

Colorado Medical Assistance Program



Colorado Department of Health Care Policy & Financing

Using General Fund Dollars to Expand Medicaid Access

Amy Scangarella
Children's Policy Specialist

A dark teal silhouette of a mountain range is positioned at the bottom right of the slide, partially overlapping the text area.

Using General Fund Dollars to Expand Medicaid Access



- ◆ Using General Fund Dollars to Expand Medicaid Access
- ◆ Invest in Oral Health!

Using General Fund to Expand Medicaid Access

July 2006 Increase reimbursement from 68% to 71.5% of ADA Fee Schedule for Mountain Region



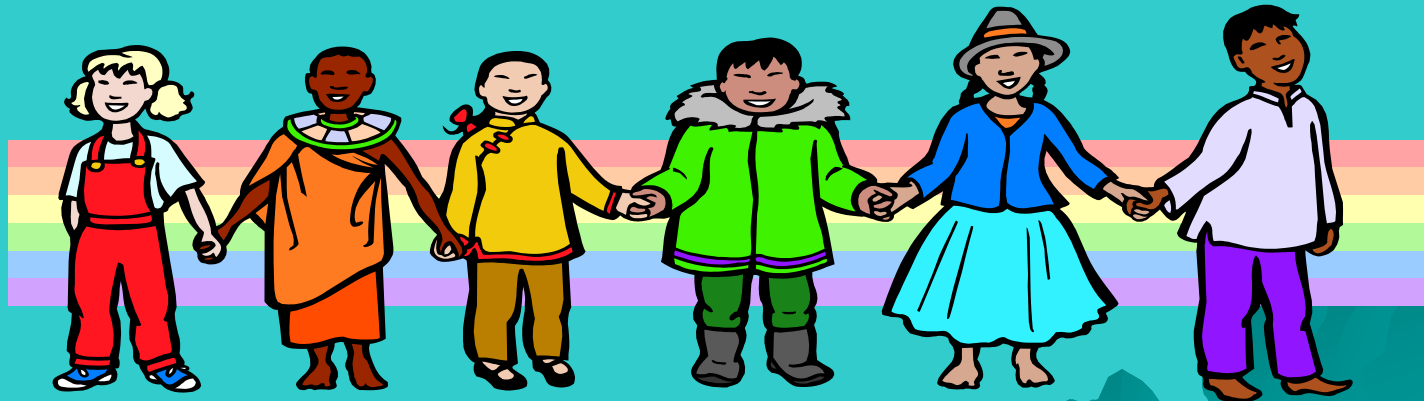
Using General Fund to Expand Medicaid Access

- **2001 Legislation**
 - ✓ CHP+ Dental Benefit
 - ✓ Dental Hygienist
 - ✓ Dental Infrastructure Grants
 - ✓ Dental Loan Repayment Program
 - ✓ Tax Credit



