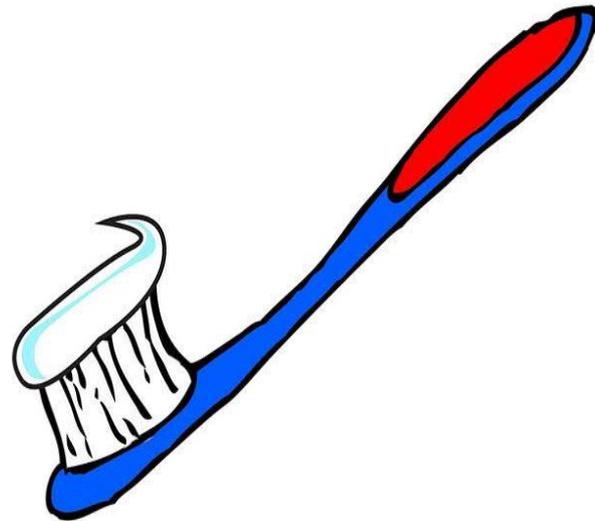


Delaware Adult Dental Services

Glyne Williams
Division of
Medicaid and
Medical Assistance
July 16 & 20, 2020



DELAWARE HEALTH AND SOCIAL SERVICES

Presentation Overview

Overview of Legislation

DMMA Adult Dental Model

Covered Services

Extended Benefit

Provider Contracting

DMMA Adult Dental Model

Delaware
Medicaid will
begin providing
dental services
to adults
enrolled in
Medicaid
October 1, 2020.



Overview of Legislation

S.S. 1 for S.B. 92

- Signed by Governor on 8/6/19

Adds “dental care” to the definition of medical assistance

“Dental Care” definition includes preventative and restorative treatment

Requires \$3 co-pay

Establishes \$1,000 annual limit, additional \$1,500 a year is available on an “emergency basis”

Federal Authorities

DMMA submitted a state plan amendment to CMS to add the adult dental benefit.

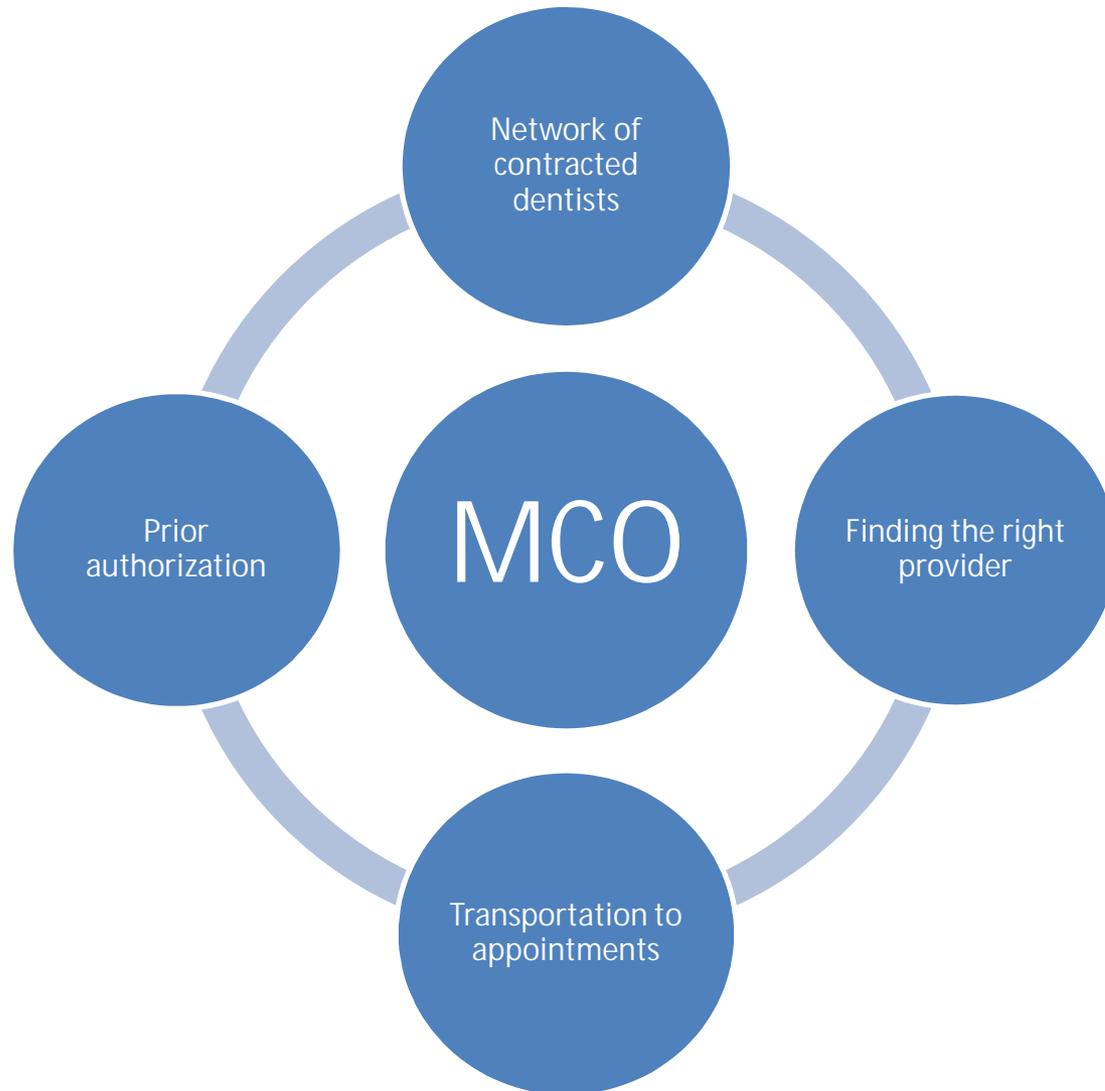
DMMA will submit an amendment to its 1115 waiver for DSHP and DSHP-Plus.

