

ADDING A DENTAL BENEFIT IN MEDICARE



ORAL HEALTH AMERICA'S MISSION IS TO CHANGE LIVES BY CONNECTING COMMUNITIES WITH RESOURCES TO DRIVE ACCESS TO CARE, INCREASE HEALTH LITERACY AND ADVOCATE FOR POLICIES THAT IMPROVE OVERALL HEALTH THROUGH BETTER ORAL HEALTH FOR ALL AMERICANS, ESPECIALLY THOSE MOST VULNERABLE.

National Oral Health Conference
Albuquerque, New Mexico
Monday, April 24th, 2017



TODAY'S SESSION

Moderator:

- Bianca Rogers, Public Affairs Coordinator, Oral Health America

Speakers:

- Judith Jones, Professor and Associate Dean for Academic Administration, University of Detroit Mercy School of Dentistry
- Beth Truett, President & CEO, Oral Health America
- Patrick Willard, Health Action Director, Families USA

ABOUT OHA

National nonprofit based in Chicago, celebrating over 60 years of focusing on the nation's oral health.

Programs



Campaign for Oral Health Equity



PUBLICLY FUNDED DENTAL BENEFIT

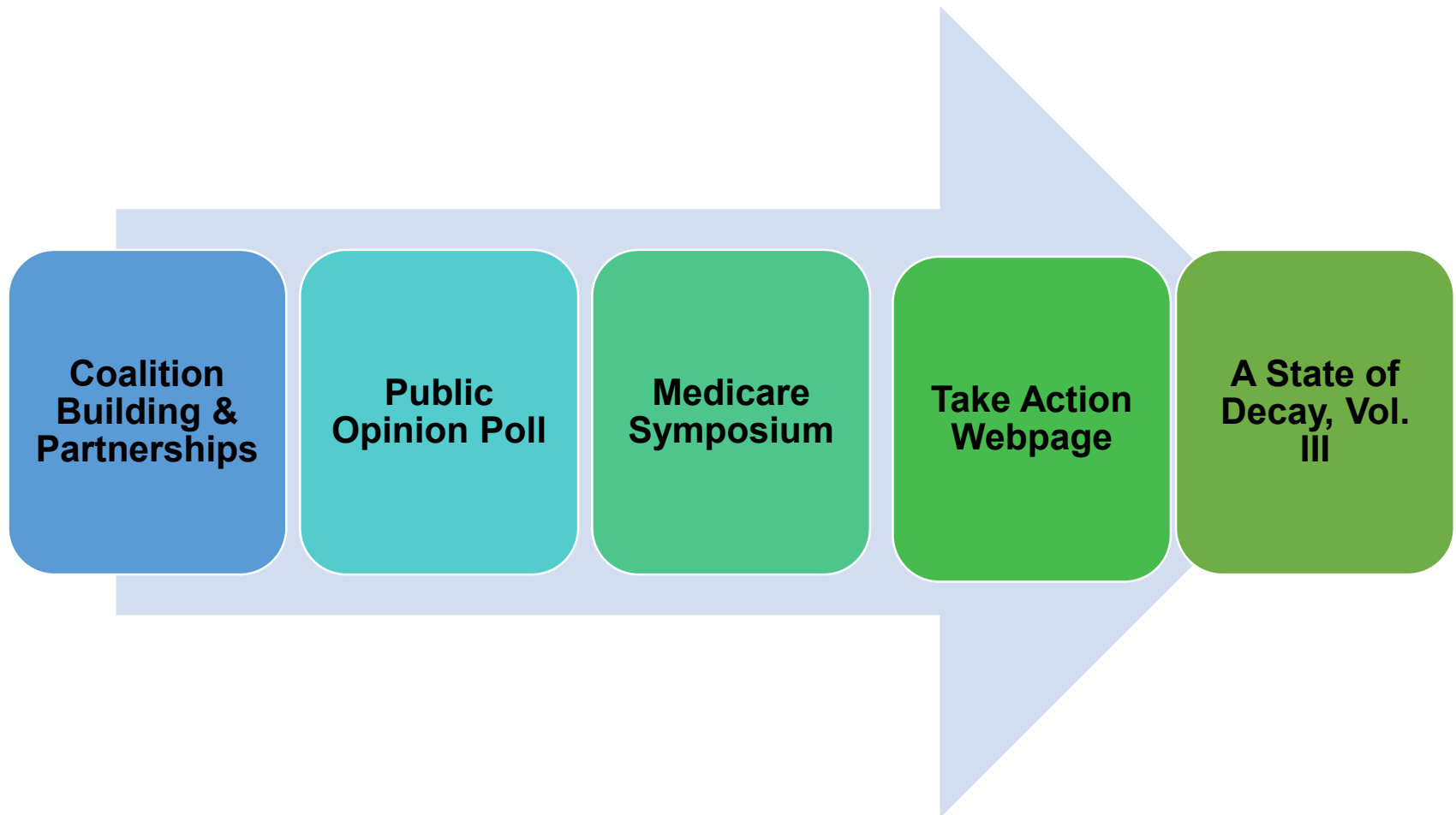
GOAL: Include an adult dental benefit in publicly funded health coverage

- Medicare includes an extensive dental benefit
- At least 30 states have an extensive Medicaid adult dental benefit

PARTNERSHIP:

- DentaQuest Foundation
- OH2020 Goals & Network

YEAR 1: LAYING THE GROUNDWORK



YEAR 1: LAYING THE GROUNDWORK

NEED:

- Public Opinion Poll
 - 52% older adults don't know or unsure Medicare covers routine dental
 - 2/3 have no plan in place for retirement
- *A State of Decay*, vol. III
 - State-by-state analysis of oral healthcare delivery and public health factors impacting the oral health of older adults

PARTNERS & STAKEHOLDERS:

- Medicare Symposium

MEDICARE SYMPOSIUM

WHO: Stakeholders in dental, aging, policy & Medicare

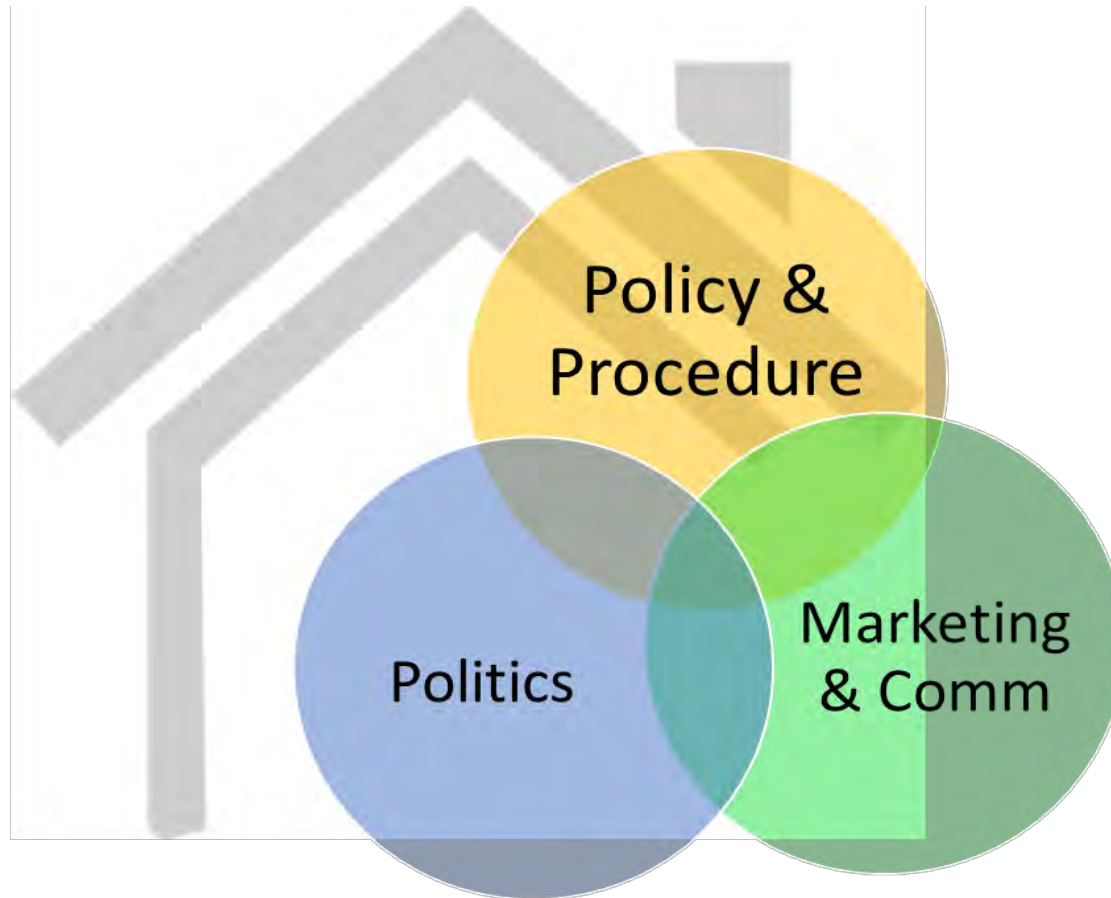
WHERE & WHEN: Summer 2015, Washington, DC

WHY: To begin to chart the course forward for an added oral health benefit in Medicare.

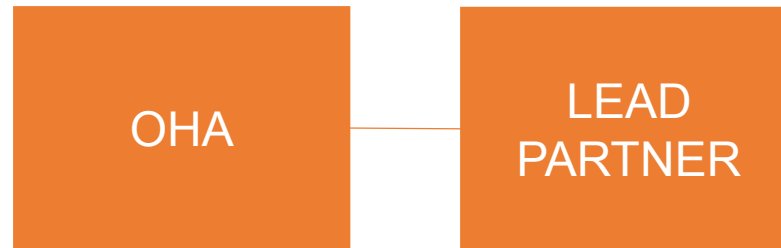
WHAT: To explore different benefit structures and approaches; to discuss consumer messages aligned with their oral health wants and needs; to build partnerships, new and old.