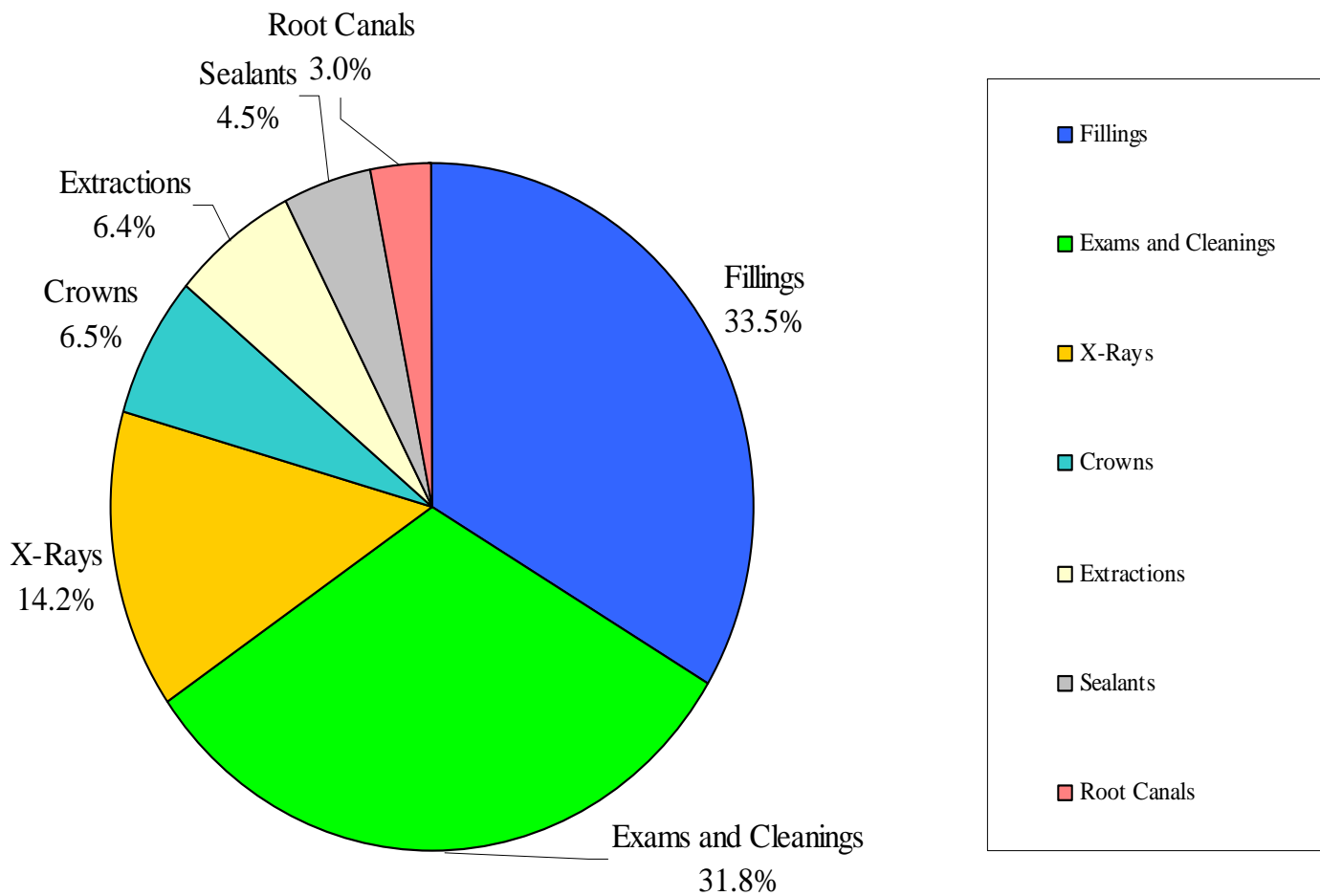
Dental Benefits of Children's Basic Health Plan

- ◆ Provides dental coverage to children that do not qualify for Medicaid and do not have private health insurance.
- ◆ Annual enrollment fees are paid by families depending on the eligibility of the child.
- ◆ Dental benefit funded by the General Assembly in 2002
- ◆ Commercial model with \$500 cap
- ◆ Delta Dental Plan of Colorado
- ◆ Co-payment



