IMPROVING THE STATE’S MEDICAL ASSISTANCE PROGRAM: FUNDING AND ADMINISTRATIVE REFORMS

THE ISSUE #DAYONTHEHILL

The PA Department of Human Services has set up a timetable for the transition away from former Governor Tom Corbett’s HealthyPA to a full Medical Assistance (MA) expansion. The process will be divided into two phases, first from April to June 2015 and the second from July to September 2015. Phase 1, which will start in April and be concluded by June 1, will transfer those who enrolled in the General Assistance and Select Plan from the private coverage option (PCO) to the new Adult benefit package. Also, all new applicants will be enrolled in HealthChoices adult benefit package instead of the PCO. In Phase 2, which will start in July and conclude by September 30, all remaining enrollees in PCO’s will transition to HealthChoices.

In addition to individuals who qualified previously, Pennsylvanians ages 19 to 64 with incomes up to 138% of the Federal Poverty Level (FPL) may be eligible for coverage under Medicaid expansion.

TALKING POINTS ON MEDICAL ASSISTANCE

PDA is committed to improving access to care for patients enrolled in the Medical Assistance (MA) program. But increasing overhead costs, inadequate reimbursement rates and administrative hurdles make it difficult for dentists to become MA providers.

The state should conduct an annual review and increase provider reimbursement rates to reflect fair market value, in order to improve participation in the MA program. Most dentists are small business owners with high overhead costs, and they can little afford to treat MA patients at fees that are sometimes as low as 25 percent of the actual cost.

PDA urges the state to fully fund the adult MA program. The recent decision to limit most essential services for adults has resulted in increased cost to taxpayers because adults are not getting the services they need and eventually seek treatment in hospital emergency rooms. PDA requests that the state reverse its decision to:

- Limit an examination and cleaning to one every 180 days.
- Eliminate coverage for crowns.
- Eliminate coverage for endodontics.
- Eliminate coverage for periodontal services.
- Allow one denture per lifetime, regardless of procedure code used.

These cuts apply to MA patients who are 21 years of age and older. There is a benefit exception process available to some patients who meet certain criteria. Adults who reside in nursing facilities or intermediate care facilities are exempt.

According to a recent study from the American Dental Association, dental-related emergency room visits amount to $2.7 billion nationwide over a three-year period. Over 40 percent of these visits were by uninsured patients and 30 percent were visits by adults enrolled in the Medical Assistance program.

From 2000 to 2010, utilization of dental services in emergency rooms rose for young adults ages 21-24. In 2010, it was estimated that costs for treating dental problems in emergency rooms cost up to $2.1 billion.

Low-income adults suffer a disproportionate share of dental disease and are about 50 percent less likely to visit the dentist in the past 12 months, as opposed to those with higher incomes. Forty-two percent of low-income adults age 20 to 64 have untreated tooth decay. More than a third of individuals 65 and older have lost all of their teeth.

Adults who suffer from poor oral health have elevated risk for chronic diseases and have reduced chances to gain employment.

The legislature should require centralized credentialing of providers to avoid duplication and delays. Requiring the Administration to establish a centralized system for dental managed care organizations will allow providers to enroll on a timely basis. PDA has heard from members who have waited more than six months to be credentialed. This delay is costly to some who were waiting to be hired by a clinic or as an associate in a practice treating MA patients. A simplified credentialing process in which providers may simultaneously credential with several companies will alleviate providers’ frustrations and ensure continuity of care for patients. It will also reduce administrative costs for both the carriers and providers.

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