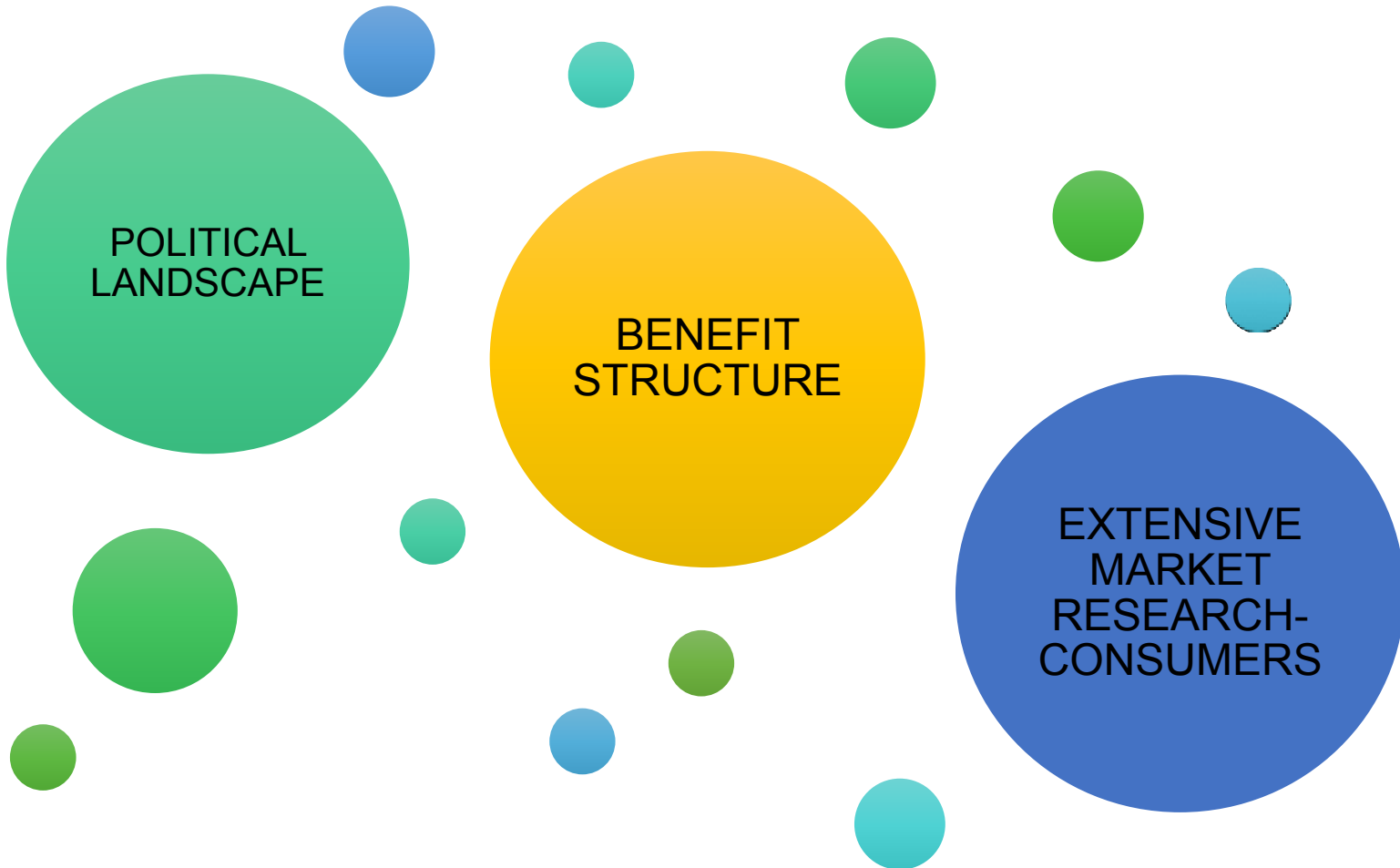
YEAR 2: BUILDING THE FRAMEWORK



YEAR 2: BUILDING THE FRAMEWORK



YEAR 3: DEEPER DIVE





YOU CAN'T BE HEALTHY WITHOUT GOOD ORAL HEALTH—C. EVERETT KOOP

Beth Truett

President & CEO

beth@oralhealthamerica.org

Bianca Rogers

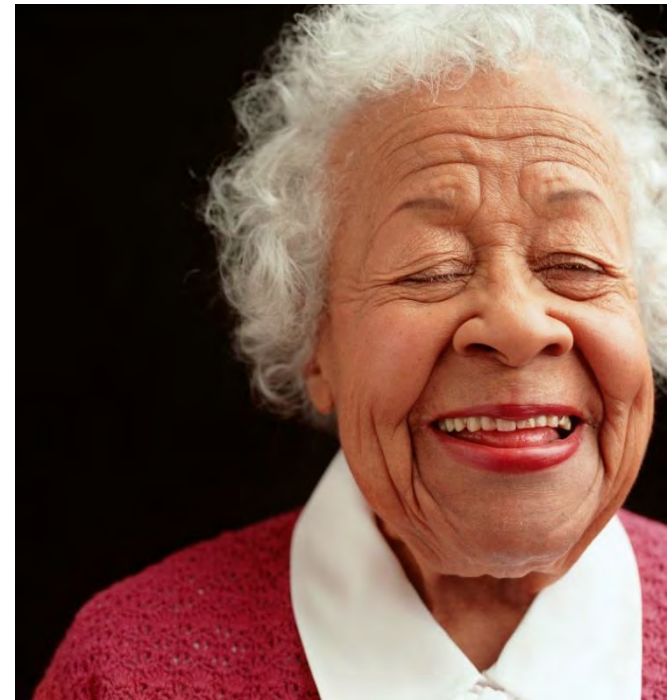
Public Affairs Coordinator

Bianca.rogers@oralhealthamerica.org

Natalie Shaffer

Public Affairs Associate

natalie.shaffer@oralhealthamerica.org



50 Wishes for Medicare's Future

- On July 30, 2015, Medicare celebrated 50 years
- More than 50 million Americans and their families rely on Medicare for basic health and economic security
- What are the small fixes to improve how Medicare beneficiaries navigate their coverage day-to-day?

#1: Add a dental benefit

<https://www.medicarerights.org/50wishes>, accessed 3/10/17

A Report of the Santa Fe Group in collaboration with Oral Health America



SANTA FE GROUP



Disclosures:

Associate Dean for Academic Administration
University of Detroit Mercy School of Dentistry

Senior Fellow, Santa Fe Group
ADA National Elder Care Advisory Committee
ADA Spokesperson on Elder Care
Consultant for VA Oral Health Quality Group

Judith Jones
judjonesja16@udmercy.edu



Proposed Medicare Dental Benefits

- 52 million enrollees in 2013
- 48.7 Million in Part B

(SOURCE: Centers for Medicare & Medicaid Services, Office of Enterprise Data and Analytics, CMS Chronic Conditions Data Warehouse.)

Year	Number of Seniors
2020	55,969,000
2030	72,774,000
2040	79,719,000
2050	83,739,000

Source: U.S. Census Bureau, 2012 Population Estimates and 2012 Projections.

Estimates of 65+ year olds by poverty level,
2012, in thousands (DeNavas-Walt et al 2014)

Percent of FPL*	% of Seniors	Number of Seniors
<100%	9.1	3,913
100-199%	24.1	10,363
200-299%	15.1	6,493
300-399%	12.6	5,418
>=400%	39.1	16,813

*FPL: Federal Poverty Level, or \$11,720 in 2012

Medicare Part B

- Is it an option for providing access?

YES!

- Paying for dental care might even reduce overall health care costs!



Approach

Part B monthly premium by annual tax return, CMS, 2015

Individual return	Joint return	Monthly premium	Income-related monthly adjustment
<\$23,440	<\$47,500	None	0
\$23,440-\$84,999	\$47,500-169,999	121.8 + \$TBD/12	0
>85k, <=107,000	>170k, <=214,000	170.5 + \$TBD/12	48.70
>107k, <=160,000	>214k, <=320,000	243.0 + \$TBD/12	121.80
>160k, <=214,000	>320k, <=428,000	316.7 + \$TBD/12	194.90
>214,000	>428,000	389.8 + \$TBD/12	268.00

Total Medicare Costs due to disease per year, 2014

	Stroke	CHF	Diabetes	Total
Medicare Beneficiaries with Diagnosis*	1,879,021	4,814,660	8,657,223	15,350,904
<u>Unique Medicare Beneficiaries</u> within category	1,287,280	2,052,953	3,278,663	6,618,896
Average Annual Cost Per Beneficiary*	\$45,840	\$29,472	\$18,108	
Total Medicare Cost by Disease Annually*	\$59 B	\$60.5 B	\$59.4 B	\$178.9 B

*Sources: CMS Chronic Conditions Warehouse, 2016; MaCurdy et al., 2015

Estimated cost savings/beneficiary/year by selected diseases and insurance programs

	Stroke	CHF	Diabetes
Cigna ^{A,B}	\$10,142	\$647	\$1,418
United Concordia ^C	\$5,681	\$1,090	\$2,840
UnitedHealthcare ^D	NA	\$8,466	\$923
American Dental Association ^E	N/A	N/A	\$788.5

Sources: Jeffcoat et al., A-2009, B-2011, C-2014; D-UnitedHealthcare 2014; E-Nasseh 2016

Potential annual savings for stroke, CHF, and diabetes, by study cited.

