

ANDRÉ JACQUE

STATE SENATOR • 1ST SENATE DISTRICT

Phone: (608) 266-3512

Fax: (608) 282-3541

Sen.Jacque@legis.wi.gov

State Capitol • P.O. Box 7882

Madison, WI 53707-7882

*Testimony before the Senate Committee on Health and Human Services
State Senator André Jacque
January 29, 2020*

Chairman Testin and Members of the Committee on Health and Human Services.

Thank you for the opportunity to submit testimony in support of Senate Bill 636 which will expand the dental reimbursement pilot project under the Medical Assistance Program. This important legislation will allow us to tackle head on the chronic issue of underfunding and low reimbursement rates of healthcare overseen by the federal government. Wisconsin's dental Medicaid program is no exception to this difficult truth.

There is a clear need across Wisconsin as less than 1% of the state's Medicaid budget is spent on dental services and the state ranks 48th overall on Medicaid rates. Action must be taken to address these disparities, and the pilot program developed in Brown County, and three other counties spread out across the state, serves as a great foundation to expand upon. I fully support expanding the successes of this program through passage of SB 636 to the rest of my district and statewide as it's been demonstrated to lead to better lifetime health outcomes for folks who otherwise often lack access for higher quality care.

A report released recently by the UW Population Health Institute, further confirms these results. Data collected showed after just one year of implementation:

- A 4% increase in the number of children receiving dental services, from 40% to 44%;
- A 5% increase in the number of adults receiving dental services, from 25% to 30%;
- A 33% increase in the number of dentists enrolled as Medicaid providers in the pilot counties;
- 35% of the new enrollees served over 100 Medicaid patients.

Also shown was a significant reduction in the number of dental-related ER visits in the four counties, as well as continually-increasing utilization of services.

While these results are early, they plainly demonstrate a positive trend line and a solid return on the state's investment. I would ask members of the Committee to use these independent, data-driven results to join with the bi-partisan list of co-sponsors of SB 636 to increase the reimbursement rates to benefit the health for folks now and in the future through proven, rapid increases in access to care.

Thank you for your consideration of Senate Bill 636.



TONY KURTZ

STATE REPRESENTATIVE • 50th ASSEMBLY DISTRICT

2019 Senate Bill 636

January 29, 2020

Senate Committee on Health and Human Services

Relating to: expansion of the dental reimbursement pilot project under the Medical Assistance program.

Thank you, Chairman Testin for holding a public hearing on Senate Bill 636 (SB 636) today and thank you to members of the committee for taking my testimony on the expansion of the dental reimbursement program under the Medical Assistance program.

There is a shortfall in our state with regards to access to dental care. Dental care is vital to overall health and well-being. Changes in the mouth are often early indicators of problems elsewhere in the body, so it is important that people have access to good oral care. In order to have good dental care, there must be an accessible dentist – something that limits access for our most vulnerable populations on Medicaid.

How do we get more Medicaid recipients to a dentist? I do not think there is a one-size-fits-all solution, but I do believe that a part of that solution must include a discussion around a very difficult truth: Wisconsin's dental Medicaid program is woefully underfunded. A part of the conversation we as legislators need to have is how to support measures to adequately compensate providers who treat our Medicaid patients.

In the 2015-17 budget act, a pilot program was included which increased the Medical Assistance reimbursement rates for pediatric dental care and adult emergency dental services in four counties: Brown, Marathon, Polk and Racine. The pilot program roughly doubles the standard fee for service rate schedule. Outside of the pilot program, the last time the rate was increased was in 2008 and that rate increase was 1%. According to the American Dental Association, Wisconsin's reimbursement rate for pediatric dental services is among the lowest in the country.

An evaluation of the pilot program was done a year after the inception of it, but the data proved to be inconclusive for the overall pilot program. The evaluation did, however, point out that the number of dental providers taking MA in the pilot counties increased by 33%, while the number of providers in non-pilot counties only increased by 7%. Brown County saw a lot of success, but that was due to an outreach and engagement effort to for local dentists and participants. This small scope of success is why I have I have proposed SB 636: to expand the reimbursement rates to dentists under the pilot program, statewide in effort to increase access of dental care.

Thank you again for the opportunity to present my testimony on SB 636, expansion of the Medical Assistance reimbursement.



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Andrea Palm, Secretary

TO: Members of the Senate Committee on Health & Human Services

FROM: Lisa Olson, Legislative Director, Department of Health Services

DATE: January 29, 2020

RE: 2019 Senate Bill 636, relating to: expansion of the dental reimbursement pilot project

Good morning, Chairman Testin and members of the Senate Committee on Health and Human Services. My name is Lisa Olson and I am the Legislative Director at the Wisconsin Department of Health Services (DHS). I appreciate the opportunity to provide testimony for information only on Senate Bill (SB) 636.

The 2015-2017 biennial budget directed DHS to increase Medicaid reimbursement rates for pediatric dental care and adult emergency dental services provided in Brown, Marathon, Polk, and Racine Counties. DHS implemented this targeted reimbursement rate increase for services provided in the four pilot counties on October 1, 2016. The pilot does not have an end-date and the pilot funding of about \$13.8 million annually is built into the Medicaid base budget.

The prior administration commissioned an assessment to describe member utilization of dental services, provider participation, and per member costs in the pilot counties as observed in the one-year periods before and after implementation of the pilot program. Ultimately, the assessment showed inconclusive results as to whether increases to reimbursement improved dental access rates. The assessment could not attribute any of the observed changes in care to the pilot initiative.

The assessment did show that:

- Medicaid paid \$13.8 million for dental services rates in the four pilot counties in 2018, which is more than double the amount paid in those counties before the pilot.
- The rate of children receiving any dental services increased by 4.1% in pilot counties and 2.0% in non-pilot counties between baseline and post pilot, with pilot and non-pilot counties reaching near parity at 44.1% and 43.5%, respectively.

Recognizing the limitations in this assessment, the Department has engaged with another evaluation group familiar with Medicaid claims data. We anticipate this evaluation will be completed this spring. We appreciate that this timeline is challenging as it relates to consideration of this proposed legislation. However, given the significant challenges our Members face in accessing dental care, the Department believes it is best to base decisions on a complete evaluation that can accurately analyze claims data to be able to understand provider participation and member utilization. The newly commissioned evaluation will provide causal inferences, meaning it will tell us whether the change in payment rates led to the observed outcomes, and will be a useful tool to support policy making.

Thank you for your time, and I am happy to take any questions.



Executive Office

6737 W. Washington Street, Suite 2360
West Allis, Wisconsin 53214
414.276.4520

Legislative Office

122 W. Washington Avenue, Suite 600
Madison, Wisconsin 53703
608.250.3442

January 29, 2020

TO: Members, Senate Committee on Health and Human Services
FROM: Matt Rossetto, Director of Government Services, Wisconsin Dental Association
RE: Senate Bill 636, Expansion of the dental reimbursement pilot project

Dear Chairman Testin and committee members,

I appreciate the opportunity to testify in favor of Senate Bill 636. As you all are likely aware, the dental Medicaid pilot program currently provides for increased dental Medicaid reimbursement rates in four counties: Brown, Marathon, Polk, and Racine. These increases are for pediatric procedures, as well as adult emergencies.

The pilot was created in the 2015-2017 budget, with a mandatory report and study from the UW Population Health Institute to follow after initial data was available. The idea behind it was to test the theory that increased reimbursement rates would lead to increased access for patients and more providers accepting Medicaid in their practices. The pilot officially went live in October 2016.

After just one year, 77 new dentists in four counties signed up to be providers; this amounted to a 33% increase in MA providers in one year in these counties. In Brown County, there was a 50% increase in providers. Of the dentists new to seeing Medicaid patients, 35% of them saw 100 patients or more. In just one year, the number of children receiving services went up 4%, and the number of adults receiving services went up 5%.

