - Two ways to engage:
    - Use the raise hand feature and we will unmute you
    - Type your question in the chat box
OPENING REMARKS

Matt Bond
Agenda and Speakers

• Moderator and Opening Remarks – Matt Bond, Director of Network Strategy, DentaQuest Partnership
• Medicaid Adult Dental Benefits: Expansion through Research and Advocacy – Eric P. Tranby, Manager of Data & Impact, DentaQuest Partnership
• Behind the Numbers: Dental Services & Out-Of-Pocket Expenditures – Yara A. Halasa-Rappel, Biostaticisian, DentaQuest Partnership
• Emergency Department Utilization for Dental Conditions: National Review – Avery Brow, Scientific Communications Editor, DentaQuest Partnership
• Cost Offsets to Funding a Medicaid Adult Dental Benefit – Marty Dellapenna, Director, MSDA Center for Quality, Policy, and Financing
• Advocating for Adult Dental Benefits in Medicaid: Advocates and Partners – Cheryl Fish-Parcham, Director of Access Initiatives, Families USA
• Network-Based Support for Medicaid Adult Dental Benefit Advocacy – Stacey Chazin, Director of Leadership Development and Capacity Building, American Network of Oral Health Coalitions
• Role Advocates & Partners Can Play: Perspectives of a Former State Medicaid Director – Patrick Finnerty, PWF Consulting and Senior Advisor, DentaQuest Partnership
• Concluding Remarks – Mike Monopoli, Executive Director of Grants Strategy, DentaQuest Partnership
MEDICAID ADULT DENTAL BENEFITS: EXPANSION THROUGH RESEARCH AND ADVOCACY

Eric P. Tranby, PhD
Manager, Data & Impact, Analytics and Evaluation
eric.tranby@dentaquest.com
Challenges to Adequate Oral Health Care among Medicaid Enrolled Adults

https://www.chcs.org/media/Adult-Oral-Health-Fact-Sheet_091519.pdf
High Need for Oral Health Care Leads to Poor Quality of Life

- >40% Have Untreated Tooth Decay
- ~30% Affects Ability to Job Interview
- ~50% have periodontitis
- >Hospital visits for dental conditions
- Low Access, High Costs
- >40% Have Untreated Tooth Decay

Pain and Dysfunction

Complex Chronic Disease

Impacts on Employment

Costly Care
Advocacy and Research Caused Significant Policy Momentum in 2019
DentaQuest Partnership’s Commitment to Expanding Access to all Adults in Medicaid

Invested $8.6 million in partnerships with national, state, and grass-roots organizations

Establish single, national oral health measurement system
Pursue person-centered models of care through interprofessional practice and value-based transformation.
Advocate for public adult dental benefit to expand access
### Research Tools for Advocacy in Medicaid

#### Research Reports
- Poor Families Spend 10 Times More on Dental Care than Wealthier Families
- Medicaid Adult Benefits Increase Access and Reduce Out of Pocket Expenditures

#### Publications
- Systematic Review of ED Visits for Non-Traumatic Dental Conditions
- Super-utilizers of ED for Non-Traumatic Dental Conditions in 5 states

#### Dashboards
- Summary Information on ED visits for Non-Traumatic Dental Conditions Nationally and in 11 States
  - State Specific CMS 416 Reports for Children

#### Blog Posts
- Recap of 2019 Legislative Progress and Need for Continued Action
  - Looking ahead to Legislative Progress in 2020
BEHIND THE NUMBERS: DENTAL SERVICES AND OUT-OF-POCKET EXPENDITURES

Yara A. Halasa-Rappel, DMD, PhD
November 19, 2019
In 2017, Dental services were 3.7% of National Health Expenditures

<table>
<thead>
<tr>
<th>Expenditure Type</th>
<th>Amount</th>
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<tr>
<td>National health expenditures</td>
<td>$3.5 Trillion</td>
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<tr>
<td>Hospital care expenditures</td>
<td>$1.1 Trillion</td>
</tr>
<tr>
<td>Physician and clinical services expenditures</td>
<td>$694 Billion</td>
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<tr>
<td>Dental expenditures</td>
<td>$129 Billion</td>
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Source: National Health Expenditures 2017 Highlights
Understand the story behind the national dental expenditures numbers
Methods
Data sources and analysis