	Stroke	CHF	Diabetes	Total
Cigna ^{A,B}	\$13B	\$1.3B	\$4.6B	\$19B
United Concordia ^C	\$7.3B	\$2.2B	\$9.3B	\$18.8B
United Health Care ^D	N/A	\$17.3B	\$3.0B	N/A
American Dental Association ^E	N/A	N/A	\$6.8B	N/A

Sources: Jeffcoat et al., A-2009, B-2011, C-2014; D-UnitedHealthcare 2014; E-Nasseh 2016

Potential annual percent of savings for stroke, CHF and diabetes, by cited study

	Stroke	CHF	Diabetes
Cigna ^{A,B}	22%	2%	8%
United Concordia ^C	12%	4%	16%
United Health Care ^D	N/A	29.5%	5%
American Dental Association ^E	N/A	N/A	4%

Sources: Jeffcoat et al., A-2009, B-2011, C-2014; D-UnitedHealthcare 2014; E-Nasseh 2016

Re: Insurance Studies

- All are retrospective - designs not ideal

HOWEVER...

- ALL consistently show \$avings
- \$avings may help pay for some of Medicare dental benefit

Benefits Development

- 3 groups: Development, Advisory, Review

Development - meeting at DTA offices on March 2, 2016

- Jean Calvo, Harvard Fellow
 - Jeff Chaffin, Delta Dental Iowa
 - Elisa Chavez, Santa Fe Group / University of the Pacific
 - Mary Foley, MSDA
 - Rich Manksi, University of Maryland
 - Michael Monopoli, DentaQuest Foundation
 - Lynn Mouden, CMS
-
- All groups: Judith Jones, Bianca Rogers, Mike Alfano, Beth Truett

Benefits Development: Advisory and Review

Advisory group

- Jim Bramson, United Concordia
- Mary Lee Conicella, Aetna
- Allen Finkelstein, Dental Insurance Consultant
- Harriet Komisar, AARP
- Mike Hegelson, Apple Tree Dental
- Stacy Sanders, Medicare Rights Center
- Alex White, UNC SPH
- David Lipschutz, Center for Medicare Advocacy
- Kata Kertesz, Center for Medicare Advocacy
- David Preble, ADA
- Kiril Zaydenman, DentaQuest
- Keith Lind, AARP
- Krishna Aravamudhan, ADA

Review group

- Stephen Abel, U of Buffalo
- Georgia Burke, Justice in Aging
- Christopher Fox , AADR
- Paul Glassman, U of Pacific
- Jennifer Goldberg, Justice in Aging
- Ira Lamster, Columbia U
- Diane Oakes, Washington Dental
- Foti Panagakos, OHA Board, Santa Fe Group, and Colgate
- Colin Reusch, Children's Dental Health Project
- Grant Ritter, Brandeis University
- Damon Terzaghi, NASUAD

Approach to benefits development

- Global, bundled benefit
- Paid for by the part B premiums except persons <200% FPL
- Includes dx + prevention (+nsurgperio), to decrease inflammation
- Looked at costs of providing direct restorations, removable (dentures), and maybe two implants in the mandible
- An optional benefit would add more services like endo, C&B, maybe implants

Benefits Development Process

Development

- developed two options: basic and moderate

Actuary

- descriptions sent to actuary

Review

- Iterative approach, Summer 2016

Benefits Development Process (2)

Advise

- Used estimates from actuaries and input from development and advisory groups

Revise

- Apply suggestions to both documents
- Clarify questions

Review

- Revisions reviewed at all three levels
- Description/estimates shared at Santa Fe Group Salon

Benefit levels: Global

- Purpose: eliminate inflammation, stabilize and prevent new disease
- Includes dx, prevention, non-elective surgery, non-surgical perio, direct restorations
- Optional 2nd level: indirect restorations, C+B, Endo, Removable, 2 lower implants

Actuaries included in calculations:

- Unit costs based on 50%tile of UCR fees by CPT code;
- Source = Fair Health, a national database of commercial dental UCR charges
- Assumed Utilization at 65%, 55% female and 45% male
- Incentives for providers to manage more closely the use of services → decrease
- Pent up demand → increase
- Cost sharing → decrease

Example: 50%tile, 70%UCR, \$1500 max for level 2

	Bundled care
Global pmpm	\$32 from plan + <u>no copay</u> (\$584 to provider)
Covers	Dx, prev, ext, fillings, non-surgical perio
Optional pmpm second level	\$31.58 from plan \$14.14 copay (31%)
Covers	Crowns, bridges, RCT, Dentures, 2 implants under dentures

Part B monthly premium by annual tax return, CMS, 2015

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The bottom line

Total annual cost of global benefit
for 37.3 Million enrolled members
with provider compensation at 70%
of UCR =

~\$16.853 Billion dollars

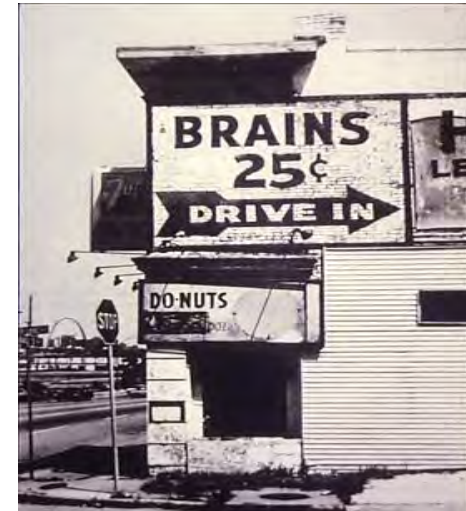
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Sources: Jeffcoat et al., A-2009, B-2011, C-2014; D-UnitedHealthcare 2014; E-Nasseh 2016

Questions we considered:

- Global for all?
- UCR ranges from 60-80%
 - at what point will most providers opt in?
- Copays range from 0 to 20 (level 2) to 50% (high cost)
 - at what point will most patients buy in?
- Is it reasonable for dual eligibles to have no premium? Copays?
- Would people who see more Medicare patients get a better UCR?
- Should there be a copay for bundled benefits?





Next steps?



- What do we need to do to carry this forward to put oral health back in health care?
- Make sure it fits with Medicare Part B structure and functions
- Make sure the structure facilitates quality and value rather than (or in addition to) paying for procedures
- Revisit the development process with above in mind



 **DETROIT MERCY DENTAL**

Thank you!

Global benefit costs, 70% Of UCR, 20% copay level 2

services	pmpm costs
Diagnostic	11.12
Preventive	7.27
Extractions + I&D	1.01
Amalgams	1.38
Composites	6.71
Non-surgical perio: SRP, debridement, perio maintenance	4.53
Global payment	32.01
Cost sharing	0
Dentures (cost estimates under level 2)	4.02



QUESTIONS



ENGAGING CONSUMERS TO GAIN AN ORAL HEALTH BENEFIT IN MEDICARE



ORAL HEALTH AMERICA'S MISSION IS TO CHANGE LIVES BY CONNECTING COMMUNITIES WITH RESOURCES TO DRIVE ACCESS TO CARE, INCREASE HEALTH LITERACY AND ADVOCATE FOR POLICIES THAT IMPROVE OVERALL HEALTH THROUGH BETTER ORAL HEALTH FOR ALL AMERICANS, ESPECIALLY THOSE MOST VULNERABLE.



MarCom Timeline: 2015-2017



2015

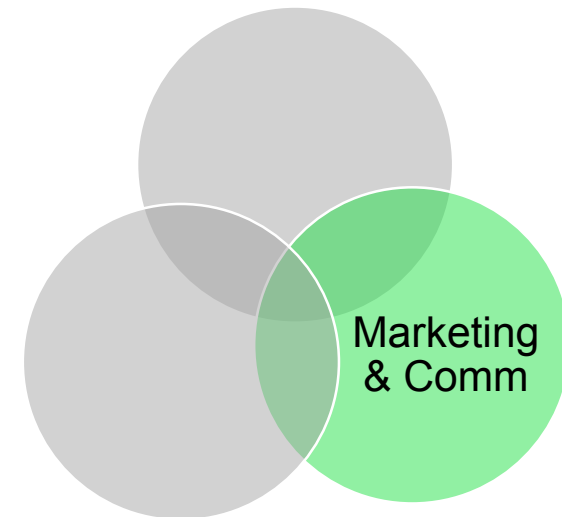
- **OHA Public Opinion Poll**
- **Hosted 1st Medicare Symposium**
- **Engaged Marketing4Change, a Salter Mitchell Company**