Even with the good news in this evaluation, UW acknowledged flaws in the parameters of their study, as well as the data that they were given by the department. The UW Population Health Institute's evaluation of the program calls for, among other things, "conducting a more in-depth evaluation after four to five years of program implementation, when longer-term program outcomes will be more evident."

In addition, DHS did not provide UW with the data they needed to compile the most accurate report. From page 3 of LFB paper 365: "The evaluation team had access only to aggregate claims data, which did not distinguish between provider types. Therefore, the utilization data included visits to FQHC's, even though FQHC reimbursement rates are unaffected by the rate increases in the pilot program."

From the executive summary of the UW Pop Health report: "The Department of Health Services may wish to consider using raw claims data, rather than aggregate data, to allow a robust multi-level evaluation that adequately addresses selection bias, supports causal inferences, and can determine program effectiveness."

The good news is that the Department of Health Services took these recommendations to heart and announced on January 1st in a letter to the Joint Finance Committee that they were commissioning a second evaluation of the pilot program, with more data, more accurate parameters, and using evaluators with experience looking at dental claims data. That evaluation is due in the spring of this year. We appreciate the department's commitment to an accurate look at the results of this program.

With all of that said, we believe that the initial results of the pilot prove what we have contended all along: increased Medicaid payment rates, as part of a multi-pronged solution, will help Wisconsin move from 48th in the country when it comes to children on Medicaid receiving dental services. We believe it is time to expand the pilot—or, ideally, simply increase rates statewide. It is worth noting that the last time dental Medicaid providers saw an across the board increase was 2008. That increase was 1%. The prior time was 2002, when the increase was also 1%.

This committee, and this legislature, are not averse to properly funding care for the underserved. By my count, this committee has approved at least five bills this session further expanding Medicaid services for everything from complex rehabilitation technology to physical therapy and telehealth. Our oral health is integral to the health of the rest of our bodies, and we should treat it as such.

Thank you for your time and I am more than happy to answer questions.

Wisconsin Medicaid Dental Reimbursement Pilot Program

Evaluation Report - February 2019

Executive Summary

Evaluation Goal

To describe Medicaid/BadgerCare+ member utilization of dental services, provider participation, and per member costs in the pilot counties, as observed in the one-year periods before and after implementation of the pilot program.

Design


The evaluation used a retrospective, descriptive study design that incorporates qualitative and quantitative data. This design, developed prior to enactment of 2017 Wisconsin Act 344 that sets out elements for ongoing evaluation of the pilot, describes observations at two time periods, during the year prior to the pilot program (baseline) and during year-one of pilot program implementation (post-pilot). For context, observations for the 68 non-pilot Wisconsin counties are also described. The design cannot assess causality.

Data

Two data sources were used: aggregate summary statistics from Medicaid claims data, which were supplied to evaluators by the Division of Medicaid Services, and surveys of dental providers in the pilot counties, including dentists and registered dental hygienists, which were administered by evaluators.

Analyses

Baseline data were compared to post-pilot data to identify pre-post differences in observed rates of dental service utilization, provider participation, and cost. Responses to the provider surveys were analyzed using descriptive statistics and a deductive approach to manually code open-ended responses by themes.

 Summary developed by the
UW Population Health Institute

OVERVIEW

Wisconsin's Medical Assistance program, Medicaid, provides health care coverage to elderly, blind or disabled individuals who have limited resources, and to adults and children in families with household income below certain levels through the BadgerCare+ program. The 2015-17 Biennial State Budget authorized a pilot program to increase Medicaid reimbursement rates for pediatric dental services and adult emergency dental services provided in Brown, Marathon, Polk and Racine counties. Enhanced reimbursement rates were increased in the 4 pilot counties on October 1, 2016. The full \$13.8 million that was allocated for the pilot program was paid to participating providers during the pilot period.

MAJOR FINDINGS

Utilization of Dental Services

- Greater utilization of dental services was observed post-pilot than at baseline among Medicaid/BadgerCare+ members ages 0-20 in both pilot counties and in non-pilot counties. In pilot counties:
 - The rate of children receiving any dental services increased from 40% to 44%.
 - The rate of children receiving preventive services increased from 35% to 39%.
 - The rate of children receiving restorative/treatment services increased from 13% to 16%.
- Greater utilization of dental services was observed post-pilot than at baseline among Medicaid/BadgerCare+ members ages 21+ in both pilot counties and in non-pilot counties. In pilot counties:
 - The rate of adults receiving any dental services increased from 25% to 30%.
 - The rate of adults receiving preventive services increased from 12% to 15%.
 - The rate of adults receiving restorative/treatment services increased from 14% to 16%.
- Pre-post differences in member utilization rates varied across pilot counties.
- Cause has not been established for these observed trends.

Provider Participation

- Greater provider participation in Medicaid/BadgerCare+ was observed post-pilot than at baseline in pilot counties. Provider participation varied markedly across counties.
 - The number of dental providers enrolled in Medicaid/BadgerCare+ in pilot counties was greater post-pilot (n=264) than at baseline (n=198), a 33% relative increase.
 - Brown County had the most newly enrolled dentists (49 of 85).
 - Racine County had the most newly enrolled hygienists (4 of 11).
- Of the newly enrolled Medicaid/BadgerCare+ dentists in the pilot counties, over 80% served Medicaid/BadgerCare+ members during the first year of the pilot program. Of these newly enrolled dentists:
 - 19% served zero members;
 - 40% served 1-49 members;
 - 6% served 50-100 members; and
 - 35% served over 100 members.
- Of the 11 newly enrolled registered dental hygienists, 7 served zero members, and 4 served between 1 and 49 Medicaid/BadgerCare+ members.
- Cause has not been established for these observed trends.

Wisconsin Medicaid Dental Reimbursement Pilot Program

Evaluation Report - February 2019

Executive Summary (continued)

ALTHOUGH THE RETROSPECTIVE, DESCRIPTIVE STUDY DESIGN PRECLUDES INFERENCES ABOUT CAUSALITY OR PROGRAM EFFECTIVENESS:

- Greater utilization of dental services was observed post-pilot than at baseline among Medicaid/ BadgerCare+ members ages 0-20 and ages 21+.
- The magnitude of pre-post differences in member utilization were generally larger in pilot counties than in non-pilot counties.
- Pre-post differences in member utilization rates varied across counties.
- More dental providers are enrolling in the pilot counties than in the non-pilot counties.
- Over 80% of newly enrolled dentists provided services.
- The observed cost per member of dental services for Medicaid/BadgerCare+ members was greater post-pilot than at baseline in the pilot counties.

HOWEVER:

- During the same timeframe of the pilot program, Wisconsin FQHCs had received federal grant funding to expand their dental services, and federal data show that they substantially increased their dental capacity and service provision.
- Because FQHCs are often the major provider of Medicaid dental services in areas where they operate, it is impossible to determine if the observed trends identified in this report are attributable to FQHC activities, the pilot program's change in payment rates, neither, or both.

Dental Costs

- The observed cost to Wisconsin's Medicaid/BadgerCare+ program per enrolled members was greater post-pilot than at baseline in the pilot counties.
- Increased costs were expected in the short-term, given that a core feature of the pilot program was to increase reimbursement for dental services.