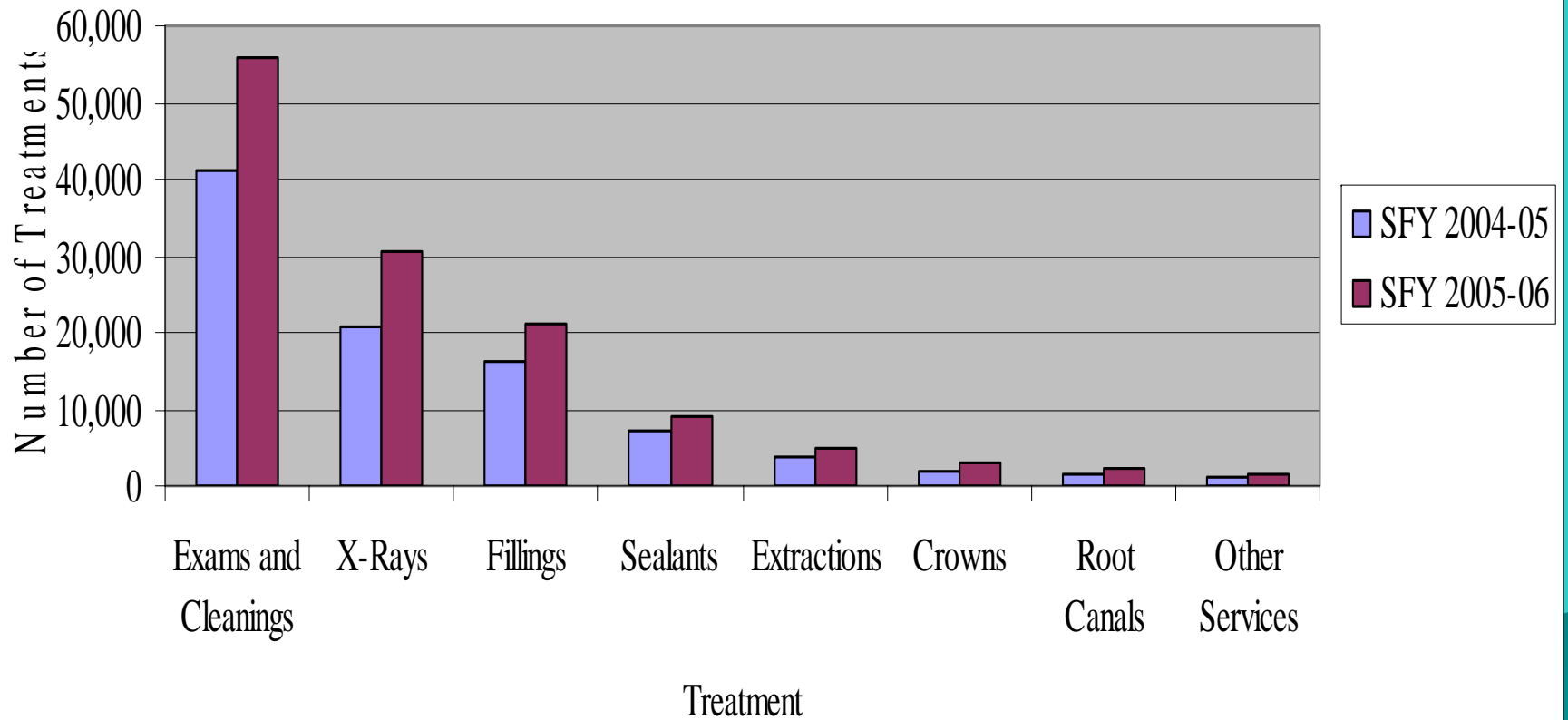
Child Health Plan Plus - Utilization 05 - 06