2016

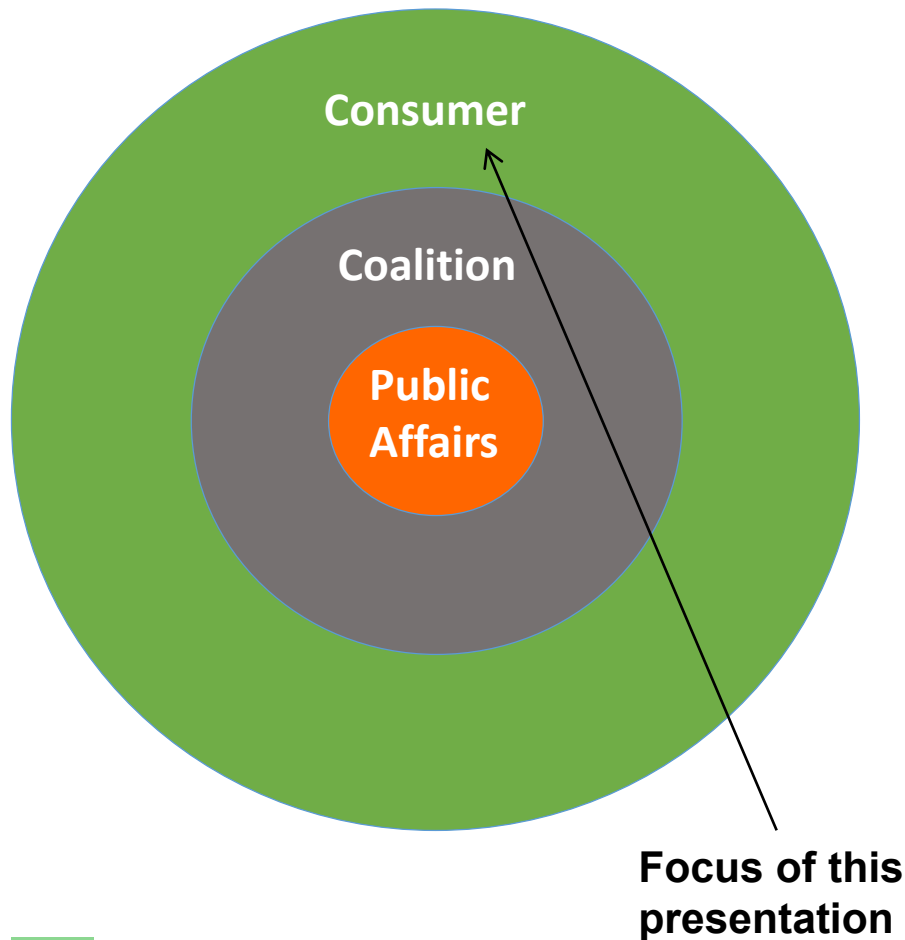
- **Launched Rapid Response online survey**
- **Tested first Creative Concept in FL and VA: n=1,000**
- **Hosted 2nd Medicare Symposium**

2017 - To date

- **Selected Orlando Test Market**
- **Convened MarCom Working Group**
- **Conducted Quantitative Research**
- **Conducted Qualitative Research**



Who are the Stakeholders?



- **Consumer campaign**

Designed to spur complaints about the lack of a dental benefit from 50+ activists outside the beltway, building **grassroots pressure for congressional candidates to acknowledge and address the issue.**

- **Public affairs support**

Designed to communicate the benefits of adding a dental benefit to members of **Congress, the administration, the media and other inside-the-beltway influentials.**

- **Coalition support**

Designed to translate the consumer campaign and public affairs effort into a **unified message large supportive organizations can rally around.** Also supports helping coalition members spread that message and communicate with each other.

The Big Idea: Not about insurance, but how the government sees you.

Loss Aversion



Self
Standards

You've had dental insurance, dental care and teeth your whole life. When you turn 65, **some dumb government rule could take all that away.**

You may be in your 60s, but **you're not really that old.** You're not so so old you're going to stop taking care of your teeth for example.

- ✓ **Less transactional or actuarial**
- ✓ **More about what you could lose than what you gain**
- ✓ **Not really about health; more about health benefits you are owed**
- ✓ **More about who you are than what you get**



THE GOVERNMENT DOESN'T THINK YOU HAVE TEETH.

Medicare still doesn't cover dental even though most people keep their teeth well into old age.



Tell the government you like your teeth.

DemandMedicareDental.org



MEDICARE WANTS TO FIRE YOUR DENTIST.

Medicare still doesn't cover dental even though most people keep their teeth well into old age.



Tell the government you like your teeth.

DemandMedicareDental.org

Demand Medicare Dental

March 21 at 2:29pm

Like Page

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Sed vulputate viverra dui, et fermentum massa scelerisque id. Class aptent taciti sociosqu ad litora torquent per conubia nostra, per inceptos himenaeos.



Medicare officials baffled by the existence of teeth in American adults born before 1951.

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Sed vulputate viverra dui, et fermentum massa scelerisque id. Class aptent taciti sociosqu ad litora torquent per

DEMANDMEDICAREDENTAL.COM

Like Comment Share

You, Kyle Anderson and 564 others

Chronological

195 shares

102 comments

Write a comment...

View previous comments 2 of 150

John Bryant Adam, what a surprise.
Like · Reply · 1 · March 21 at 4:32pm


1 Reply

Sophia Holden Angie Walters
Like · Reply · March 21 at 4:34pm

People With Teeth

Sponsored

Let them know: You have teeth.



Send your used toothbrush to Congress

Let's get Medicare to recognize that reality -- most people keep their teeth well into old age.

DEMANDMEDICAREDENTAL.COM

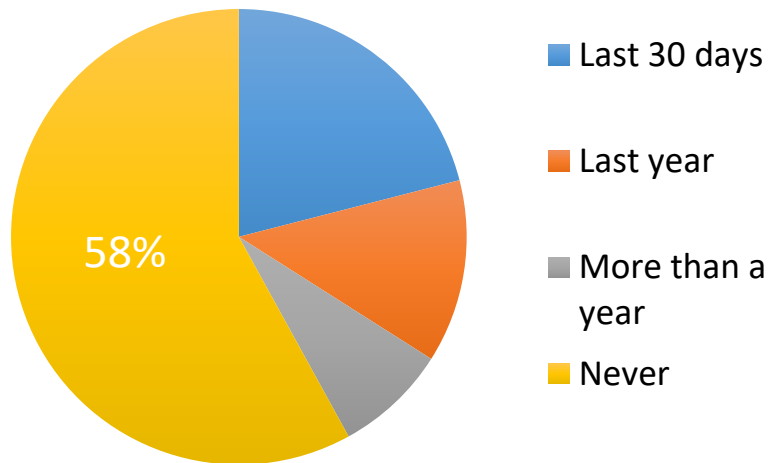
200 Likes 25 Comments 109 Shares

Like Comment Share

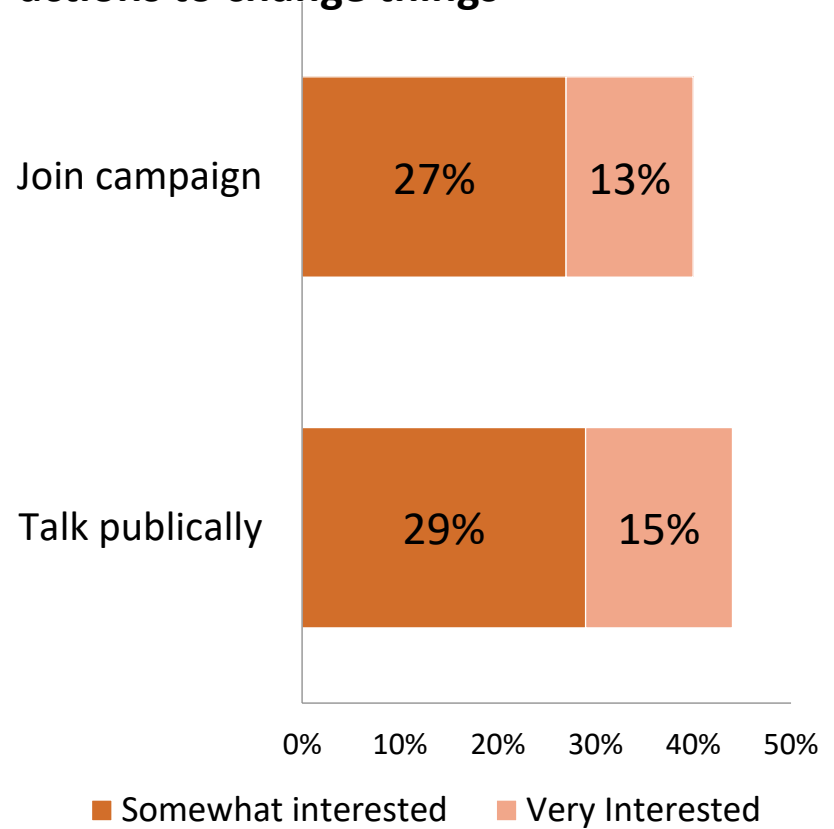
#1: Voice support to pollsters, but not engaged

6 in 10 have never thought about it

When, if ever, was the last time you talked or thought about whether Medicare should cover dental services?