Dental Provider Survey

100 dentists and 78 registered dental hygienists responded to the surveys, with response rates of 30.1% and 14.0%, respectively. The low response rates limit the utility and generalizability of the survey findings. Selected findings from the provider surveys are provided here because they are likely to be of interest to stakeholders:

- 50% of pilot county dentists who responded to the survey currently treat Medicaid/BadgerCare+ members;
- Almost 50% of dentist respondents were Medicaid-enrolled as an individual or through their clinic; 51% of these enrolled after the pilot began;
- Common reasons cited by dentists who indicated why they enrolled in Medicaid/BadgerCare+ were a sense of duty to serve this population and/or this population needed dental services (44% of comments) and the increased reimbursement rate (14% of comments);
- 52% of dentists indicated that the enrollment process was simple;
- Common reasons cited by dentists who reported that they no longer treated Medicaid/BadgerCare+ members were low reimbursement (44% of comments) and patient no-shows (22% of comments);
- 40% of responses from dentists and 50% of responses from registered dental hygienists indicated a positive overall experience with the Medicaid/BadgerCare+ program;
- 39% of registered dental hygienist respondents work at a clinic that treats Medicaid/BadgerCare+ patients, and 33% were individually enrolled or work for a clinic that is an enrolled provider.

Moving Forward

The Department of Health Services may wish to consider:

- Using raw claims data, rather than aggregate data, to allow a robust multi-level evaluation that adequately addresses selection bias, supports causal inferences, and can determine program effectiveness;
- Complying in the short-term with Act 344 reporting requirement, and also conducting a more in-depth evaluation after four to five years of program implementation, when longer-term program outcomes will be more evident;
- Working with other state agencies to obtain more complete and accurate contact information for Wisconsin-based dentists and registered dental hygienists, so that future dental provider surveys reach a higher percentage of dental providers;
- Conducting focus groups or interviews with dental providers to obtain more in-depth answers to their perceptions of and involvement in the pilot;
- Continuing focused outreach activities in the pilot counties, addressing both providers and Medicaid/BadgerCare+ members; and
- Conducting an economic analysis to assess the program's cost-effectiveness after several more years of program implementation.



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Andrea Palm, Secretary-designee

January 1, 2020

The Honorable Alberta Darling,
Senate Co-Chair
Joint Committee on Finance
Room 317 East
State Capitol
P.O. Box 7882
Madison, WI 53707

The Honorable Chris Kapenga, Chair
Senate Committee on Public Benefits,
Licensing and State-Federal Relations
Room 15 South
State Capitol
PO Box 7882
Madison, WI 53707

The Honorable John Nygren,
Assembly Co-Chair
Joint Committee on Finance
Room 309 East
State Capitol
P.O. Box 8953
Madison, WI 53708

The Honorable Joe Sanfelippo, Chair
Assembly Committee on Health
Room 314 North
State Capitol
PO Box 8953
Madison, WI 53708

The Honorable Patrick Testin, Chair
Senate Committee on
Health and Human Services
Room 131 South
State Capitol
PO Box 7882
Madison, WI 53707

The Honorable Rob Summerfield, Chair
Assembly Committee on
Medicaid Reform and Oversight
Room 308 North
State Capitol
PO Box 8953
Madison, WI 53708

Dear Senators and Representatives:

I appreciate the opportunity to provide the Legislature with an update on the Department's Dental Reimbursement Pilot Project, which operates within the State's Medicaid program.

2015 Wisconsin Act 55 authorized and funded the Dental Pilot Project, directing the Department to increase reimbursement rates for pediatric dental care services and adult emergency dental services provided in Brown, Marathon, Polk, and Racine counties. The Department implemented the rate increase for eligible services in those counties beginning October 1, 2016.

2017 Wisconsin Act 344, creating Wis. Stats. § 49.45(24k)(c), directs the Department to submit a report, by January 1, 2020 and biennially thereafter, about the Dental Pilot Project to the

Legislature's committees with jurisdiction over health or public benefits and to the Joint Committee on Finance.

Under the prior administration, the Department commissioned an assessment of the Dental Pilot Project to determine the effect of the increased dental reimbursement rates on a number of outcomes of interest, including the following:

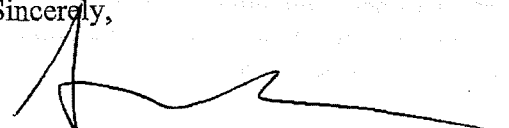
- Dental service utilization, for both children and adults, in the first year of implementation, relative to utilization prior to implementation;
- For adults, non-traumatic use of emergency department services and follow-up dental visits, in the first year of implementation, relative to participation prior to implementation;
- The cost of dental services, for both children and adults, in the first year of implementation, relative to costs prior to implementation;
- Dental providers' participation as a Medicaid provider in the first year of implementation, relative to prior to implementation; and
- Dental providers' perceptions of the Medicaid program.

Ultimately, this assessment was unable to determine if the increased reimbursement rates had the desired effect of improving Medicaid members' access to dental services, reducing non-traumatic emergency department visits, or inciting dental providers to become Medicaid providers. The assessment could not attribute any of the observed changes in services to the pilot initiative.

Recognizing the limitations of this assessment, the Department has engaged with another evaluation group familiar with Medicaid claims data to further examine the effect of the reimbursement rate increase on access to dental care, dental service utilization, Medicaid costs, and dental provider participation in Medicaid. The second evaluation will benefit from an additional year of post-implementation dental claim data and will employ analytical methods appropriate for understanding the causal relationship, if any, between the reimbursement rate increase and members' access to and utilization of dental services. The Department anticipates this second evaluation will be published in the spring of 2020. We will submit the evaluation to the Legislature upon its completion.

The Department recognizes the difficulties members experience accessing dental services. We are interested in working with the Legislature to remedy these challenges and believe the forthcoming evaluation will be instructive in identifying opportunities to improve access to dental services.

Sincerely,



Andrea Palm
Secretary-designee



Executive Office

6737 W. Washington Street, Suite 2360
West Allis, Wisconsin 53214
414.276.4520

Legislative Office

122 W. Washington Avenue, Suite 600
Madison, Wisconsin 53703
608.250.3442

FOR IMMEDIATE RELEASE

January 2, 2020

FOR INFORMATION CONTACT:

Matt Rossetto
(608) 250-3442 | mrossetto@wda.org

WDA Praises DHS Update on Dental Reimbursement Pilot; Deeper Look Will Show Investment is Paying Off

Dr. Thomas Raimann, president of the Wisconsin Dental Association, today released the following statement regarding the Department of Health Services' update on the Dental Reimbursement Pilot Project.

"Secretary-designee Palm's update provides encouraging signs that the Department of Health Services is committed to an accurate evaluation of the Medicaid pilot program. We are deeply grateful that the department has chosen to engage a second, different evaluator to provide a more precise look at the now three years of data available since the pilot project went live in the fall of 2016. We also sincerely appreciate the department's acknowledgment that the first evaluation, while well-intentioned, was limited in its scope and effectiveness. Legislators, and the public, deserve a more comprehensive analysis before making any final decisions on the future of this program.

"We believe that the data will show the state's well-reasoned investment in dental care for its most vulnerable continues to pay off, and we eagerly await the results of the upcoming evaluation. Dentists look forward to continuing our work with the department and the Legislature to ensure that more of our state's residents can access much-needed oral health care."

##

About the Dental Reimbursement Pilot Project

The Dental Reimbursement Pilot Project was created in the 2015-2017 state budget, and provides enhanced Medicaid reimbursement for adult emergency and pediatric dental services in Brown, Marathon, Polk, and Racine counties. In February 2019, the UW Population Health Institute released its evaluation of the first year of the program, using data from October 2016 through September 2017.

While the evaluation showed increases both in the number of patients being seen and the number of dentists participating in the Medicaid program, its effectiveness was limited by the parameters set forth in the original law.