Treatments and Costs Distributed by Member, SFY 2005-06



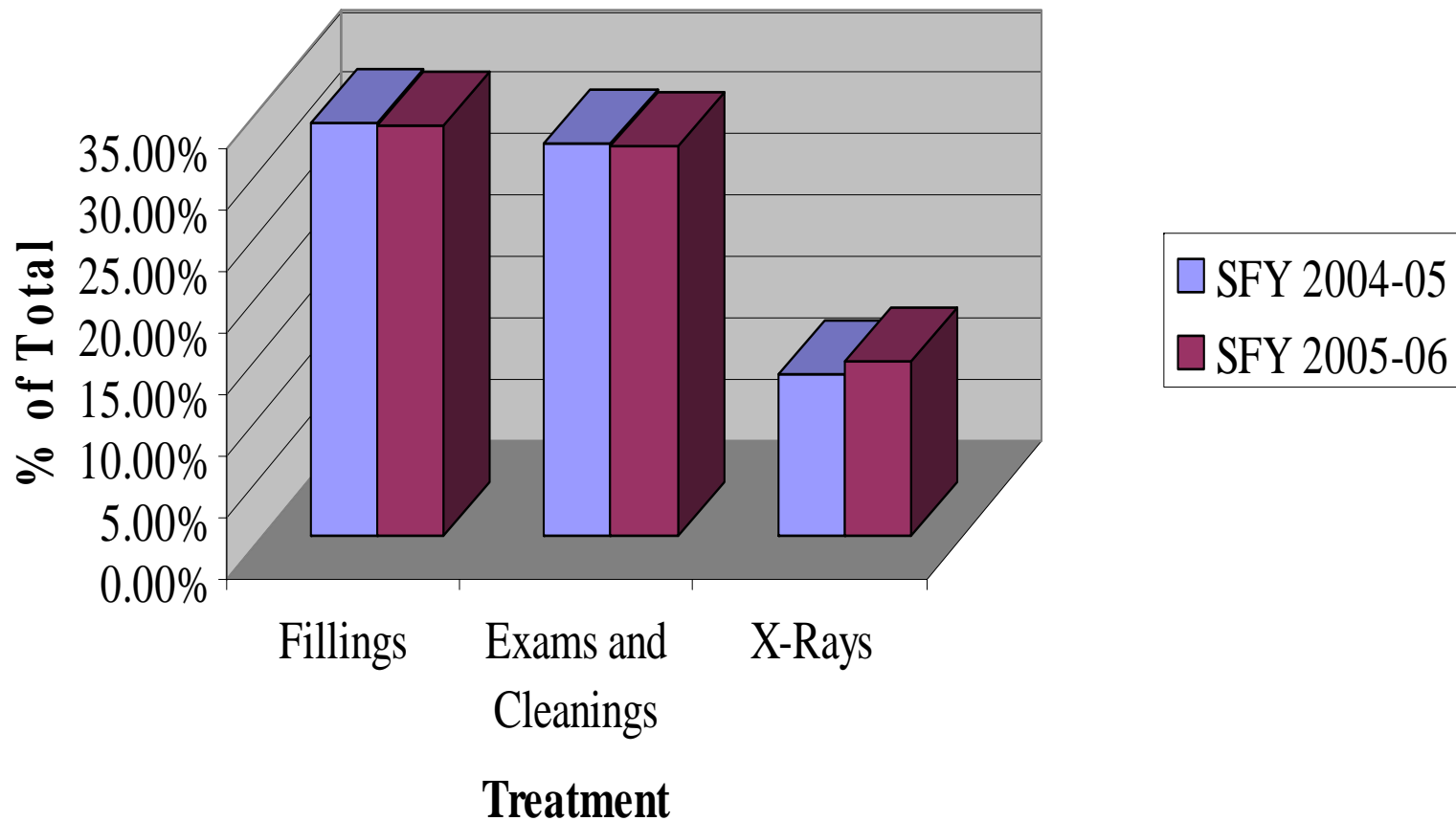
Child Health Plan Plus - Overview

Treatments Distributed by Member, SFY 2004-05 and SFY 2005-06



Child Health Plan Plus - Overview

Changes in Top Three Categories, SFY 2004-05 and SFY 2005-06



Dental Hygienists That Bill Medicaid Directly

Fiscal Year 10/1/04 – 6/30/05

- ◆ 56 Hygienists enrolled in Medicaid
- ◆ 15 Hygienists in various counties billed Medicaid for services
- ◆ 1,234 Children received treatment
- ◆ 5,218 Services were paid by Medicaid
- ◆ \$ 94,532.00 Total payment



Dental Hygienists That Bill Medicaid Directly

Fiscal Year 10/1/05 – 6/30/06

- ◆ 55 Hygienists enrolled in Medicaid
- ◆ 12 Hygienists in various counties billed Medicaid for services
- ◆ 730 Children received treatment
- ◆ 3,356 Services were paid by Medicaid
- ◆ \$ 65,467.02 Total payment

Infrastructure Expansion Capital Grants

- Dental Facility Capital Expenditure Grants are used to expand Colorado dental facility's capacity to serve Medicaid children.
- Capital costs are high for dental facilities, these grants were intended to help overcome this barrier and enable dental facilities to serve additional Medicaid clients.

Dental Start Up Grants

- Used to expand the dental provider network and for increasing dental services to low income children
- Uses included: the remodel of two dental facilities, the addition of six new dental treatment rooms, the purchase of equipment and instruments for these additional rooms, the purchase of new scheduling software and the hiring of a full time outreach worker.