... and most are not interested in taking actions to change things

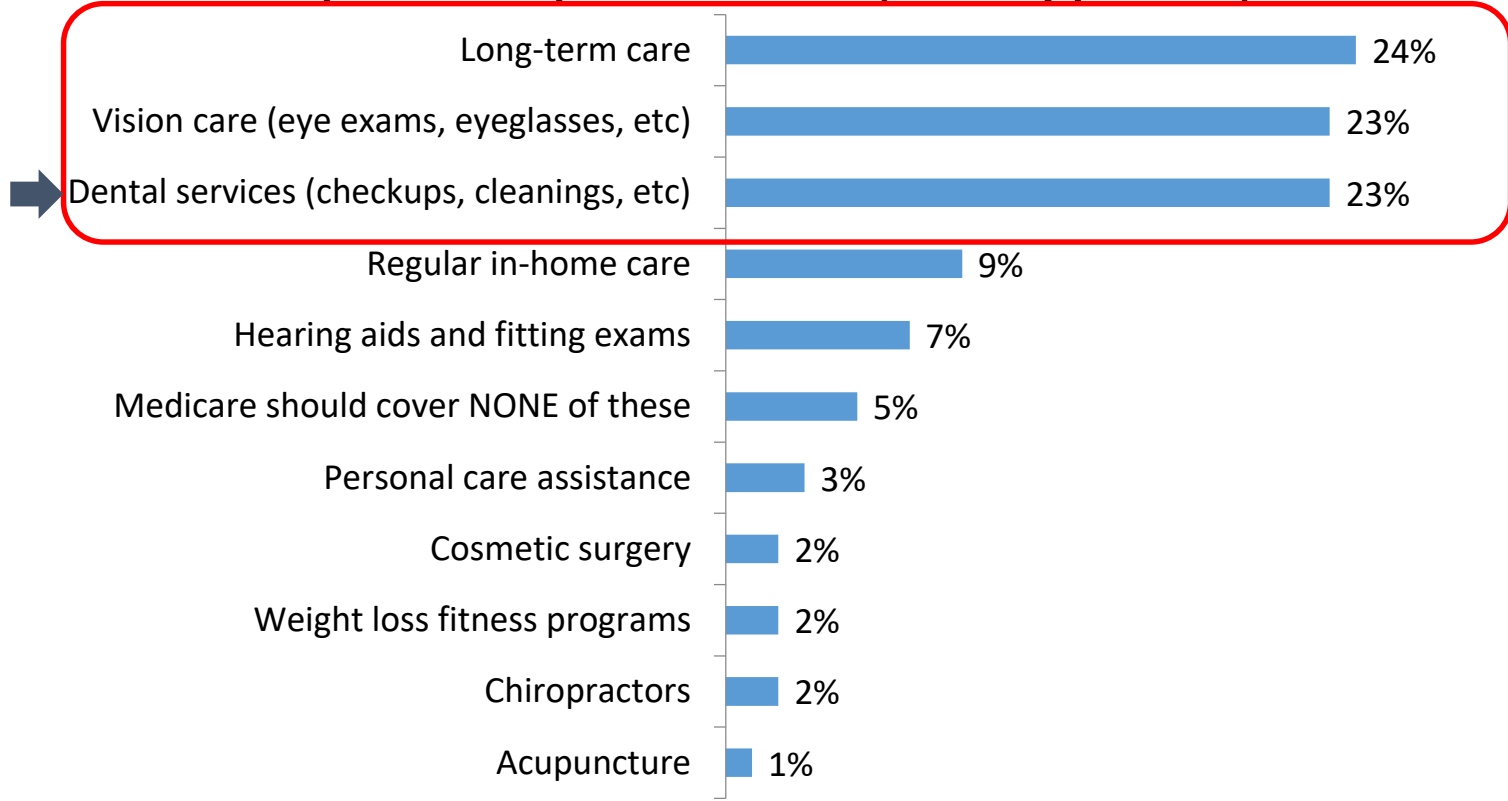


#2: Teeth not the only add-on people support

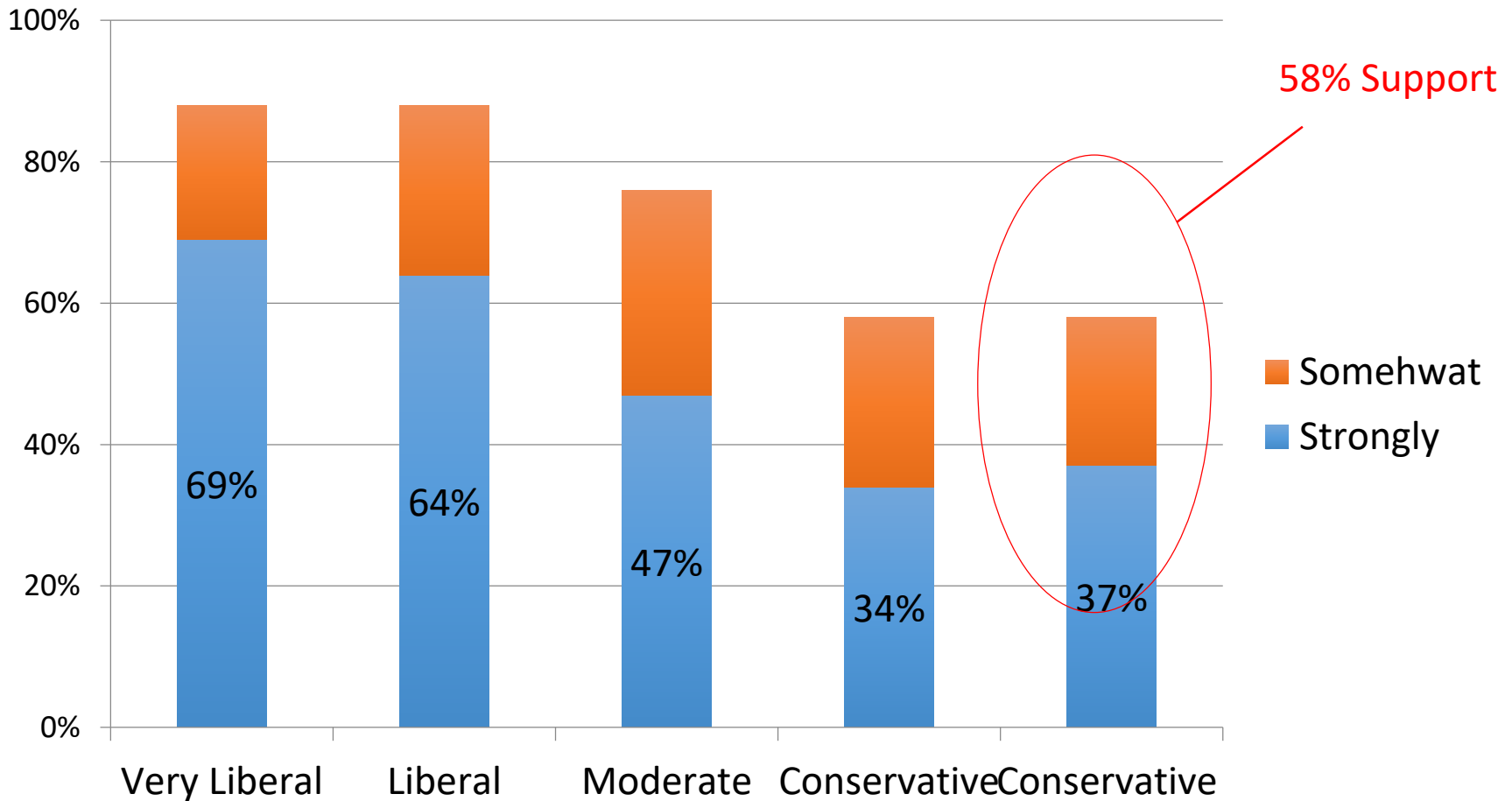


Which of the services below, if any, should Medicare plans be required to cover? (Can only pick one)

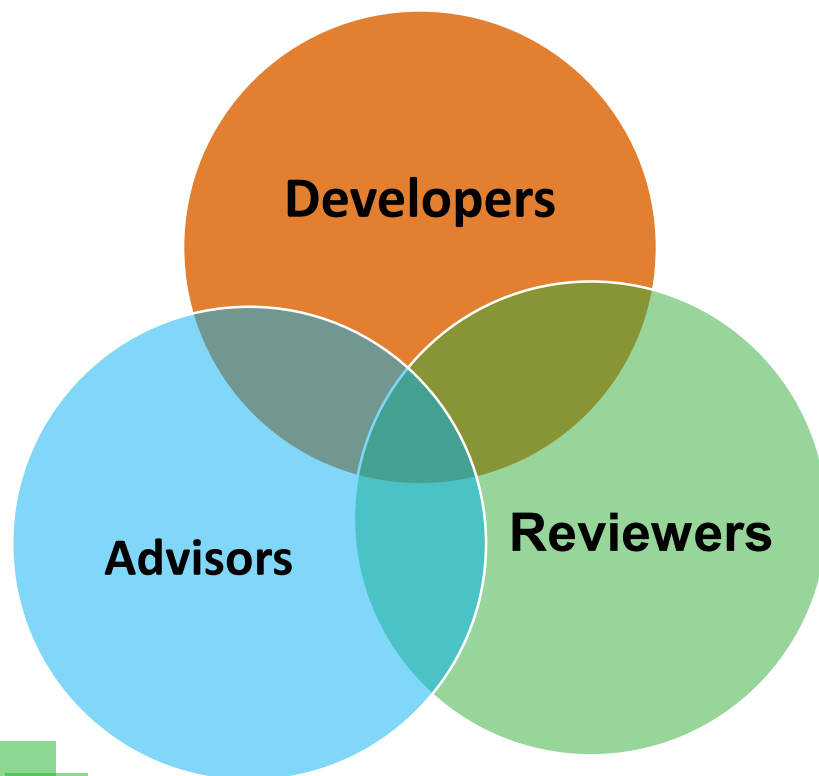
56% of total know it's not covered



#3: Majority support: not a 'Liberal Issue'



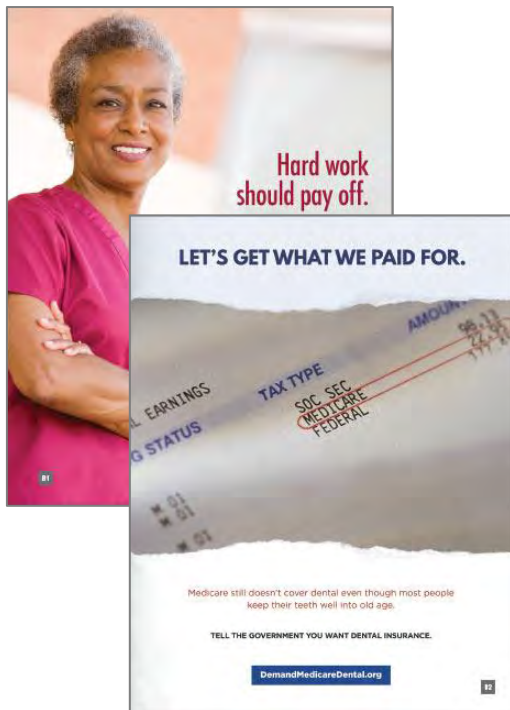
MarCom Working Group



- **Developers:** MarCom Professionals in Oral Health, Aging and Public Policy
- **Advisors:** MarCom Professionals in Related Health Professions
- **Reviewers:** Interested professionals without MarCom specialty

Creative Concepts: Quant Online n=400

B – We Earned It



Hard work should pay off.