The UW Population Health Institute noted in its review, *"We strongly recommend that future evaluations be planned with enough resources to allow a rigorous evaluation design that can determine causality and program effectiveness. This will require that future evaluators have full access to individual-level Medicaid claims data as the basis for analyses."*



SB-636 Expansion of the Medicaid Dental Pilot Project
Senate Health Committee
January 29, 2020 @ 10 AM

Chairman Testin and Committee Members, thank you for the opportunity to testify today in support of Senate Bill 636. My name is Dennis Skrajewski and I'm the Executive Director of the Wisconsin Association of Free & Charitable Clinics (WAFCC). Our small, non-profit organization exists to support the ~ 97 free and charitable clinics (FCCs) throughout the State that provide medical, dental and behavioral health care to >150,000 uninsured and underinsured Wisconsinites annually.

Quite simply, we support the Expansion of the Medicaid Dental Pilot Project for 3 reasons:

1. There is a serious need throughout the State. We see it every day in our clinics. We simply can't keep up with demand and make up for all the providers not accepting Medicaid patients.
2. Current funding levels are unsustainable. You can't reimburse dental providers at ~22% of charges and expect them to continue providing services. Furthermore, Safety-Net provider (FQHCs and FCCs) don't have the capacity or resources to pick up the slack. Dental services are very expensive to provide, much more so than medical or behavioral health services. All of our Dental FCCs are struggling. I know of 1 FCC that valiantly raised >\$300,000 in 2019 to keep a 7-station operatory running to serve at least some of their community need.
3. We believe that reimbursement levels closer to 45% as would be provided for by an expanded Medicaid Pilot will encourage additional providers. I'm confident that that level of reimbursement would allow existing clinics to expand services and other clinics to begin providing services. Oral Health Partnership (OHP), a pilot participant in Brown County, demonstrated that fact clearly.

WAFCC recognizes that the solution to our Medicaid Dental issues is complex and reimbursement is not everything. We also support the development of Dental Therapists in the State. However, improved reimbursement is a critical factor that must be addressed and provides for a timelier impact. For these reasons, we urge your serious consideration of SB-636 and the expansion of the Medicaid Dental Pilot Project.

Thank you Chairman Testin and Committee Members!

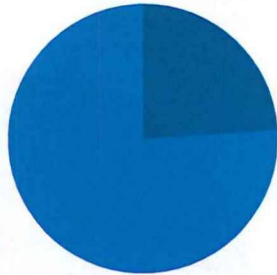
Respectfully,

Dennis Skrajewski

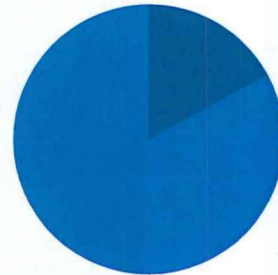
Dennis Skrajewski, PA, MBA, FACHE
Executive Director

Wisconsin Association of Free & Charitable Clinics
1405 Capitol Drive, Unit C, #210
Pewaukee, Wisconsin 53072

5.6 million
total WI population



24%
of WI population is low-income (<200% FPL)



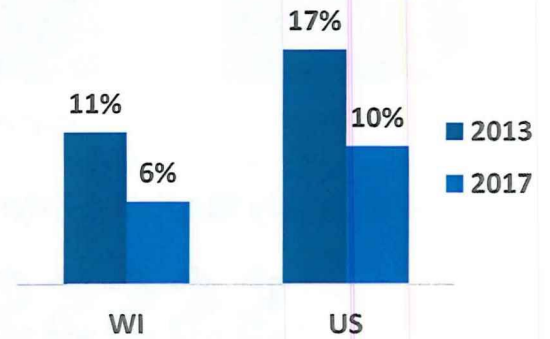
17%
of WI population is covered by Medicaid/CHIP

WI Expansion Status:
Not Adopted



Adults in Coverage Gap:
0

Uninsured Rates



In WI, Medicaid Covers:



1 in 8 adults,
ages 19-64



1 in 3 children



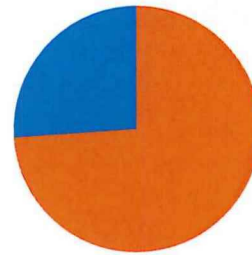
5 in 9 nursing home residents



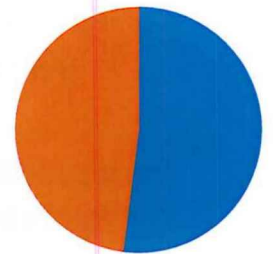
1 in 3 individuals with disabilities



1 in 7 Medicare beneficiaries



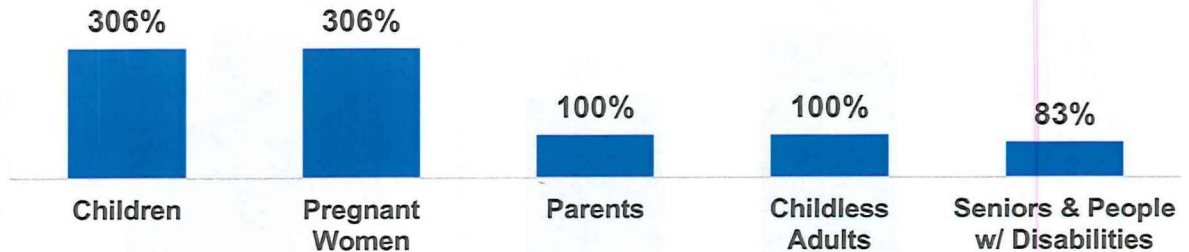
74%
of adult Medicaid enrollees are working in WI



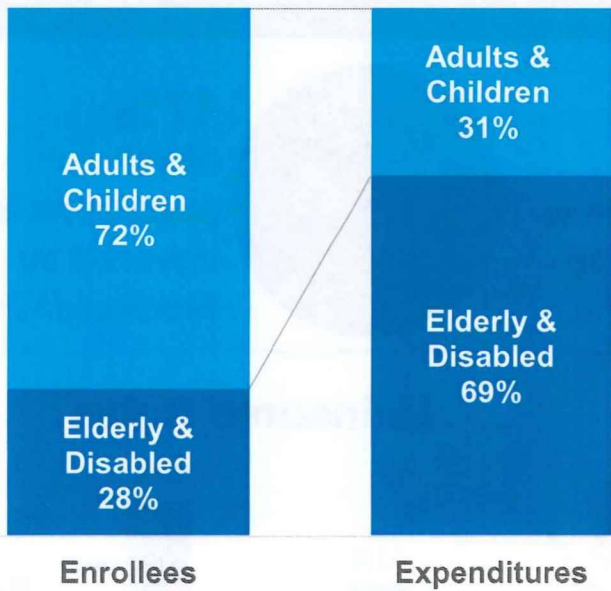
48%
of children with special health care needs are covered by Medicaid in WI

100% of FPL: \$21,330 for a family of three; \$12,490 for an individual

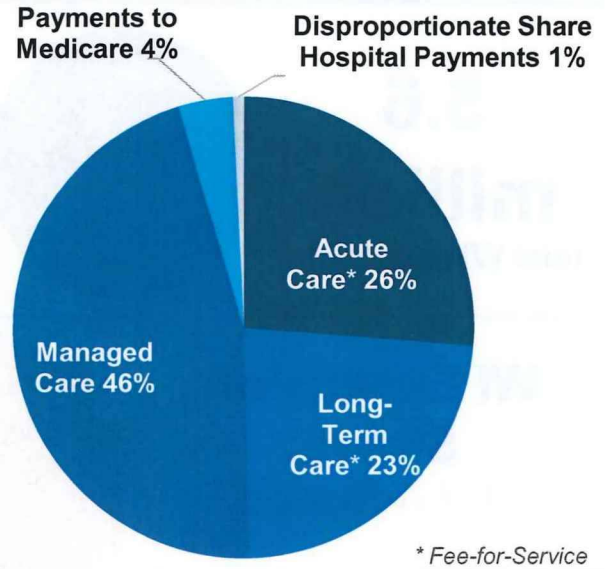
WI Eligibility Levels (as a % of FPL)