Data
• Medical Expenditures Panel Surveys (MEPS) 2011 to 2016
• National Health and Nutrition Examination Survey (NHANES) 2015/2016

Analysis
• Average of 2011-2016
Average annual expenditures on dental services: $97 billion

Source: MEPS 2011-2016
Average annual expenditures on dental services: $97 billion

Source: MEPS 2011-2016
Average dental expenditures for those covered by Medicaid: $6.99 billion

Dental expenditures for those covered by Medicaid only

Source: MEPS 2011-2016
AMONG ADULTS: WHO IS USING DENTAL CARE
Per capita dental expenditure
Adults covered by Medicaid spent 168% more than those uninsured, but 45% less than those covered by private insurance.

Source: MEPS 2011-2016
Per capita dental expenditures within Medicaid

Adult covered by Medicaid only spent 86% of overall average
Adult covered by Medicaid and non-Medicare plan spent 156%

Per adult enrolled in Medicaid dental expenditure=$150

Source: MEPS 2011-2016
Per user expenditures on dental services:
Medicaid: 31% Out-of-Pocket
Uninsured: 77% Out-of-Pocket
Private: 40% Out-of-Pocket

Source: MEPS 2011-2016
Per user dental expenditures for those covered by Medicaid:
Medicaid only: 29% Out-of-Pocket
Medicaid & Medicare: 31% Out-of-Pocket
Medicaid and non-Medicare: 36% Out-of-Pocket

Source: MEPS 2011-2016
Access and utilization of dental services

Those covered by Medicaid had better access to dental care compared to uninsured adults. Covered by Medicaid used more services when they sought dental care.

- **Private**: 47% received at least one dental service, 2.09 visits on average.
- **Medicaid**: 24% received at least one dental service, 2.18 visits on average.
- **Uninsured**: 15% received at least one dental service, 1.93 visits on average.

Source: MEPS 2011-2016
Within Medicaid: Access and utilization of dental services
Access and utilization varies by type of coverage

<table>
<thead>
<tr>
<th>Type of Coverage</th>
<th>Average Annual % of Persons Received at Least One Dental Service</th>
<th>Average Number of Dental Visits for Those Who Received Dental Services</th>
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</thead>
<tbody>
<tr>
<td>Medicaid only</td>
<td>23%</td>
<td>2.09</td>
</tr>
<tr>
<td>Medicaid &amp; Medicare</td>
<td>21%</td>
<td>2.41</td>
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<tr>
<td>Medicaid &amp; non-Medicare</td>
<td>32%</td>
<td>2.20</td>
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Source: MEPS 2011-2016
Unmet needs for restorative care
Only 9.5% of decayed teeth were treated for those covered by Medicaid compared to 24.6% for those with private coverage and 2.7% for uninsured.

<table>
<thead>
<tr>
<th>Type of coverage</th>
<th>Average per capita teeth needing restorative care</th>
<th>Average per capita teeth treated (restorative care)</th>
<th>Unmet need for restorative care</th>
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<tr>
<td>Medicaid Only</td>
<td>0.69</td>
<td>0.07</td>
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<td>Medicare Plus Medicaid</td>
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<td>Private Only</td>
<td>0.37</td>
<td>0.09</td>
<td>75.4%</td>
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<td>Multiple insurers</td>
<td>0.25</td>
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<td>Other medical insurer</td>
<td>0.39</td>
<td>0.06</td>
<td>83.4%</td>
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<tr>
<td>Uninsured</td>
<td>1.25</td>
<td>0.03</td>
<td>97.3%</td>
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Source: NHANES 2015/2016 and MEPS 2015
When using dental services:
Those in poverty spend ten times more as a proportion of their annual family income on dental services compared to high income families