LET'S GET WHAT WE PAID FOR.

Medicare still doesn't cover dental even though most people keep their teeth well into old age.

TELL THE GOVERNMENT YOU WANT DENTAL INSURANCE.

DemandMedicareDental.org

C – Medicare Keep Up



TIMES HAVE CHANGED. MEDICARE SHOULD TOO.

LET'S HELP MEDICARE KEEP GETTING BETTER

Medicare signed into law (1965)
Disabilities are covered (1972)
Home Health Care & Hospice are covered (1980's)
Medicare Advantage added (1990's)
Prescription Drugs are covered (2003)
Dental Care is covered (?)

Medicare still doesn't cover dental even though most people keep their teeth well into old age.

TELL THE GOVERNMENT YOU LIKE YOUR TEETH.

DEMANDMEDICAREDENTAL.ORG

E – Govt No Teeth



I have teeth, and I vote.

Medicare still doesn't cover dental even though most people keep their teeth well into old age.

MEDICARE SHOULDN'T LOOK LIKE THIS

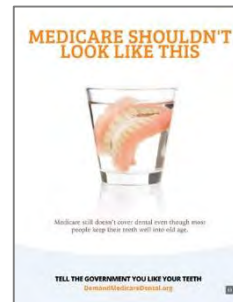
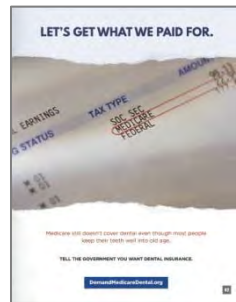
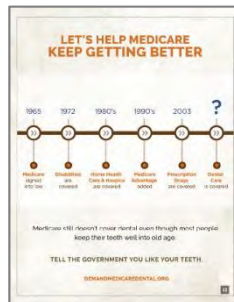
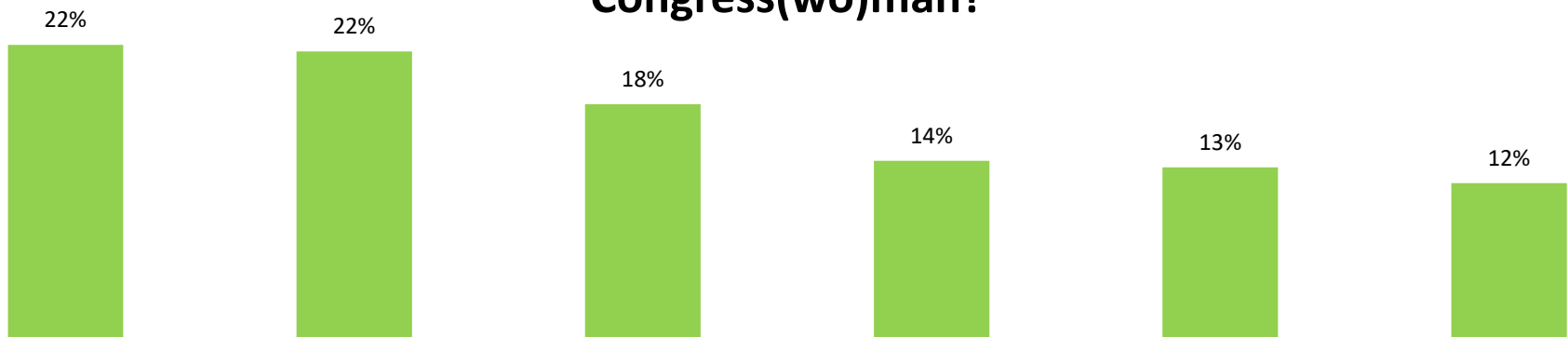
Medicare still doesn't cover dental even though most people keep their teeth well into old age.

TELL THE GOVERNMENT YOU LIKE YOUR TEETH

DemandMedicareDental.org

No single ad or concept stood out above others in terms of movement to act

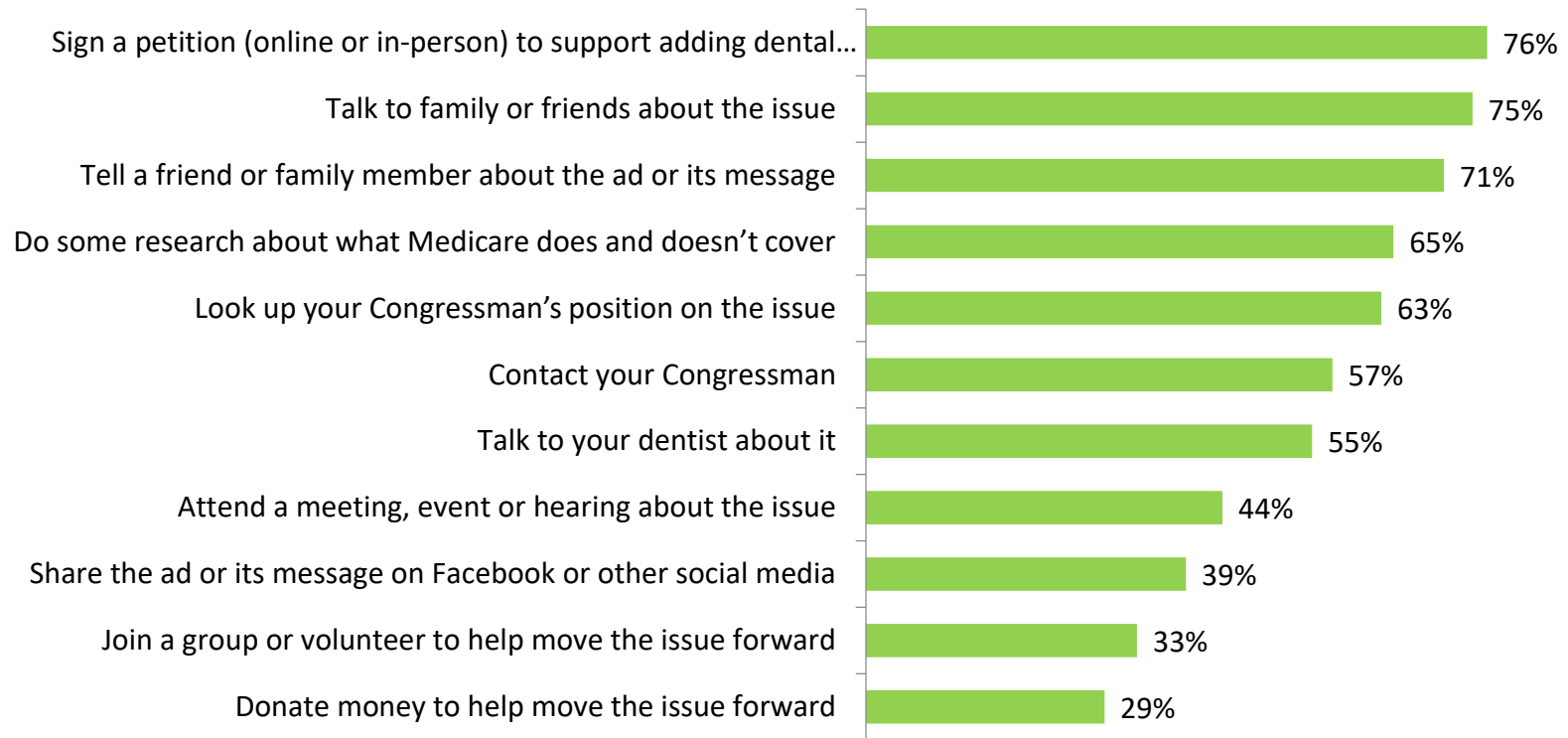
Which of these ads most makes you want to contact your Congress(wo)man?



Collection of ads was likely to spur people to petition, discuss and research positions

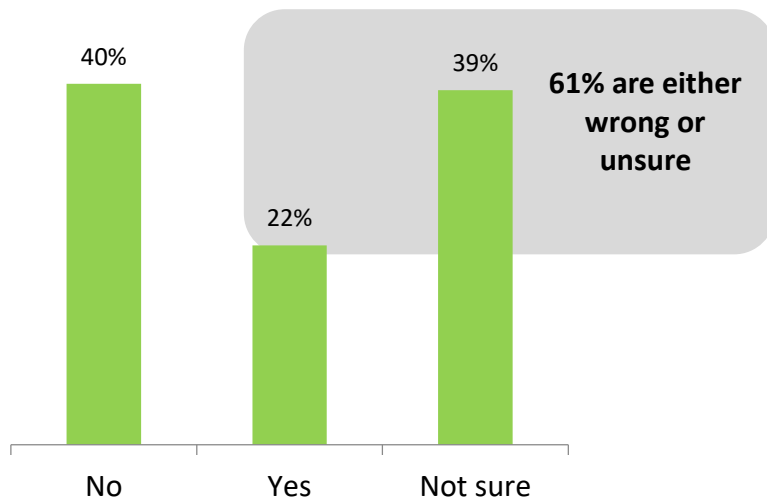


% Likely to Take Action

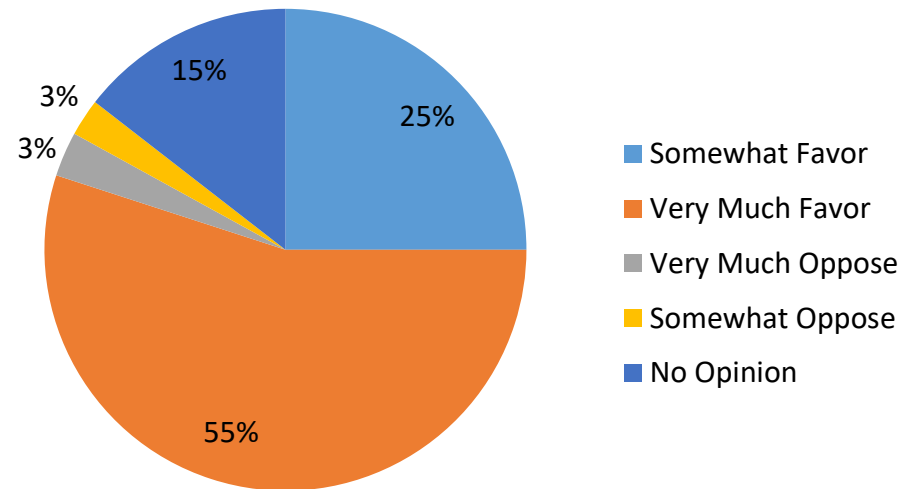


#1: Most people don't realize dental isn't in Medicare. Clear majority support its inclusion

