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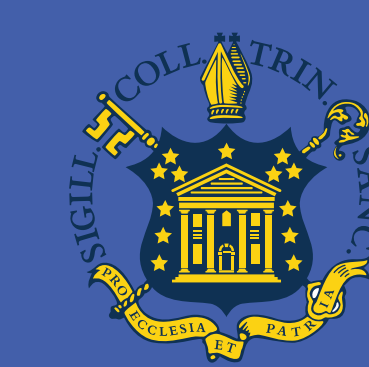
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Oral Healthcare for Medicaid Enrollees in Connecticut: Why are the Gains Being Erased?

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Abstract

Enacting and maintaining an efficient and high-quality safety net program is one component of a well-run state. In the last two years, cuts to the Connecticut state budget have adversely affected the services offered to residents who rely on the state, including those using the Husky Medicaid program for oral health care. Data reveal that Medicaid enrollees have decreased their use of dental services. This research examines this drop in the utilization rate and the possible factors contributing to it. Qualitative research methods were employed: first, a review of existing policy reports and briefings by health care experts was undertaken. This was followed by in-depth interviews with six stakeholders, a dental practice phone survey to test dental practice capacity levels, and a comparative review of oral health care policies used in other states. **Findings suggest that the stagnant reimbursement rate for treating Medicaid patients is the leading factor in declining dental utilization rates by CT Medicaid patients; however, other important factors appear to play a role in this decline.** In particular, the administrative quality of the state program impacts access to dental health services for Medicaid enrollees. Policy makers should put on hold any plans to decrease the reimbursement rate while they complete a more in-depth study of the best approaches to providing state-run dental health care programs.

Background

From 2008 until 2014 considerable gains were made in CT Medicaid services due to improvements in both administrative quality of the program and case management by Medicaid administrators (Carr v. Wilson-Coker). **Most importantly, in 2008 the dental reimbursement rate for Medicaid patients was significantly increased.** However, due to a stagnant reimbursement rate after 2008, combined with a new proposed rate cut in the 2017 state budget, the gains realized to date for CT Medicaid patients are in danger of being lost.

Research Question and Methods

Research Questions:

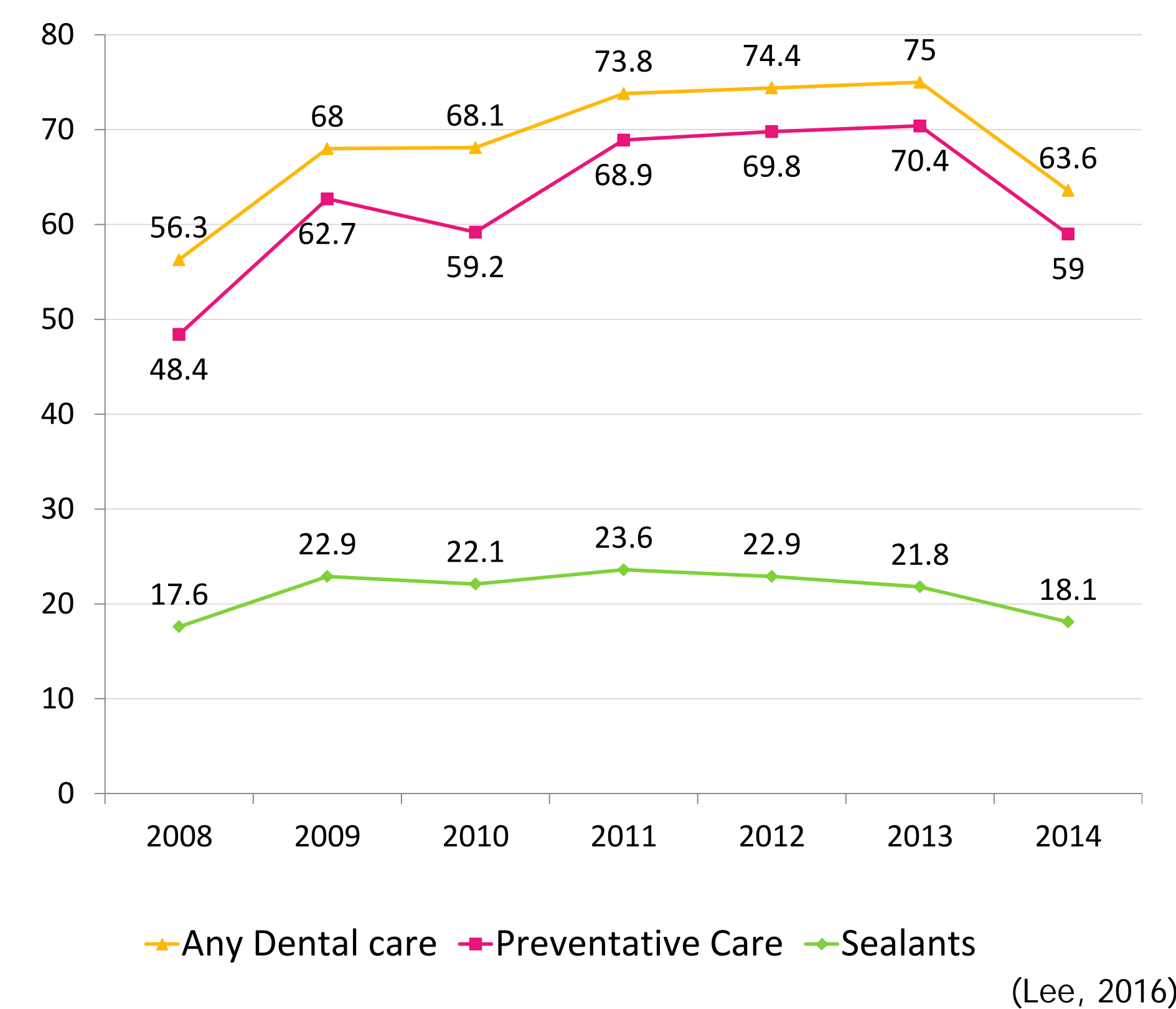
- Has the utilization rate changed, and if so, what factors help to explain that change?
- Do those factors suggest declining access to oral health care for Medicaid patients?