Source: MEPS 2011-2016
Conclusions

Medicaid improved adults’ access to dental services but significant access gap remains

- 9 percentage points higher than those who lack medical coverage
- 23 percentage points lower than those with private medical coverage

Average number of dental visits for adults covered by Medicaid was 2.18

- 2.09 visits for those with private
- 1.93 visits for those who lack medical coverage

High unmet need for dental care

OOP expenditures is a barrier to dental care
POOR FAMILIES SPENT 10 TIMES MORE OF THEIR INCOME ON DENTAL CARE THAN WEALTHIER FAMILIES

MEDICAID ADULT DENTAL BENEFITS

increase access and reduce out-of-pocket expenditures

Yara A. Halasa-Rappel, DMD, PhD; Avery R. Brow, MA2; Julie Frantsve-Hawley, PhD; CAE; Eric P. Tranby, PhD

PART 2 OF 3
Acknowledgment

• **Co-authors**
  - Julie Frantsve-Hawley
  - Eric P. Tranby
  - Avery R. Brow

• **Reviewers**
  - Jane Koppelman
  - Cheryl Fish-Parcham
  - Samuel Zwetchkenbaum
Questions?
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Thank you
EMERGENCY DEPARTMENT UTILIZATION FOR DENTAL CONDITIONS: NATIONAL REVIEW

Avery R. Brow, MA²
November 19, 2019
Emergency Department Utilization for Dental Conditions:
National Review

EXHIBIT 1. State Medicaid Coverage of Adult Dental Benefits, September 2019

Do patients with non-traumatic dental conditions who have Medicaid compared to other insurance status (private, Medicare, no insurance) have a differential incidence of single dental-related ED visits?
Steps to Conduct a Systematic Review

1. **PICO(T) Development & Search**
   - Identify the issue and determine the question
   - Write a plan for the review (protocol)
   - Search for studies

2. **Inclusion/Exclusion Criteria:** *a priori* methodology
   - Filter for “acceptable” studies

3. **Gather ALL the studies**

4. **Filter for “acceptable” studies**

5. **Keep the relevant studies & make an overall summary**
Search Strategy: Terms & Databases

Identify Databases

PubMed  Embase  Google Scholar
Search Strategy: Terms & Databases

Identify Databases

Restriction and Terms

PubMed
- 579 articles/objects
- 541 between 1999 and 2019
- 540 English language articles

Embase
- 551 articles/objects
- 528 between 1999 and 2019
- 526 English language articles

Google Scholar
- 306 articles/objects
- 296 between 1999 and 2019
- 273 English language articles
Imported 1,339 for initial review
PRISMA & Critical Appraisal

1,339 studies imported for screening → 287 duplicates removed → 1,052 studies screened → 871 studies irrelevant → 181 full-text studies → 156 studies excluded: 23 studies included in final analysis
PRISMA & Critical Appraisal

1,339 studies imported for screening
287 duplicates removed

1,052 studies screened
871 studies irrelevant

181 full-text studies
156 studies excluded:
90 – Didn’t answer PICOT
29 – Wrong type of data
12 – Low Overall Score
12 – No data to extract
6 – Wrong Study Design
3 – Not a US Study
2 – Study Not Available
2 – Wrong Patient Population
1 – Not Dental Related
1 – Wrong Setting

23 studies included in final analysis
Data Extraction & Interpretation

Results

• All Limitations
• Evidentiary Strength
• Application
Data Extraction & Interpretation

Results
- All Limitations
- Evidentiary Strength
- Application

Results
- Policy Impact
- Economic Impact
- Implications

Data Extraction & Interpretation

Important Considerations

• Was the search broad?
• Was there risk for internal bias?
• Is there inter-study reliability?
• Is there heterogeneity in results?

Why do a systematic review?
• Emergency utilization data not available for all states
• Purchase and analysis are expensive
• These reports have very similar findings

Why is this report important?
• This report is one of the first to synthesize nationally representative data
• There is no mandatory dental benefit for adults aged 21 or over.
• This report allows policymakers and others to achieve consensus and drive system change to encourage development and implementation of legislation and policies that can bring dental and oral health care to adults
Data Extraction & Interpretation

Important Considerations

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Why is this report important?

