



Strategies & Solutions in States

NCIOM Task Force on Children's Preventive Oral Health Services

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Policy & Financing



February 22, 2013



MSDA
MEDICAID-CHIP
STATE DENTAL ASSOCIATION



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"BENEFITS AT A GLANCE"

- Medicaid Eligibility
- Medicaid Services (Dental Services)
- Medicaid Renewal and Continuity of Care
- Medicaid Coverage and Eligibility Renewal
- Case Program Reviews, Hearings and Appeals
- Case Reviews for the purpose of determining eligibility

"Membership Opportunities"

MSDA - 2014
MEMBERSHIP 2014

"SPONSORSHIP OPPORTUNITIES"

MSDA - 2014
SPONSORSHIP 2014



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June 10 - June 10th 2014 - 2012

2012 National Medicaid and CHIP Oral Health Symposium

Developing Quality in High Defectives

Washington Marriott Washington Park
1400 K Street, NW
Washington, DC 20004

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About the Medicaid–CHIP State Dental Association

- ▶ A non–profit membership organization consisting of directors, managers, and staff of Medicaid and Children’s Health Insurance Program (CHIP) Oral Health Programs.
- ▶ Members also include individuals and groups who collaborate or have an interest in Medicaid and CHIP Oral Health Programs and their beneficiaries.

Medicaid–CHIP State Dental Association

- ▶ **Vision:** All Medicaid and Children’s Health Insurance Program beneficiaries receive quality oral health care services.
- ▶ **Mission:** To develop and promote evidence-based Medicaid/Children’s Health Insurance Program oral health best practices and policies through collaboration with a broad spectrum of stakeholders.



MSDA Infrastructure



MSDA Infrastructure

The Center for Quality, Policy and Financing



MSDA Membership Types



Regular Members– State Medicaid and CHIP employees



Associate Members– individuals interested in Medicaid & CHIP dental programs



Group Members– organizations, business, or associations interested in Medicaid & CHIP dental programs

Benefits of Membership

Benefits of Membership

- Professional Development and Continuing Education
- Access to National Experts and Technical Assistance
- Access to State Program Information, Data, and Analysis
- Access to Best Practices in State Medicaid/CHIP Dental Programs

MSDA Annual Symposium

“Optimizing Program Impact through Innovation and Leadership”

- ▶ June 2nd–4th, 2013
- ▶ Marriot Wardman Park, Washington, DC
- ▶ For More Info.: www.medicaidental.org



Today's Topics

- ▶ Administrative and Delivery Systems Changes
- ▶ Beneficiary Outreach and Education
- ▶ Policy & Program Changes
- ▶ Dental Provider Participation
- ▶ Readiness for the Accountable Care Act (ACA)
- ▶ Dental Coalition Activities



Administrative and Delivery Systems Changes



MSDA National Medicaid–CHIP Oral Health Program Profile

- ▶ First annual profile of State Medicaid & CHIP Oral Health Programs to gain knowledge of programmatic information including:
 - Descriptive information
 - Delivery Systems information
 - Benefits offered to certain demographics
 - Provider networks– for both dental and non–dental
 - Program Management information
 - Preparation for impact of ACA implementation

Administrative/Systems Trends

States With MCOs for Medicaid/CHIP Children:	Number of Contracted Dental MCOs	Dental MCOs in Place for Some/All of Child Population
Arizona	12	All
California	Not Available	Not Available
District of Columbia	3	Some
Florida	11	Some
Georgia	3	Some
Idaho	1	Some
Kentucky	4	Some
Michigan	2	Some
Mississippi	2	Some
Missouri	1	Some
Nevada	Not Available	Not Available
New Jersey	4	Some
New Mexico	6	Some
New York	Not Available	Some
Oregon	8	Some
Pennsylvania	4	Some
Rhode Island	1	Some
Tennessee	Not Available	All
Texas	3	Some
Utah	1	Some
Vermont	PCCM	Some
Virginia	1	Some
West Virginia	2	Not Available
Wisconsin	2	Some

The table above reflects the results of a segment of the annual MSDA Medicaid and CHIP Oral Health Program Profile conducted in 2012. Responses reflect the state's status in CY 2011.