Awarded Grants

<u>Grant Type</u>	2000	2001	2002	2004	2005
Dental Seed Money Grants		Four awards = \$200,000		Four awards = \$125,000	
Administrative Infrastructure Expansion grants	Three awards = \$43,500				One award = \$2,000,000
Dental Start-Up Grants			15 awards = \$2,000,000		

State Dental Loan Repayment Program

- ◆ Administered by the Oral Health Program.
- ◆ Began in 2002 with \$200,000/year available.
- ◆ Three provider levels for dentists and dental hygienists based on number of patients seen/month. Determines loan repayment.
- ◆ Two-year commitment to serving underserved populations. Not required to practice in a dental shortage area or rural county.
- ◆ **Two-fold goal:** Entice new providers to see underserved populations and retain existing providers.

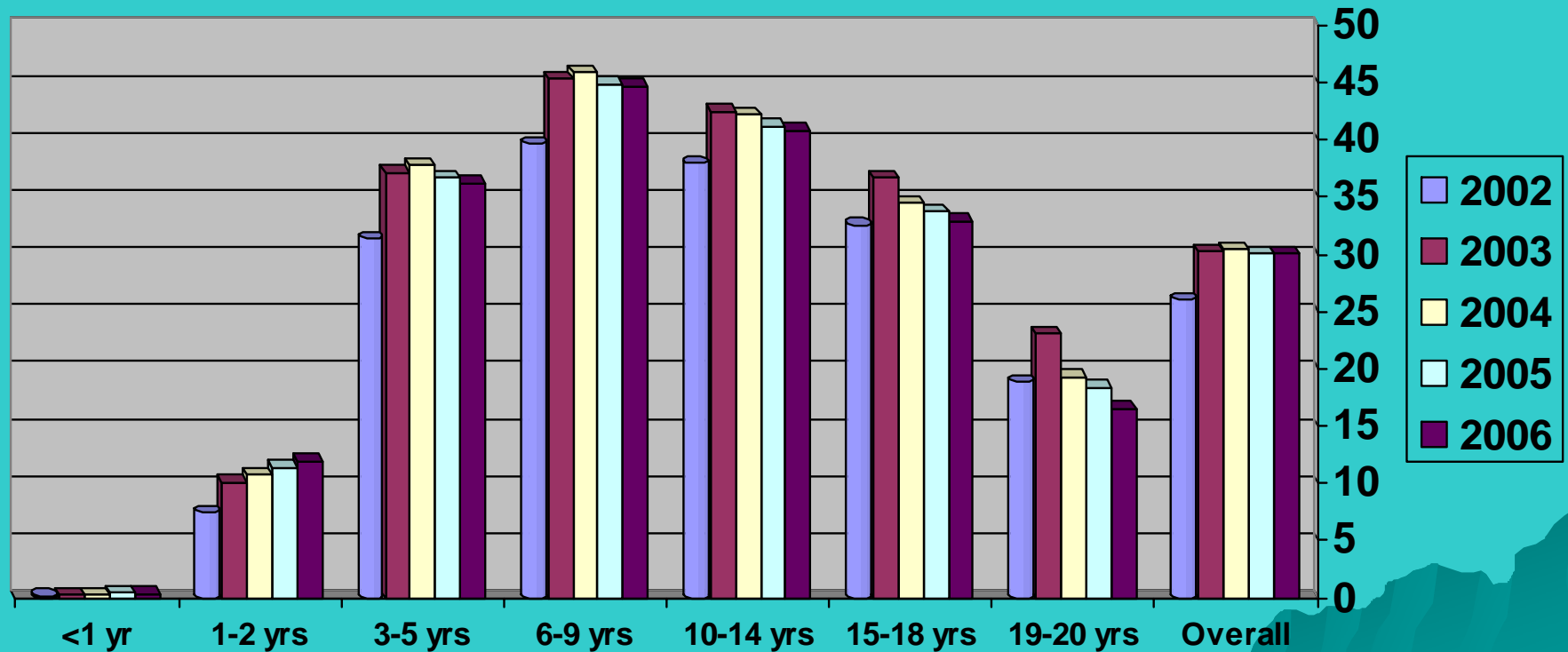
State Dental Loan Repayment Program

- ◆ Five years since inception
- ◆ 49 dental professionals participating:
 - 11 Dental Hygienists
 - 38 Dentists
 - ◆ 102,988 underserved patients seen
 - 45,782 Medicaid
 - 8,081 SCHIP
 - 48,080 Uninsured
 - 1,045 Dental Assistance (Low-Income Seniors)
- ◆ Loan repayments range from \$10K-25K for DDS, and \$3K to \$6K for RDH

