



Iowa

**2006 National Oral Health
Conference**

May 1, 2006

Little Rock, Arkansas

CHCS Team Members

- **Cathy Coppes, LBSW – Iowa Department of Human Services**
- **Bob Russell, DDS, MPH – Iowa Department of Public Health**
- **Tom Kline, DO – Iowa Department of Human Services**
- **Jeff Lobas, MD – University of Iowa Child Health Specialty Clinics/Iowa Department of Public Health**
- **William Brown, DDS – General Dentist**
- **Steve Fuller, DDS – General Dentist/Iowa Dental Association Representative**

Program Highlights

- **In SFY 2005, 164,965 children six months through 12 years of age enrolled in Iowa Medicaid**
- **55,825 (34 percent) received a dental examination from a dentist**
- **Total Medicaid expenditures for all dental services provided to children age 12 and under were \$13,799,863**
- **\$1,147,176 (8 percent) was for preventive screenings, fluoride varnish and/or sealants provided through local maternal and child health agencies and primary care providers**

Program Goals

- **Establish a “dental home” for all Medicaid enrolled children up to age 12 by July 1, 2008**
–Iowa House File 841 (Passed May 12, 2005)
- **Increase medical and dental provider collaboration and willingness to use Medicaid resources in oral health disease prevention activities.**
- **Increase access to preventive and comprehensive dental care for Medicaid recipients.**

Action Steps

- **Establish a working coalition of stakeholders;**
- **Develop a program title, policy proposal, and project budget projection;**
- **Meet timeline as established by Iowa Department of Human Services and legislative budgetary window;**
- **Build support for proposal among broad-based stakeholders;**
- **Target legislative and policy champions.**



Building the Infrastructure

- **Implement a statewide care coordination network utilizing Iowa's 24 Title V Child Health agencies to provide care coordination, education, and manage oral health treatment visit compliance for Medicaid enrolled children;**
- **Increase integration of dental screenings into primary care well child visits through provider education and rate increase;**
- **Channel additional funding into community oral health care programs for infrastructure building and provider recruitment in rural and small urban communities.**

Building Infrastructure

- **Address the three chief dental provider complaints with Medicaid system:**
 - Low Medicaid reimbursements
 - Low Medicaid patient compliance
 - Unreliable Medicaid billing system
- **Establish a one vendor insurance -like dental reimbursement model similar to Iowa's *hawk-i* S-Chip plan**
- **Enhance Child and Adolescent Reporting System (CAREs) to track dental utilization outcomes and care coordination services**



Challenges

- **Distrust among critical stakeholders**
- **History of divergent interests, lack of collaboration, apathy, and resistance to change**
- **Short timeline**
- **Uncertain political and policy environment**
- **Gaps in available information**
- **Critical budgetary challenges and competition for resources**