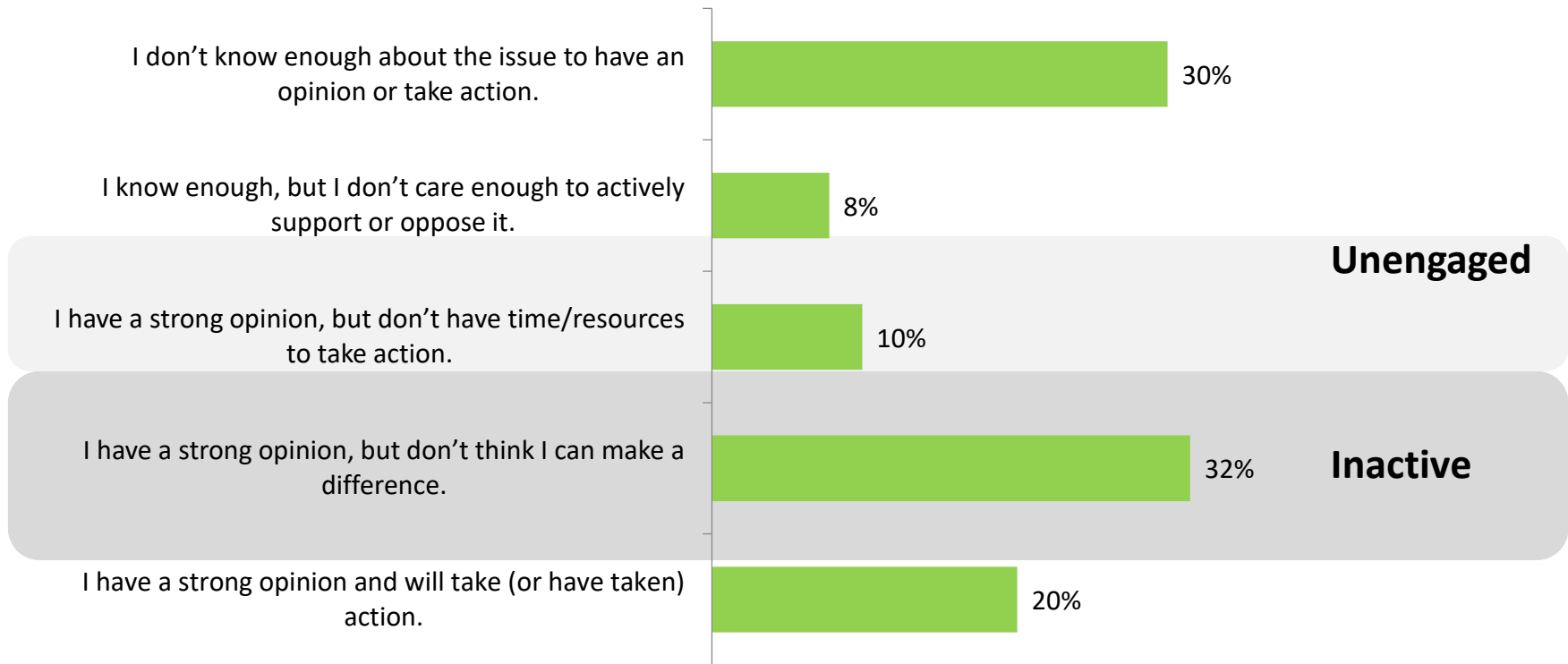
Think Medicare Includes Dental



Support and Opposition

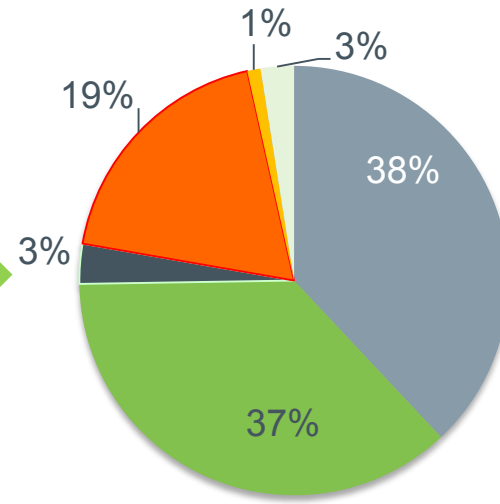
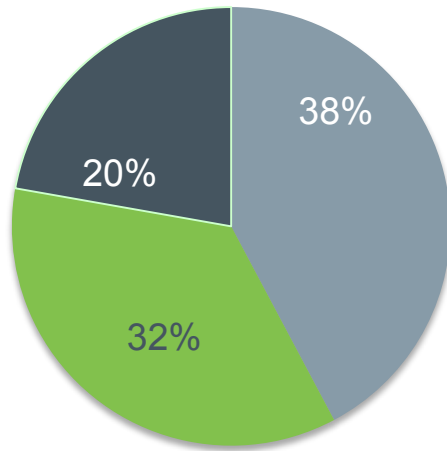


#2: Only 2 in 10 feel emboldened enough to report having taken or plans to take action



#3: There is a large swath of potential support with little active/potential opposition

- Unengaged
- Inactive
- Active



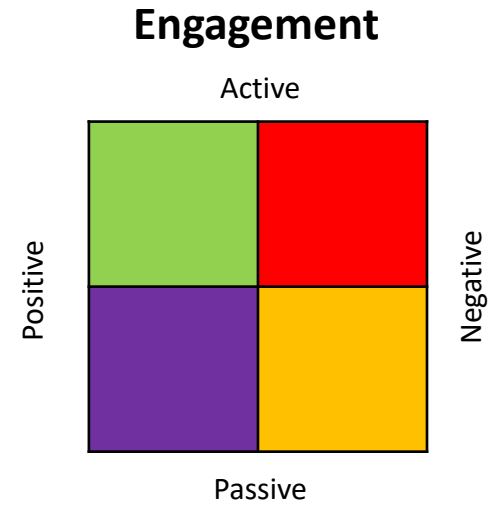
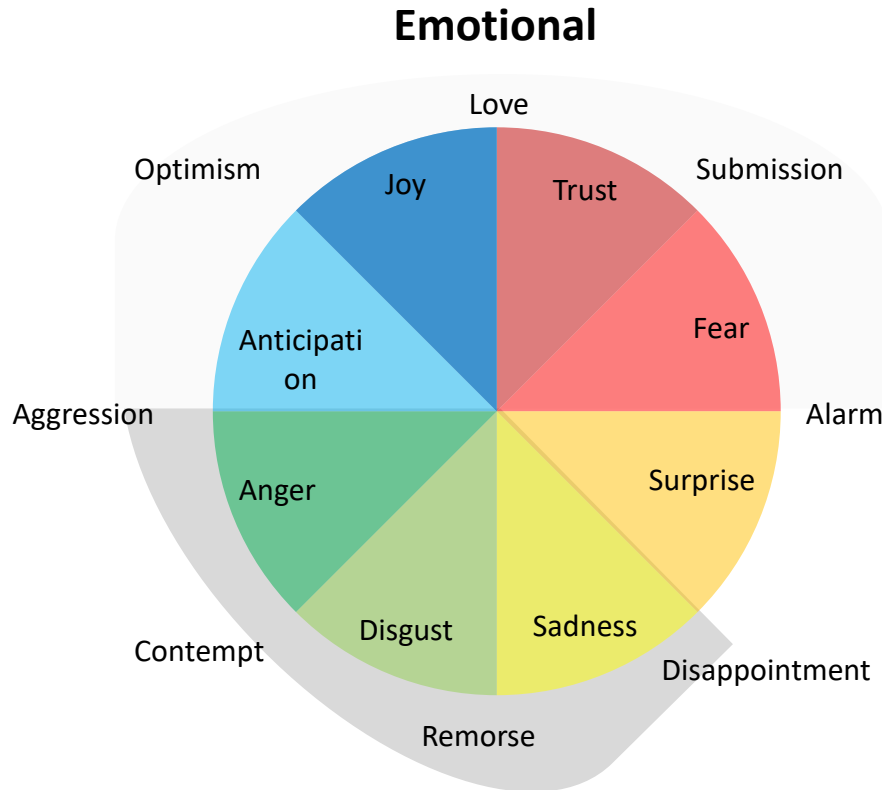
- Unengaged
- Inactive Support
- Inactive Oppose
- Active Support
- Active Oppose
- Swing