Research Methods:

- A mixed method approach was employed:
- Analysis of recent policy briefings and reports on oral health services for Medicaid enrollees in CT
- In-depth interviews with six stakeholders (researchers, non-profit advocacy groups, government agency, and practicing dentists)
- Phone survey of 50 dental practices in Hartford County

Findings & Discussion

Utilization Rates of Dental Services for Children & Adolescents in HUSKY-A, 2008-2014

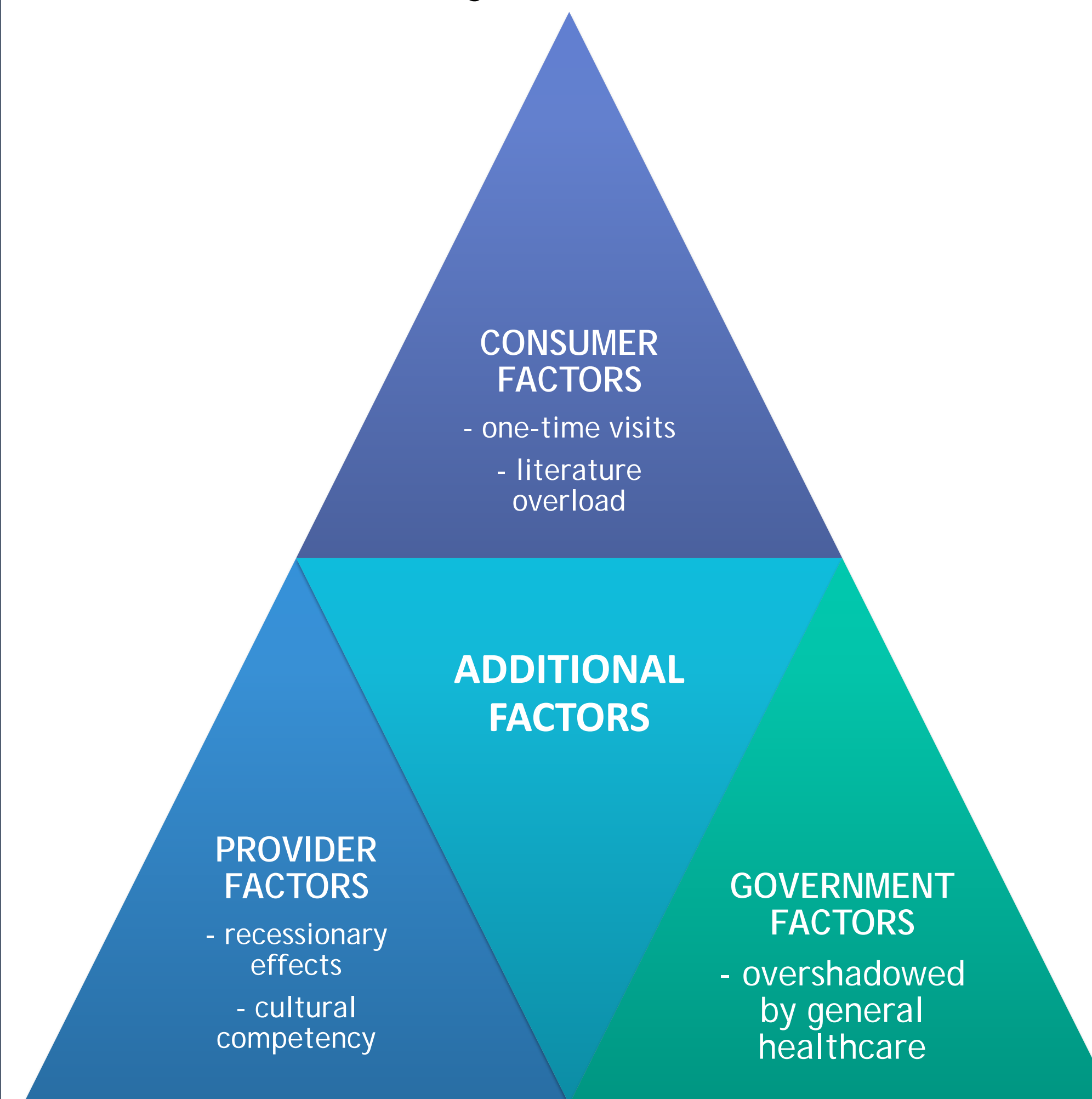


*utilization rate = % of individuals who were continuously enrolled for one year and received care

LESSON: Increase in reimbursement rate & administrative quality led to gains in utilization of dental services from 2008 through 2013.

GAINS UNDER THREAT: Policy briefings & interviews with stakeholders both suggest that:

- the unchanged reimbursement rate is **KEY FACTOR** responsible for the slippage in utilization rate after 2013
- **ADDITIONAL FACTORS** are contributing to decreased utilization rates amongst Medicaid enrollees:

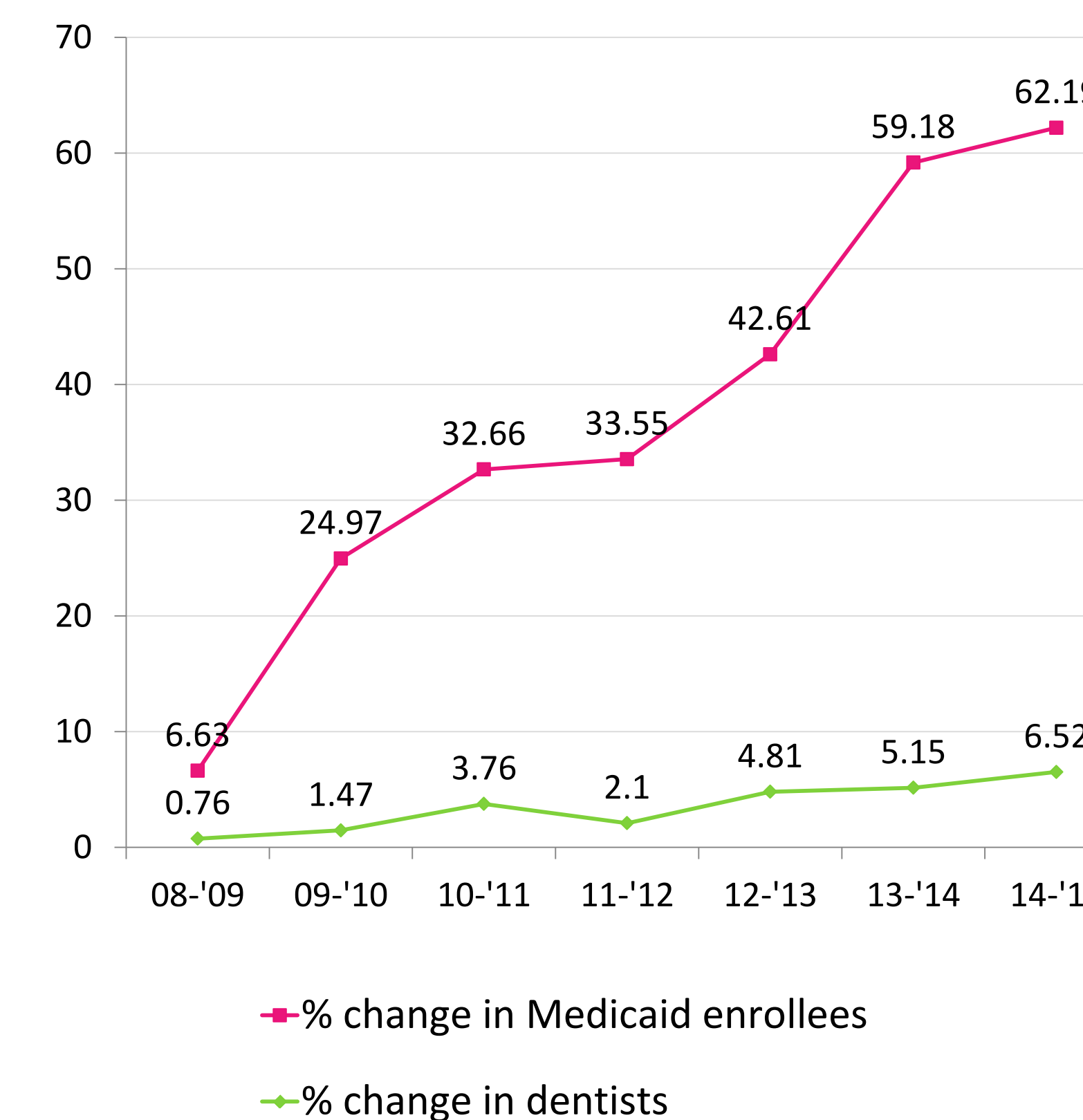


IGNORED FACTOR? Are dentists operating at full capacity with the recent expansion of Medicaid programs?

Findings & Discussion

QUESTION: Are dentists operating at full capacity?