• Synthesizes nationally-representative data
• Advocates consensus and drives system change
  • There is no mandatory dental benefit for adults aged 21 or over
Acknowledgments and Questions

• Co-authors
  • Annaliese Cothron
  • Savyasachi Shah
  • Eric P Tranby
  • Julie Frantsve-Hawley

• Questions:
  • For any questions or comments: avery.brow@dentaquest.com or (202)-731-6168.
Cost Offsets to Funding a Medicaid Adult Dental Benefit

Martha Dellapenna, RDH, MEd
Director, MSDA Center for Quality, Policy and Financing
Research Team

Medicaid Administrators

Academia

Dental Public Health

Project Advisors

DentaQuest Partnership $$$

MSDA Center for Quality, Policy and Financing

Heller School of Social Policy & Management

Donald Shepard, PhD

Yara Halasa, DMD, MS, PhD

Cynthia Tschampl, PhD

Martha DellaPenna, RDH, MEd

Mary E. Foley, RDH, MPH
Charge

Explore the socio-economic return on investment to states to funding an Medicaid adult dental benefit.
Our Strategy

1. Explore *non-traditional/socio-economic* factors that may be impacted by adding adult Medicaid dental benefits;

2. Propose and study *non-traditional* factors that could impact overall state budgets and/or communities and programs;

3. Develop a conceptual model for states to use in budget preparations and policy-making.
Return on Investment

Investments:
- Expanded Medicaid coverage to include dental services for adults

New Types of Returns:
- Less crime
- Less addiction
- Increased employment probability
Tool for Calculating Medicaid Adult Cost Offsets
Framework

USER’S INPUTS
PRE-FILLED DATA

OFFSET CALCULATOR (EXCEL)

FINDINGS
# State Dental Cost Offsets

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What’s Next?

1. Pilot the Tool
2. Webinar- Jan.30, 2020
3. White Paper
Contact Information

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Sandwich, MA 02563

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Advocating for Adult Dental Benefits in Medicaid:
Advocates and Partners
Cheryl Fish-Parcham
Advocating for Medicaid Adult Dental Benefits

To get adult dental coverage in Medicaid, you must:

Convince Medicaid agencies that providing or expanding adult dental benefits is worthwhile; and/or

Convince state legislators
Advocating for Medicaid Adult Dental Benefits

Mechanisms

Best: Full and comprehensive benefit under the state plan

Partial benefit, with steps to expand

Pilot program through, for example, a Medicaid waiver
  • May serve a subpopulation like seniors, people with disabilities, SUD – but work for a path to expand
  • Avoid waiver provisions that create a barrier to service

Baby step: Managed care “value added” services
Advocating for Medicaid Adult Dental Benefits

Partners are Important

To build relationships with key legislators and throughout the state

Represent different constituencies and elements of the problem:

- Seniors
- Adults trying to get into the workforce
- People with disabilities
- People with complex health problems
- Pregnant women

Include people who are affected themselves, service providers, medical professionals
Advocating for Medicaid Adult Dental Benefits

Examples of Allies

- Community health clinics
- Senior nutrition program providers; other aging services
- Doctors who can speak to other health consequences
- Dental professionals, including midlevel practitioners
- Workforce training programs / adult education programs
- Multi-issue community orgs including affected adults
- Legal services programs
Advocating for Medicaid Adult Dental Benefits

Messages

• Oral health is part of overall health
• Dental benefits save money and improve health for people with chronic conditions
  • Research on diabetes
  • See the clinical consensus on medically necessary care
• Key that unlocks the door: to eat, to jobs, to stay healthy, to socialize
• Going without oral health care causes pain and hardship
• Covering dental saves money in Emergency Department costs
• Emergency departments don’t treat underlying dental problems, but only the symptoms
  • This is harmful and inefficient
  • E.g., People leave emergency department with opioids for pain
• States that provide coverage agree that it is important/improves health
• “Targeted justice,” remedy disparities (particular message depends on who you are trying to influence)
How Print News Has Covered Adult Dental Campaigns: Examples

July 5, 2013 “**Medi-Cal dental coverage to be partially restored, but not until May**”
*SANDY KLEFFMAN* | Bay Area News Group, San Mateo County Times, Mercury News

LeAna Powell, already missing two front teeth, has so much pain from several molars that she pops pain pills routinely and tries to eat only soft food.