Outcome

Percent Of Medicaid Eligibles Receiving Any Dental Service by Age Group

5-year Trend



Using General Fund to Expand Medicaid Services Adult Dental Benefits

◆ Emergency Dental

Limited services needed to correct the immediate infection, fracture or trauma of an oral facial structure

◆ Concurrent Medical Condition

Covered medical diagnosis that will be exacerbated by a dental condition, if the dental condition remains untreated

- Pregnancy
- Cancer
- Pre or Post Transplant

Colorado Dental Assistance Program for Low-Income Seniors



- ◆ **Dental Care Act 1977**
 - No comprehensive Medicaid adult dental benefits
- ◆ **Denture Program for the Elderly (Old Age Pension)**
 - Dentures and “related services” defined benefits
- ◆ **Referred to as the “Right to Bite” legislation by advocates.**
- ◆ **Approximately 25,000 Eligible low-income seniors in Colorado**

Dental Benefits

Dentures and "related" services:

- ◆ Exam and x-rays
- ◆ Prophylaxis (cleaning)
- ◆ Fillings
- ◆ Periodontal (minimal)
- ◆ Dentures/partials
- ◆ Repair/relines
- ◆ Extractions
- ◆ Emergency (palliative)



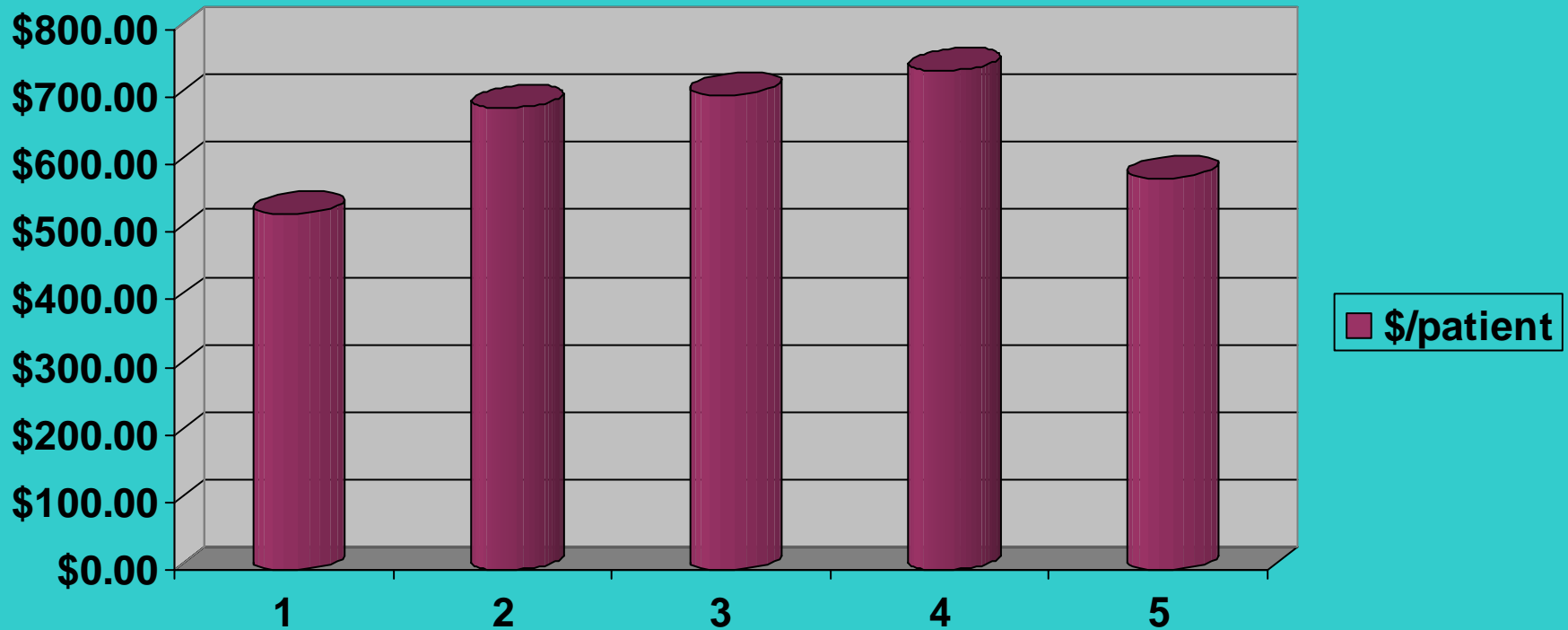
Fee Schedule



- ◆ Fee Schedule set in statute (CRS 25-21-105)
- ◆ Clients may be asked to pay a co-payment not to exceed 20% of the maximum allowable fee
- ◆ Increased by consumer price index yearly to the next "lowest" fee