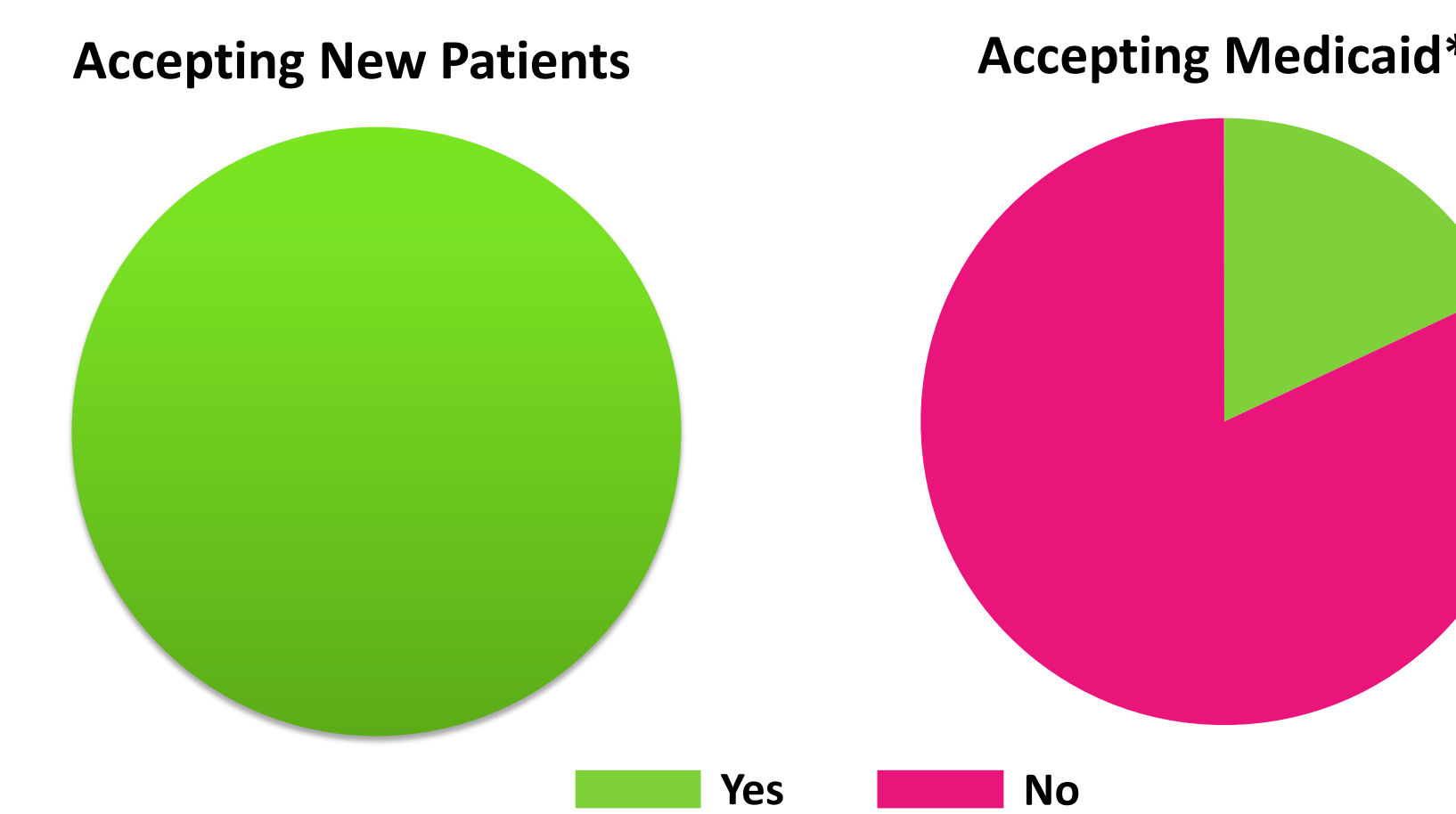
Growth Rate in Medicaid enrollees (potential demand for services) and Dental Practices (supply of potential service providers) in Connecticut, 2008-2015



