

Response to SB 336: Performance-based measures for dental services

In accordance with MAR notice 37-728 - In The Matter Of the Amendment of ARM 37.85.105 pertaining To Effective Dates of Montana Medicaid Provider Fee Schedules. The proposed addition of dental preventative procedure codes can be assessed by performance-based measures. The measures and the results included:

1. Calculating the cost of dental caries treatment in the year following adoption of the proposed change; **the reimbursement cost per member per month (PMPM) in 2016 was \$3.58.**
2. Calculating the cost of dental caries treatment in the year prior to the adoption of the proposed change; **the reimbursement cost PMPM in 2015 was \$3.50.**
3. Comparing the two numbers, adjusting for any differences between the volumes of claims between the two years. **The data illustrates and compares an average cost per member per month, opposed to total dollars spent on caries treatment per year. The PMPM rate of *growth of dental caries treatment costs* increased from 2015-2016 by 2%. The PMPM rate of *growth of all other dental claims costs*, increased from 2015-2016 by 24%, substantially higher. While caries treatment appears flat it is favorable compared to the increase in other treatment codes.**

In accordance to MAR notice 37-732 - In The Matter Of the Amendment of Arm 37.86.1006 Pertaining to the Establishment of an Annual Payment Limit for Dental Services Provided Through Medicaid. The Department will measure the cost and effectiveness of this rulemaking by tracking, over a twelve-month period, the number of members whose dental benefit is capped to determine the number of individuals, if any, who are adversely impacted by the \$1,125 annual limit.

The Department analyzed and determined, during the first 6-months (January 1, 2016- June 30, 2016), 4.5% of the adult members met the dental treatment limit of \$1125. NOTE: During these first 6-months of implementation not all the system updates were completed in the Medicaid claiming system. The dental treatment limit was implemented with only the Medicaid expansion group.

Since July 1, 2016, all adult members were subject to the dental treatment limit of \$1125, except those categorically eligible for the Aged, Blind & Disabled program, and 1% met the dental treatment limit in the first 4.5 months of this fiscal year.