Creative Concepts: Qual Focus Groups n=67



- ### Rational
- Likable
 - Understandable
 - Believable
 - Relevant
 - Think Different
 - New Information



Concept D: Dental For All Generations

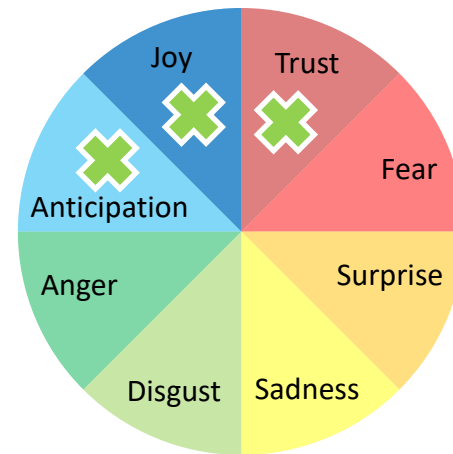
Well-liked. Better on rational attributes, but weaker in engagement potential



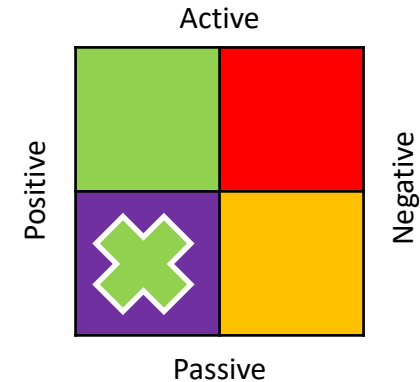
Rational

- Likable
- Understandable
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- Relevant
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- New Information

Emotional



Engagement



Concept E: Government Doesn't Think You Have Teeth

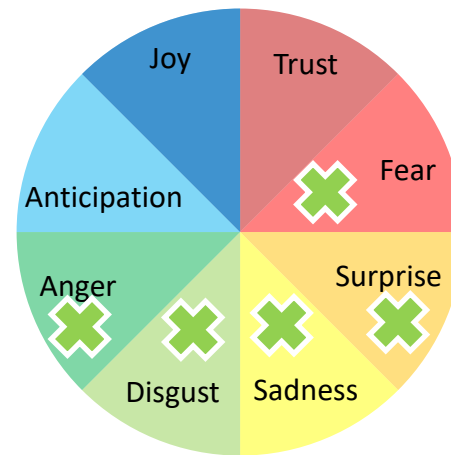
Concept engages people strongly at mostly a highly emotional level



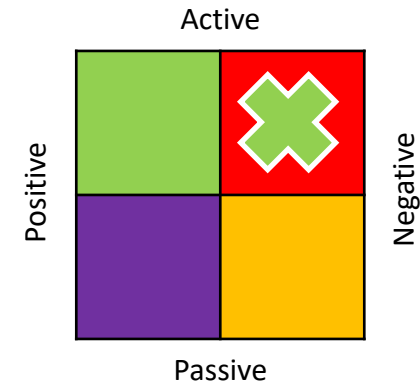
Rational

- Likable
- Understandable
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- Relevant
- Think Different
- New Information

Emotional



Engagement



Concept B: We Earned It

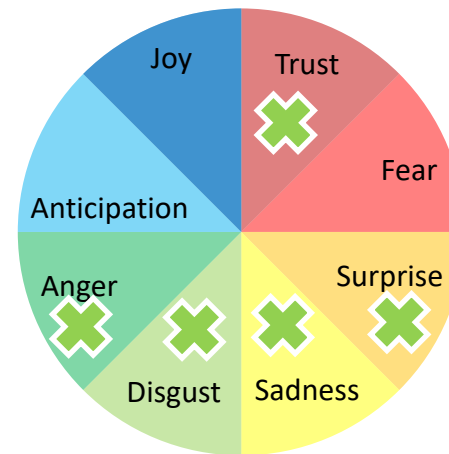
This concept benefited from a clear message that resonated in an emotional and engaging way



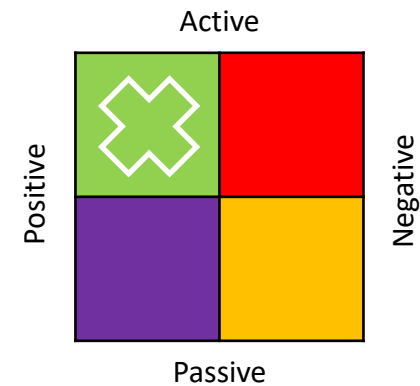
Rational

Likable
Understandable
Believable
Relevant
Think Different
New Information

Emotional



Engagement



Not everybody will be with us, and that's okay

Even if we use an approach as universal as “We Earned It,” there will be people against us. The key is knowing where our potential audience lies.

Likely Supporters



Approaching Retirement
Middle Income
Healthcare Liberals
Family-focused Conservatives

Possible Supporters



Working Class
Social Justice Warriors
Cultural Conservatives

Likely Opposition



Low Income
High Income
Budget Hawks
Politically Knowledgeable Conservatives



MarCom Timeline: 2015-2017

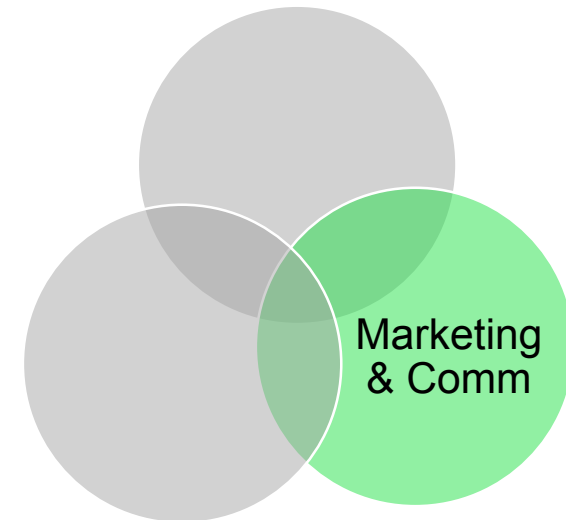


2017 - To date

- **Selected Orlando Test Market**
- **Convened MarCom Working Group**
- **Conducted Quantitative Research**
- **Conducted Qualitative Research**

2017 - Still to come

- **Analyze Quant and Qual research together**
- **Develop Market Segmentation Plan**
- **Develop Creative and Media Buys**
- **Evaluate Performanc by Segment**
- **Adjust Campaign Based Upon Results**
- **Continue to Vet with MarCom Working Group**



Interested in being an Advisor or Reviewer ?

MarCom Working Group



- **Developers:** MarCom Professionals in Oral Health, Aging and Public Policy
- **Advisors:** MarCom Professionals in Related Health Professions
- **Reviewers:** Interested professionals without MarCom specialty

Let Us Know of Your Interests!

Beth Truett

President & CEO
Oral Health America
beth@oralhealthamerica.org

Bianca Rogers

Public Affairs Coordinator
bianca.rogers@oralhealthamerica.org

Natalie Shaffer

Public Affairs Associate
natalie.shaffer@oralhealthamerica.org

Peter Mitchell

Principal and Chief Creative Officer
Marketing4 Change, SalterMitchell Co.





QUESTIONS



A New Political Landscape

HealthAffairs Blog

HOME TOPICS JOURNAL BRIEFS EVENTS PODCASTS

FOLLOWING THE ACA

ASSOCIATED TOPICS: MEDICAID AND CHIP, PUBLIC HEALTH, QUALITY

Obamacare, Trumpcare, And Your Mouth

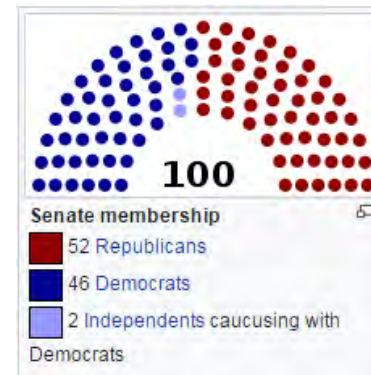
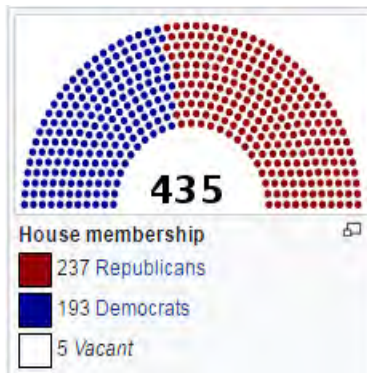
Marko Vujicic

January 13, 2017



Republican Control of Congress and White House

The GOP controls all the levers of decision making



Short Term Concerns: National Landscape

- Affordable Care Act
- Medicaid funding structure
- CHIP funding
- Medicare changes



The Doctor is In

**PRESIDENT-ELECT'S PICK
FOR SECRETARY OF HEALTH
AND HUMAN SERVICES**

SIX-TERM CONGRESSMAN

ORTHOPEDIC SURGEON

**WANTS TO PRIVATIZE MEDICARE &
DEFUND PLANNED PARENTHOOD**

**REP. TOM PRICE
(R) GEORGIA**

CBS THIS MORNING

THE TRUMP TRANSITION ★

PRICE'S PRESCRIPTION

PRESIDENT-ELECT TO NAME GA CONGRESSMAN HHS SEC'Y

CBS THIS MORNING

The Congressional Medicare Agenda



Building a Foundation for Success

- Raising Public Awareness
- Finding Congressional Champions
- Building a Stronger Coalition
- Making the Case with Research
- Looking for Opportunities
- Focusing on Elections Ahead

Patrick Willard
Families USA
pwillard@familiesusa.org



QUESTIONS

