Delaware
Adult Dental Services

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July 16 & 20, 2020
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”
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

- Network of contracted dentists
- Finding the right provider
- Transportation to appointments
- Prior authorization

MCO
Covered Services Include:

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<thead>
<tr>
<th>Service</th>
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<tr>
<td>Clinical oral evaluations</td>
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<tr>
<td>Diagnostic imaging (x-rays)</td>
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<tr>
<td>Preventive services (cleanings and fluoride treatments)</td>
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<td>Restorative services (fillings)</td>
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<td>Periodontics (gum disease treatment)</td>
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<td>Oral surgery (other than wisdom tooth extraction)</td>
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<td>Sedation</td>
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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
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 credentialled 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