Dental Data History

Old Age Pension

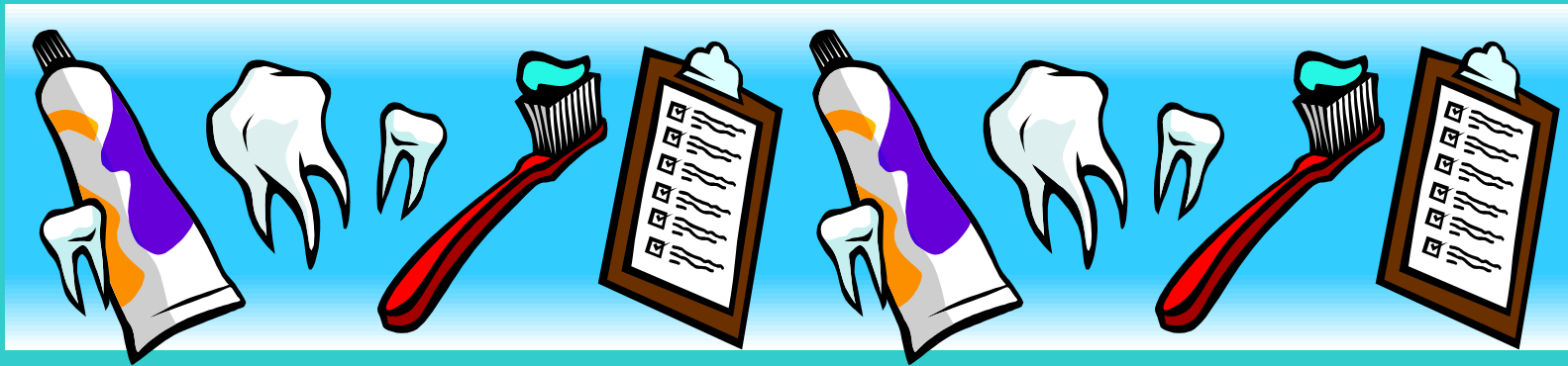


Dental Assistance Program for Low-Income Seniors Utilization

Fiscal Year	Seniors Served	Exam and X-rays	Cleanings	Fillings	Dentures & Partial	Denture repairs / relines	Emergency Extractions
2005	691	761	219	392	422	91	427
2006	705	738	230	384	381	78	245

Information extracted from July 2005 – June 2006 Dental Assistance Program for Seniors Annual Report

Smart Mouths, Healthy Bodies: An Action Plan to Improve the Oral Health of Coloradans



Priority Outcomes for Smart Mouths, Healthy Bodies

FINANCING

- ◆ Increase the number of Coloradans who have access to dental insurance coverage.

HEALTH PROMOTION

- ◆ Increase at-risk populations' awareness and understanding of prevention and treatment availability.

Priority Outcomes for Smart Mouths, Healthy Bodies

POLICY AND ADVOCACY

- ◆ Improve reimbursement to oral health care providers, from private and public –funded sectors, for all services

PROMISING PRACTICES

- ◆ All medical screenings and medical check-ups throughout the lifespan should include oral health.

Priority Outcomes for Smart Mouths, Healthy Bodies

SYSTEMS OF CARE

- ◆ Improve coordination and communication between the public and private sectors and systems of care.

WORKFORCE

- ◆ Increase number of providers willing to serve low-income and underserved clients.