WI Medicaid Enrollees & Expenditures



Total WI Medicaid Spending by Service: \$8.8 Billion



Nationally Medicaid Pays For:

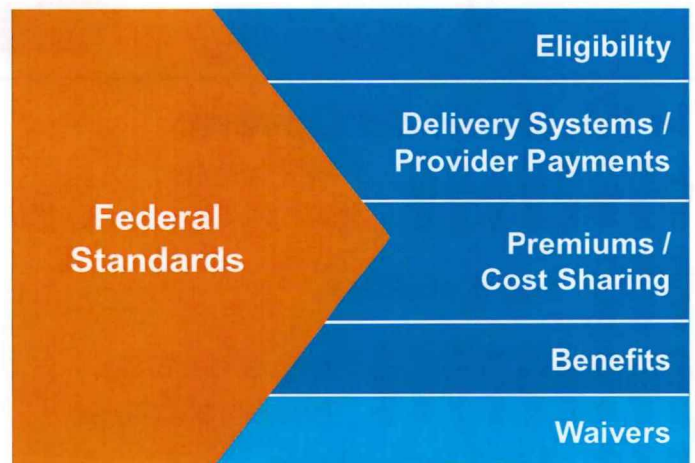
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1 in 6 dollars in the health care system

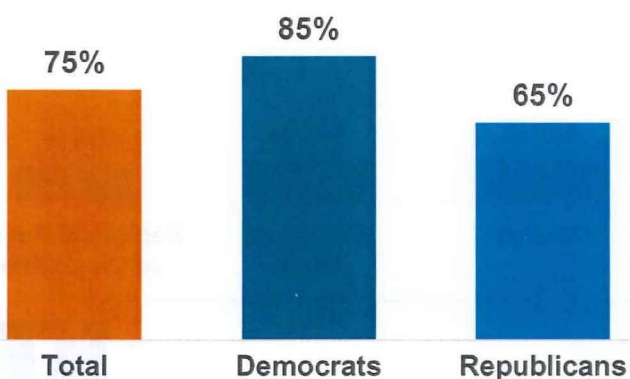
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1 in 2 dollars on long-term services and supports

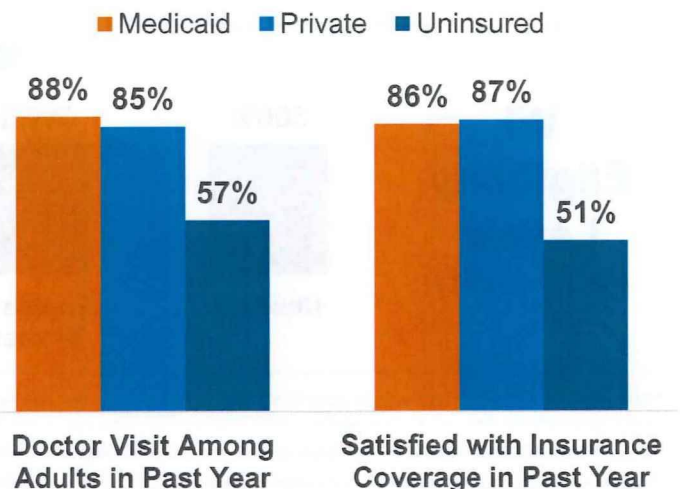
States Have Flexibility in Their Medicaid Design



National Share of Those that Hold Favorable Views of Medicaid



National Access & Satisfaction Measures





ORAL HEALTH PARTNERSHIP

ANALYSIS OF WDA SURVEY RESULTS

Abstract:

The Medicaid expansion pilot substantially increased member utilization and provider participation. The rates of increase in the pilot counties was substantially larger than non-pilot counties. This preliminary data indicates the pilot had a substantial positive increase on population oral health via increased provider participation and service utilization.

1. During the pre-pilot period, the four pilot-eligible counties had lower overall dental utilization (35%) relative to pilot-ineligible counties (37%). During the pilot, the pilot-eligible counties overall dental utilization rate increased by 4%, an increase 4 times greater than the increase in pilot-ineligible counties.
2. On average, all forms of utilization increased for the pilot counties. Non-pilot counties experienced a mix of 1% and neutral growth.
3. Brown County experienced a 9% increase in members receiving services in the pilot period, the largest increase among all Wisconsin counties.
4. Perhaps most important, there was a substantial increase in providers within the pilot counties. This indicates that the pilot provided an attractive incentive to area dentists.

(See next page for visuals and charts)

Brown County Pre-Pilot and Pilot rates and changes

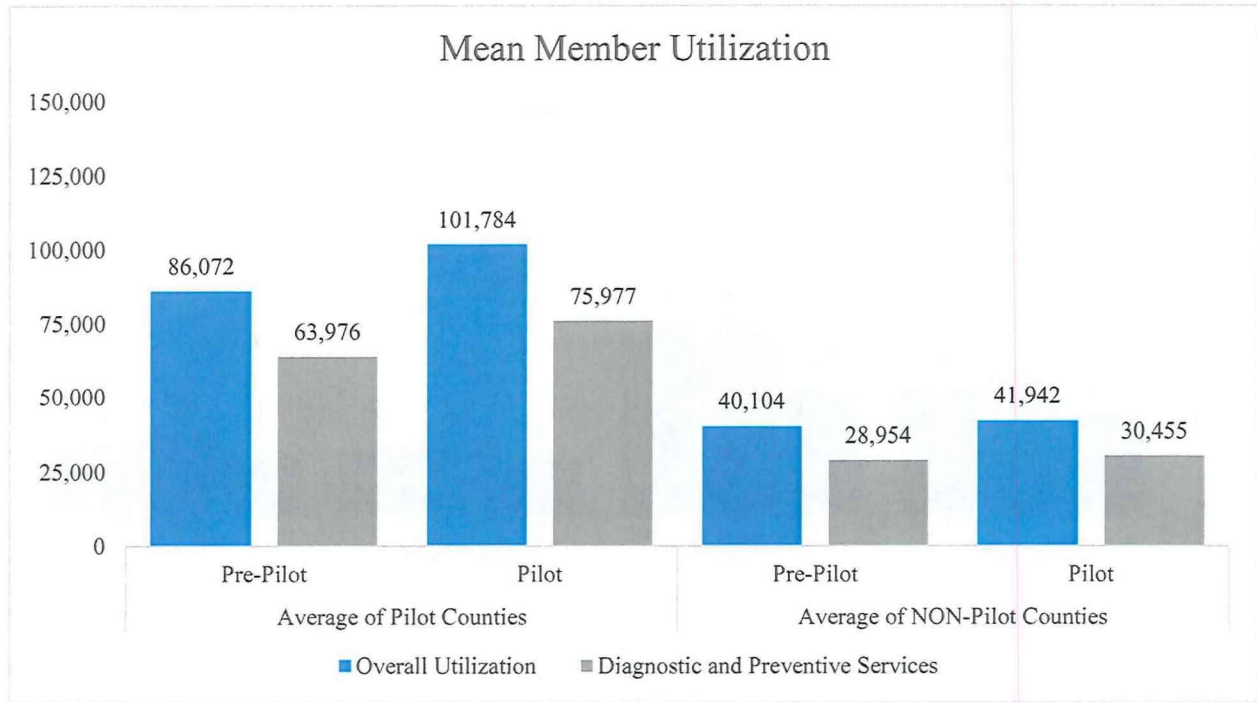
Services	Pre-Pilot	Pilot	Difference
Member Utilization			
Overall Dental Utilization	28%	38%	9%
Preventive Services	23%	29%	7%
Oral Evaluations	25%	35%	9%
Restorative, Endo and Extraction services	11%	15%	5%
Emergency Department Dental Visits	1%	1%	0%
Mean Member Utilization			
Overall Utilization	107,997	158,826	50,829.00
Diagnostic and Preventive Services	81,191	122,332	41,141.00
Provider Delivery			
Diagnostic and Preventive Services	21,990	85,237	63,247
Endodontic Services	68	554	486
Extraction Services	521	2,246	1,725
Provider Counts			
Continuously Enrolled Medicaid Providers	38	47	9
Ever Enrolled Medicaid Providers	64	95	31
Enrolled at end of reporting period	46	83	37

It's clear the pilot has increased member utilization and number of providers. Relative to total eligible members, utilization rates increased for all services with the exception of Emergency Dental Visits. There were substantial increases in total number of services utilized as well as diagnostic and preventative services. Moreover, there was a substantial increase in number of providers during the pilot period. It is clear that the pilot had a substantial impact on utilization and provides in Brown County.