→ A noticeable gap in the growth rates between Medicaid enrollees and dentists practicing in the state between 2008-2014. To test the "capacity hypothesis" that these data suggest, a phone survey of dental practices was conducted.

Results of Dental Practice Phone Survey: Are Dentists Accepting New Patients?

Survey conducted with 50 dental practices in Hartford County. 100% of the offices accepting new patients. Only 18% (9 offices) accepting Medicaid enrollees, with all but one applying strict limitations on acceptance of new Medicaid patients.



*Nine offices said "Yes" to Medicaid but with stipulations:

- Four offices only accepted children;
- Two only accepted children from same town;
- Two only accepted enrollee if currently a patient;
- **Only one office accepted enrollee with no stipulation.**

Findings & Discussion

What Have Other States Done?

- Through researching what other states have done, creative measures have been implemented in lieu of cuts.
- While additional measures often complement an increase in the reimbursement rate, these measures on their own can boost utilization rates.
- While not all states face the same budgetary constraints or social safety net programs, legislative and policy alternatives exist that can enhance the quality of life for Medicaid enrollees and should be considered before enacting harmful budgetary cuts.

Financial Rewards

- Predicate reimbursement rates on private practice participation
- Increase reimbursement rate in line with inflation

Administrative Improvements

- Engage a well-established commercial vendor, and include dentists in reform
- Strengthen alliance between state & dentists
- Introduce mid-level, dental "therapists"

Regulatory Efforts

- Establish mandates/strengthen oversight

Advertising Efforts

- Employ marketing campaigns/social media outreach; use a popular spokesperson, known to target population

Conclusions

- Insufficient reimbursement rate is the major reason for reduced private practice participation in Medicaid
- Additional factors that drive Medicaid dental utilization rates besides the reimbursement rate and administration/management
- Initiatives undertaken by other States **point to importance of combined efforts:** change in reimbursement rate alone is insufficient; rate changes must be supplemented by improvements in administrative quality and case management of Medicaid enrollment

Significance of Research

These findings serve to support the work of organizations that advocate on behalf of communities affected by changes in CT safety net programs. The proposed cuts to Medicaid are a short-sighted solution to the state's budget woes.

- As an advocacy group, UCAN needs relevant and comprehensive information to relay to legislators
- Properly addressing dental care will lower total Medicaid costs and improve the overall health of targeted populations; increased future costs will thus be averted.