It is quite embarrassing to be in a club with Alabama and Tennessee, two southern confederate states. These three states are the only states in the union that deny adult recipients of Medicaid dental coverage. Luckily, the Delaware has just unanimously passed a bill that will end our membership in that dubious club. – “Senate passes bill to provide Medicaid Recipients Dental Coverage,” Delaware Dem, June 6, 2019

**“Lack of dental coverage for low-income adults in Delaware can have serious costs,”** SARAH MUELLER • MAR 22, 2019, Dover Public Media…

…Dan Meara chairs Christiana Care’s Department of Oral and Maxillofacial & Hospital Dentistry. He said untreated dental problems can cause infections and abscesses in the face, the neck and jaw areas. Some patients can spend days in intensive care or even die…. Meara said tens of thousands of surgeries nationwide every year could be prevented by something as simple as getting a cavity filled. But when you don’t have the means to get preventive care, nothing about it is simple.
Advocating for Medicaid Adult Dental

Some Resources from Families USA

• **Engaging In Story-Based Work: What Oral Health Organizations Need To Know**
  • Collect your own
  • Share with us too on oralhealth4all.org

• **Treating Pain Is Not Enough: Why States’ Emergency-Only Dental Benefits Fall Short**

• **Oral Health Coverage in the 2019 State Legislatures: Victories, Budget Cuts, and Opportunities for Future Progress**

• **Improving Access To Oral Health Care For Adults With Disabilities Can Improve Their Health And Well-Being**

• **A Deep Dive into the Connections Between Oral and Behavioral Health**

• **For Rural Seniors, Improving Overall Health Requires Improving Oral Health Care**

• **How Medicaid Waivers Could Limit Access To Oral Health Care**

• **Why States Should Offer Extensive Oral Health Benefits To Adults Covered By Medicaid** (2017)
Network-Based Support for Medicaid Adult Dental Benefit Advocacy

Stacey Chazin, MPH
Why We Do What We Do

We catalyze a network to take on America’s oral health challenges so that everyone has an equitable chance to thrive.
What is OPEN?

- A national network with a vision that:
  - Communities thrive because oral health is valued as essential to wellbeing
  - Equitable opportunities ensure that everyone realizes their full potential
- More than 2,000 individuals from local, state, and national organizations are members and work together on a range of oral health, overall health, and social justice issues.
1. Eradicate dental disease in children
2. Build a comprehensive national oral health measurement system
3. Integrate oral health into person-centered health homes
4. Include an adult dental benefit in publicly funded health coverage
5. Improve the public perception of oral health
Target: At least 30 states have an extensive Medicaid adult dental benefit

- National, state- and community-level tactics.
- 2018 assessment of progress toward benefits expansion, and resources produced to support this work.
- Revealed areas of significant progress, and those requiring more or different attention.
### 2018 Milestone Achievements

<table>
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<tr>
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<tr>
<td>Achieved</td>
<td>Four states increase the level of covered services for all Medicaid-eligible adults.</td>
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<tr>
<td>On Our Way</td>
<td>Four states enhance the oral health benefit offered to specific eligibility categories in their Medicaid program.</td>
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<tr>
<td>Little or No Progress</td>
<td>A comprehensive set of resources and supports exists for any state to implement an advocacy campaign to increase coverage.</td>
</tr>
<tr>
<td>Unclear</td>
<td>No states have rolled back adult dental coverage.</td>
</tr>
<tr>
<td>Achieved</td>
<td>The Network adopts a definition of an extensive Medicaid adult dental benefit.</td>
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Medicaid Adult Dental Benefit Learning Collaborative (MADBLC)