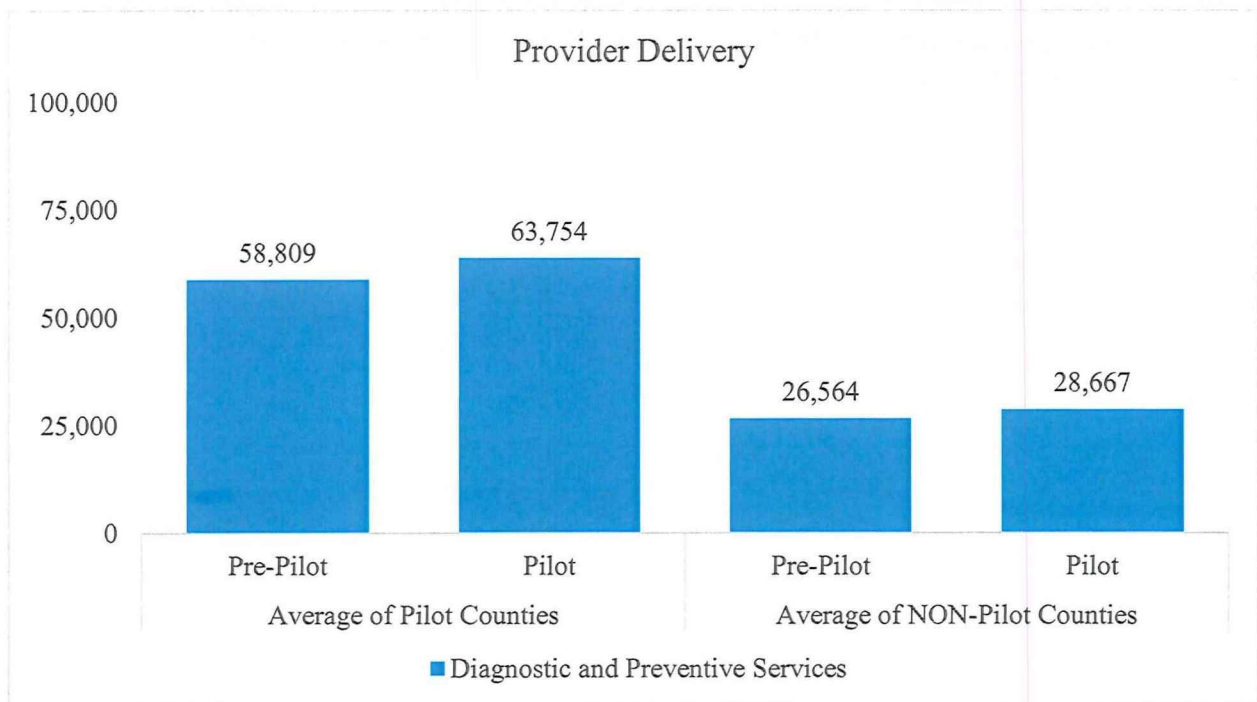
Brown County Pre-Pilot and NON Pilot changes

Services	Brown County			Average of Pilot Counties			Average of NON-Pilot Counties		
	Pre-Pilot	Pilot	Difference	Pre-Pilot	Pilot	Difference	Pre-Pilot	Pilot	Difference
Member Utilization									
Overall Dental Utilization	28%	38%	9%	35%	39%	4%	37%	38%	1%
Preventive Services	23%	29%	7%	27%	30%	3%	28%	29%	1%
Oral Evaluations	25%	35%	9%	32%	36%	4%	32%	34%	1%
Restorative, Endo and Extraction Services	11%	15%	5%	15%	17%	2%	16%	16%	0%
Emergency Department Dental Visits	1%	1%	0%	1%	1%	0%	1%	1%	0%
Mean Member Utilization									
Overall Utilization	107,997	158,826	50,829	86,072	101,784	15,712	40,104	41,942	1,838
Diagnostic and Preventive Services	81,191	122,332	41,141	63,976	75,977	12,001	28,954	30,455	1,501
Provider Delivery									
Diagnostic and Preventive Services	21,990	85,237	63,247	58,809	63,754	4,945	26,564	28,667	2,103
Endodontic Services	68	554	486	327	527	200	193	215	21
Extraction Services	521	2,246	1,725	1504	2162	658	927	902	-25
Provider Counts									
Continuously Enrolled Medicaid Providers	38	47	9	28	34	6	16	16	0
Ever Enrolled Medicaid Providers	64	95	31	42	56	14	21	22	1
Enrolled at end of reporting period	46	83	37	35	52	17	18	20	2

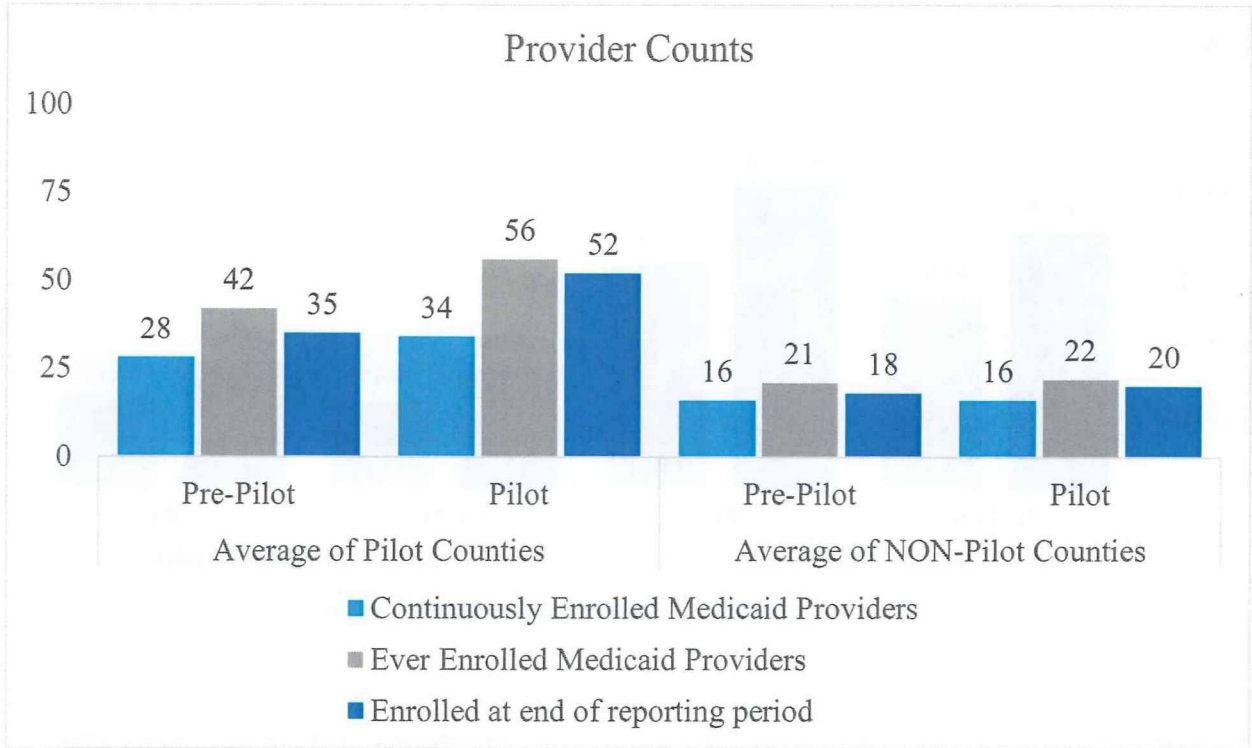
The table above shows clear, positive increases in unitization and providers among pilot-eligible counties. In many cases the increase is substantial. For example, the overall utilization rate increased by 18% during the pilot period for pilot-eligible counties. The utilization rate in ineligible-counties only increased by 5%.