DMMA Adult Dental Model

Dental Services for Adults will be carved into DMMA's managed care program

- Individuals new to Medicaid will be able to access services during their FFS period, prior to their enrollment in a MCO
- Dental services for children will continue to be paid through fee-for-service
- DMMA's contracted MCO's will be required to follow the DMMA fee schedule for at least one year

MCOs Will Administer Dental Benefit



Covered Services Include:

Clinical oral evaluations

Diagnostic imaging (x-rays)

Preventive services (cleanings and fluoride treatments)

Restorative services (fillings)

Periodontics (gum disease treatment)

Oral surgery (other than wisdom tooth extraction)

Sedation

Service limits do apply
and some services subject
to prior authorization

- Benefit limited to \$1,000 a calendar year

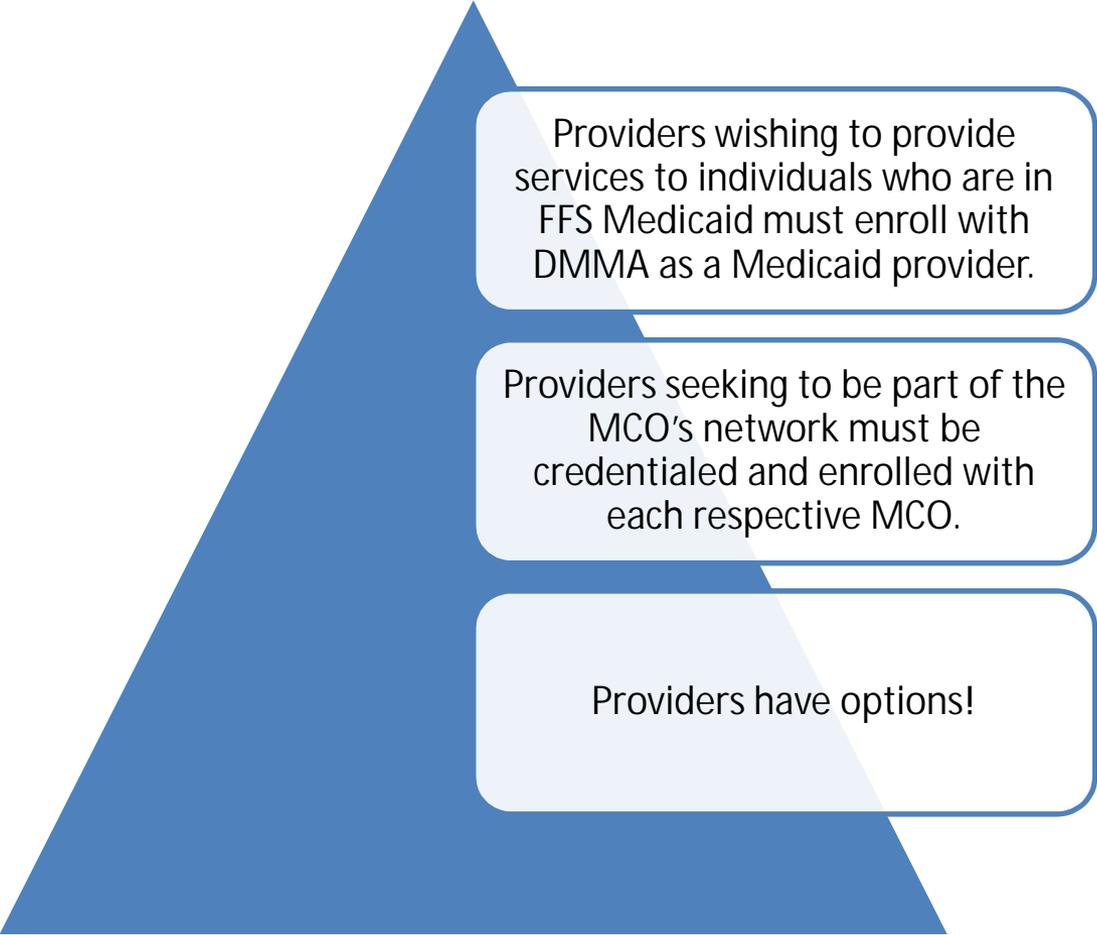
DMMA definition of “emergency basis”

- An unforeseen or sudden occurrence demanding immediate remedy or action, without which a reasonable licensed dental professional would predict a serious health risk or rapid decline in oral health; or,
- When an individual’s dental care needs exceed the \$1,000 per year dental benefit limit, and postponement of treatment until the next benefit year would result in tooth loss or exacerbation of an existing medical condition.

Emergency "Extended" Benefit

Prior authorization to
access extended
benefit required
unless an emergency

Provider Contracting



Providers wishing to provide services to individuals who are in FFS Medicaid must enroll with DMMA as a Medicaid provider.

Providers seeking to be part of the MCO's network must be credentialed and enrolled with each respective MCO.

Providers have options!

Providers Have Options!

Providers can choose who they serve and who they contract with.

- FFS and/or Managed Care
- Kids and/or Adults
- AmeriHealth and/or Highmark
- Any Combination

Questions/Comments