- Launched January 2018 as forum for OPEN members working actively to expand or defend the Medicaid adult dental benefit in their state.
- Forum for partners at state and community levels to learn from and support each other.
- Virtual bi-weekly meetings in legislative sessions, monthly in off season.
- Almost 200 current members across the country.
MADBLC Focus and Outputs

- **Examples of topical focus areas:**
  - Using budget processes to move coverage forward
  - Pregnant women’s coverage
  - Public Charge
  - Understanding new national research around adult dental coverage
  - Connections between oral health (care) and the opioid crisis

- **Examples of skill-based focus areas:**
  - Working with a broad range of partners, including grassroots organizations
  - Engagement and messaging strategies with legislators
  - Incorporating messaging around the opioid crisis
  - Using data to build the case and resources available for that

- Production of templates for advocacy use, currently underway
Rubric to Define An Extensive Medicaid Adult Dental Benefit

- Effort launched in 2014 by DQP to create a rubric that:
  - Captures point-in-time information at the state level about specific adult dental procedures covered by Medicaid.
  - Better enables states to evaluate the extensiveness of their Medicaid adult dental benefits and to identify specific opportunities for improvement.
  - Promote understanding of the term “extensive.”
- Engaged policy, advocacy, and clinical experts.
- To be released nationally in next few months.
2019 OPEN Hill Day

- **Pregnant Women’s Medicaid Coverage:** Asked Congress to make oral health coverage a mandatory component of pregnancy-related benefits in Medicaid.

- 270 OPEN members lobbied their senators and representatives on Capitol Hill in effort led and coordinated by Families USA.
www.oralhealth.network

- Join our e-community to find resources, make connections with members, and participate in forums.
Virtual Roadmap

- Visit the virtual roadmap to see who is working on what efforts across the country.
If you want to go fast, go alone.
If you want to go far,
GO TOGETHER.

African Proverb
Role Advocates & Partners Can Play

*Perspectives of a Former State Medicaid Director*

November 19, 2019
Partnership with State Medicaid Agencies is a “Relationship” …not a “Date”

- Build a partnership through broader participation/involvement in Medicaid initiatives and priorities
  - Value-based care, care integration
  - MCO Performance Improvement Projects (PIPs)
- Be a resource to Medicaid and other relevant state agencies
- Develop “levels” of contact within Medicaid
- Provide data on cost-effectiveness of benefits; impact on broader Medicaid program and state budget; activities in other states
- Don’t forget to “offer” as often as you “ask”

**Medicaid Adult Dental Benefits**

- Extensive (19)
- Emergency (12)
- Limited (17)
- None (3)
Advocating Within Executive and Legislative Branches of State Gov’t: A “Year-Round Sport”

- Governor’s Office, Cabinet officials, Department Directors
- Governor’s Legislative Agenda
- Executive Budget Development
- Legislative Sessions
  - Be seen, even if you don’t have a specific legislative item
  - Cultivate legislative “champions” in each chamber
  - Effecting change takes time...be patient
  - *Maximize legislative staff relationships*
- Interim period between legislative sessions
  - Monitor/attend Standing Committee meetings (be seen!)
  - District legislator meetings/events (constituents are key)

Start Early!
Extensive Dental Benefit for Virginia Medicaid Pregnant Women: Advocacy Works!

- Virginia Health Catalyst (formerly Virginia Oral Health Coalition) played a critical advocacy role
- Several years of education, advocacy, partnership and data
- Extensive level of coverage included in Gov. McAuliffe’s 2015 “Healthy Virginia” initiative; coverage & funding approved by General Assembly
- A key message was that mother & child benefit from dental coverage
- Important component of advocacy in legislature was involvement of OBGYNs
- 45,000 pregnant women now have dental benefits!
CONCLUDING REMARKS

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QUESTIONS?
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Partnership for Oral Health Advancement