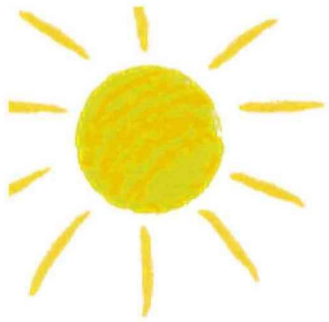
In the figure above, we can see the substantial increase in overall utilization and services among pilot counties between the pre-pilot and pilot periods. The non-pilot counties remain comparatively flat between the two periods.



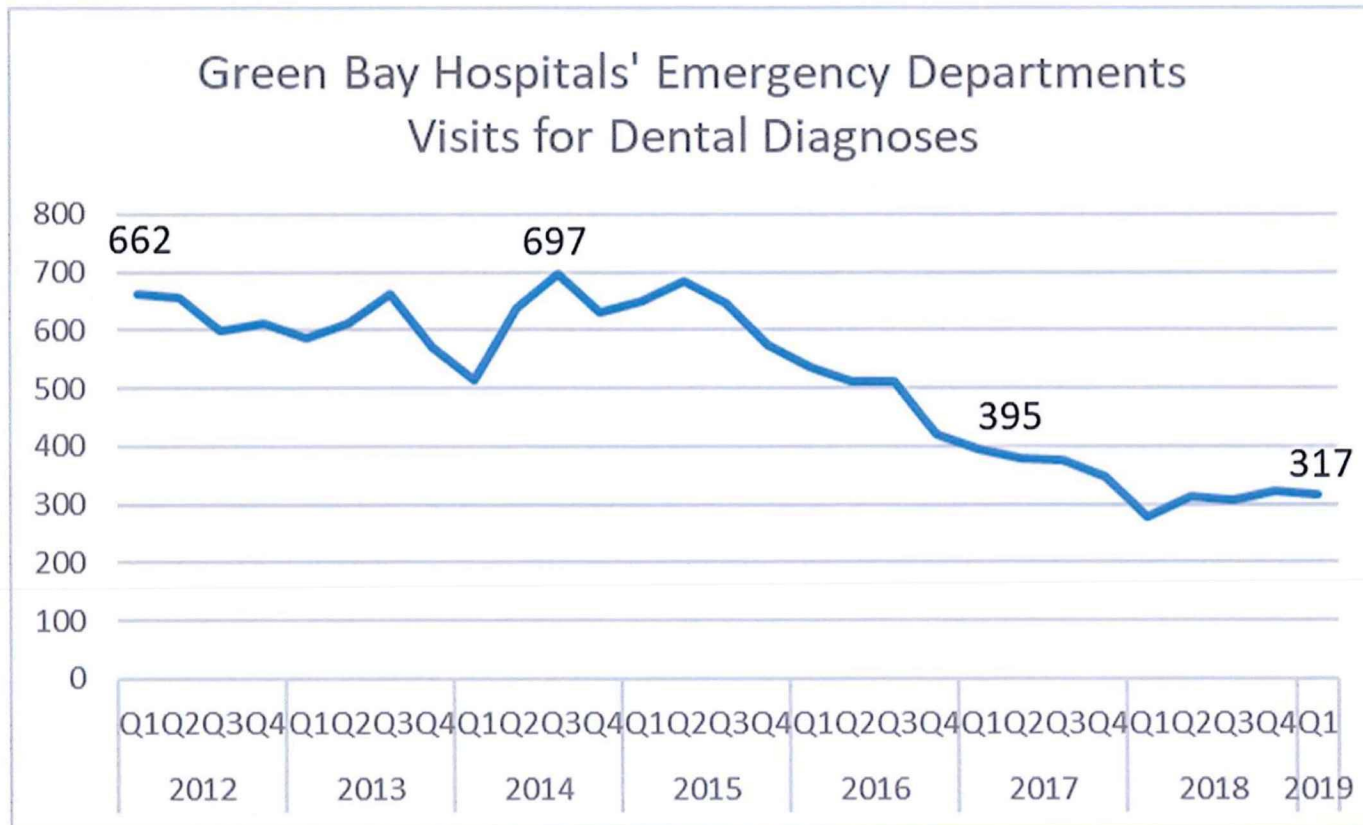
Again, we see a comparatively substantial increase in the pilot counties relative to the non-pilot counties.

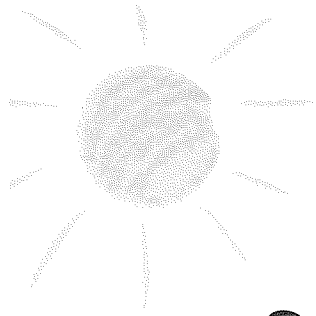


Perhaps the greatest benefit of the pilot was the large increase in the number of providers. It's clear the pilot offered an appealing incentive. In the figure above, there is a clear increase in total number of providers among pilot counties.



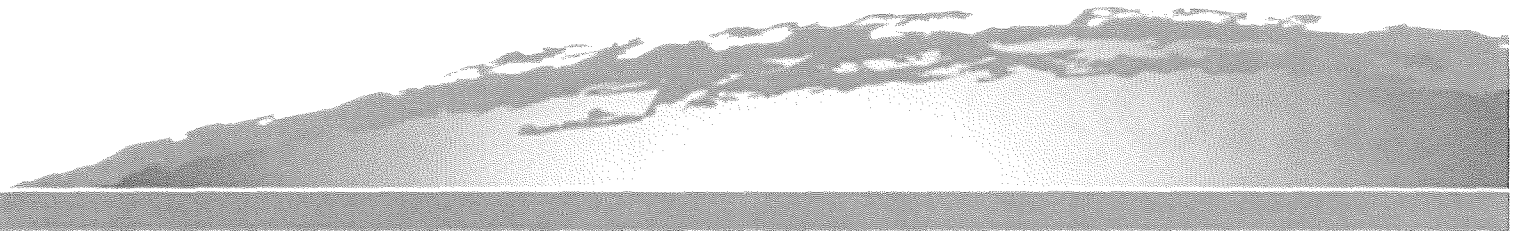
Emergency Department Trends

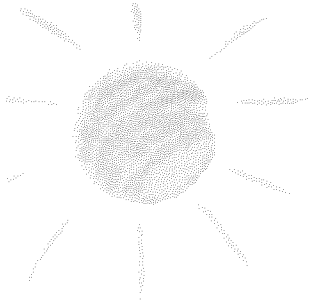




Support for Senate Bill 636 Expansion of the Dental Reimbursement Pilot

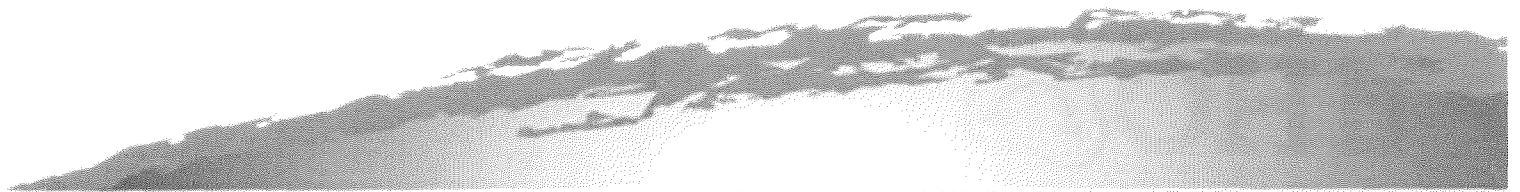
- Significant increases in access for children with dental needs/in pain
- Equitable pay for dentists currently accepting or willing to treat Medicaid patients
- Expansion of services from free and charitable dental clinics serving Medicaid





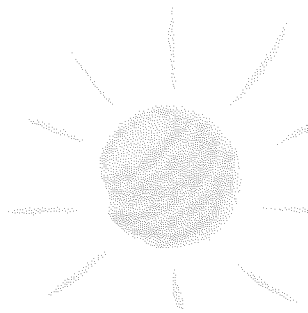
Successes with Enhanced Reimbursement at OHP

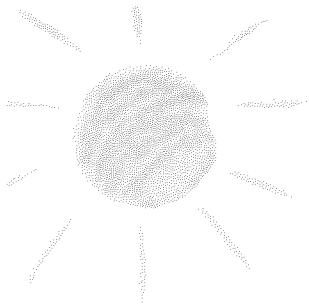
- Some 4,000 additional appointments or 24% increase in first pilot year (2016-2017)
- Over 1,700 additional kids or 21% increase because of pilot (2015-2019)
- Average of 435 children added to program each year due to enhanced reimbursement
- OHP added 3rd and soon will add 4th clinic to treat children, hired 2 pediatric dentists and three additional hygienists
- Dental surgeons in Brown County treating children due to enhanced reimbursement, getting referrals from other counties for hospital



- Wisconsin has had one of the lowest Medicaid reimbursement rates in the nation for several years
- Less than 1% of Wisconsin's Medicaid spending used for dental care
- Some 41,000 ER visits from preventable dental condition, over 50% paid by Medicaid
- 90% of Wisconsin's 72 counties have shortage of dentists willing to treat Medicaid patients

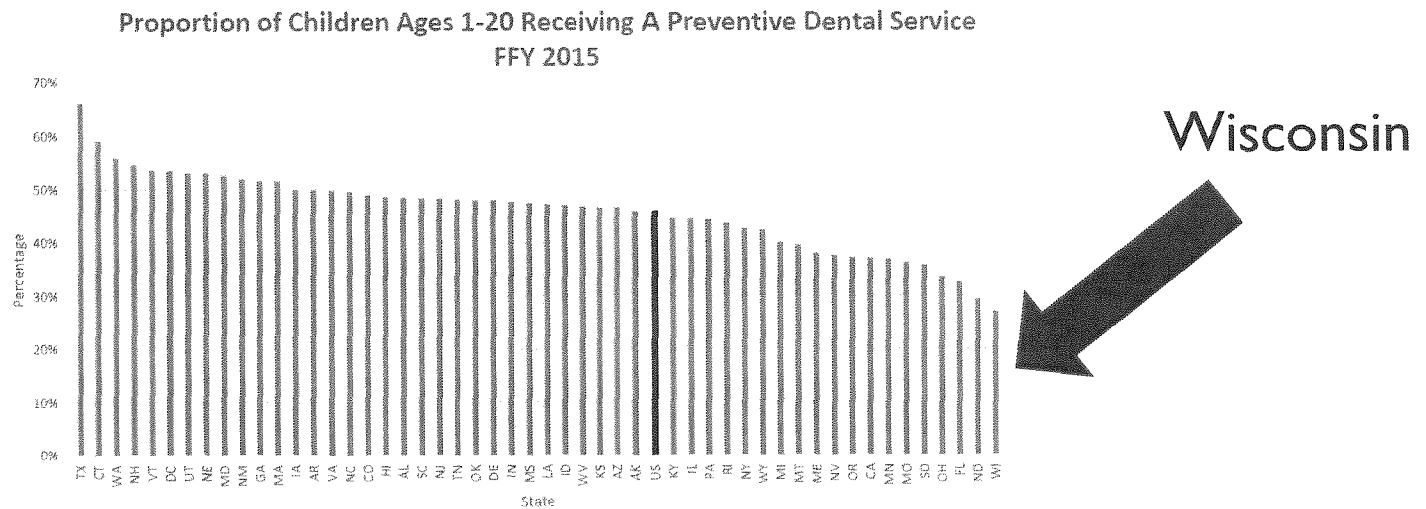
Wisconsin's Oral Health





Wisconsin's Oral Health

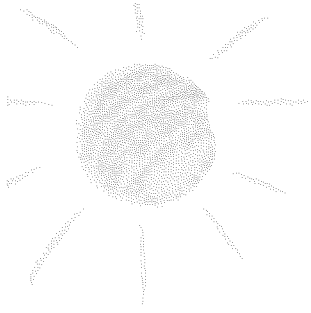
Preventive Dental Services, by State



Source: FFY 2015 CMS-416 reports, Lines 1b and 12b.

Note: With the exception of OH, the national FFY 2015 percentage used data reported by states as of August 30, 2016.





Enhanced Reimbursement

Begun in October 2016, WDA lobbied with others, testing access

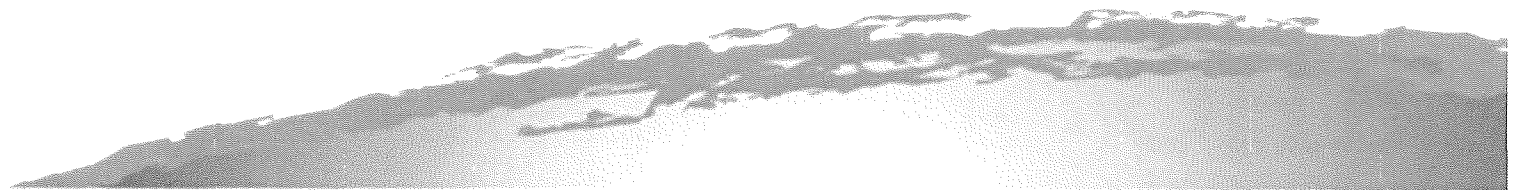
Modeled after other successful state pilots

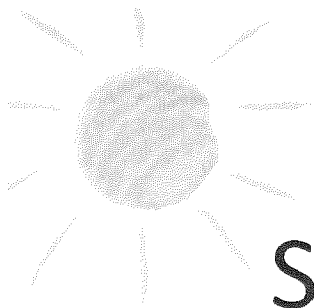
Brown, Marathon, Polk, and Racine counties for pilot

All children's services covered, 10 vital adult services covered

Current Reimbursement: 22-30 cents on the dollar (lowest in the nation)

Enhanced Reimbursement: 47 cents on the dollar (26th in the nation)





Successes with Enhanced Reimbursement in pilot counties

Study conducted October 2016 – September 2017 showed:

- 33% increase in the number of dentists signed up to see Medicaid patients in the pilot counties, nearly 70 in one year
- 35% of new dentists saw 100 or more Medicaid patients
- 6,000 more children accessing dental care in the pilot counties, a 4% increase
- A 5% increase in adults accessing care in the study areas