Administrative Trends

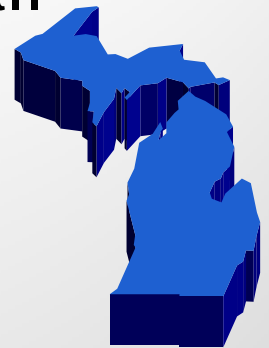
Typical Managed Care contracts can include:

- ▶ Provisions for enrollee outreach:
 - Care management
 - Transportation services
 - Interpreter services
 - Oral health education
- ▶ Dental Provider Network Development & Maintenance
- ▶ Quality Improvement Initiatives (Accountability)

Delivery Systems Successes

Michigan: Healthy Kids Dental (HKD)

- ▶ Administered by the Delta Dental Plan of Michigan
- ▶ Dentists paid usual Delta fees, same as for any other Delta–commercially insured child
- ▶ Child may use any participating provider
- ▶ Program eligibility based on child’s county of residence, not location of the dentist
- ▶ Standard claims administration (same as for all other Delta patients)
- ▶ 100% payment (no patient co–payments)
- ▶ No annual maximum



Delivery Systems Successes

Michigan's HKD Medicaid Managed Care Dental Program–

- ▶ The number of children treated per dentist continues to increase.
- ▶ Children continue to access needed services from local providers close to home.
- ▶ Many HKD children appear to have a dental home and to be experiencing regular recall patterns.

<http://www.medicaidental.org/Docs/2008/Eklund.pdf>

Delivery Systems Successes

Michigan's HKD Medicaid Managed Care Dental Program–

- ▶ Access to dental care has continued to improve under HKD.
- ▶ The change to PPO fee levels does not appear to have slowed the increase in access to care.
- ▶ More children and an increasing proportion of children received dental services each year.
- ▶ The number of dentists providing care continues to increase.

<http://www.medicaidental.org/Docs/2008/Eklund.pdf>

Delivery Systems Successes

Rite Smiles– RI's first dental managed care program for children enrolled in Medicaid

Since Rite Smiles started....

- More dentists participate and see children with Medicaid coverage
- More children are going to the dentist for preventive dental care and treatment
- More children are starting their first dental visit at earlier age

Rite Smiles

Dental Care for Kids

Delivery Systems Successes

A Major Rite Smiles Program Success–

Between 2002 and 2010, there was an 84% increase in the percentage of children ages six to nine with Medicaid coverage who had at least one dental sealant.

MCH Evaluation– Independent Report:

http://www.dhs.ri.gov/Portals/0/Uploads/Documents/Public/Reports/ritesmiles_trends_2002_2008.pdf



School-Based Services

- ▶ Almost 40 states offer school-based dental services that are reimbursed by Medicaid & CHIP
 - Many programs limited to preventive services: sealants, oral exams, fluoride, and prophylaxis.



Source: MSDA Annual State Medicaid & CHIP Oral Health Program Profile, 2012

Non-Dental Providers

- ▶ States often allow non-dental providers to deliver dental services that are covered by Medicaid and CHIP



Type of Provider	# of States
Doctors	42
Physician Assistants	30
Other Non-Dental Professionals	34
None	7

Source: MSDA Annual State Medicaid & CHIP Oral Health Program Profile, 2012

Dental Services by Non-Dental Providers

States allow reimbursement to non-dental providers for dental services:

Dental Service	# of States That Cover
Fluoride Varnish/Treatment	43
Oral Examinations	11
Periodontal Risk Assessment	6
Dental Screenings & Anticipatory Guidance	5

Other covered services include: Anesthesia, Extractions, Sealants, and Biopsies.

Source: MSDA Annual State Medicaid & CHIP Oral Health Program Profile, 2012

Beneficiary Outreach & Education



Trends in Member Outreach

- ▶ Maryland's Oral Health Campaign

<http://healthyteethhealthykids.org/>

- ▶ Oregon's Oral Health Initiative

<http://thegrio.com/2012/07/20/teach-me-how-to-brushy-goes-viral/>

- ▶ Vermont's Oral Health Initiative

http://www.chcs.org/publications3960/publications_show.htm?doc_id=237739

- ▶ Colorado's Cavity Free at Three Campaign

<http://www.cavityfreeatthree.org/care-kids>

- ▶ New Jersey's Oral Health Guide

http://www.chcs.org/usr_doc/Guide_to_Improving_Children's_Oral_Health.pdf

Trends in Member Outreach

- ▶ According to a 2004 Medical Expenditure Panel Survey, (MEPS), 58% of children ages 0 to 20 with private dental insurance received dental services.¹
- ▶ The extent and magnitude of the dental access problem and the strategies developed to reduce the disparity for the Medicaid population is determined by the appropriate utilization objective.

¹http://nashp.org/sites/default/files/CHCF_dental_rates.pdf?q=Files/CHCF_dental_rates.pdf

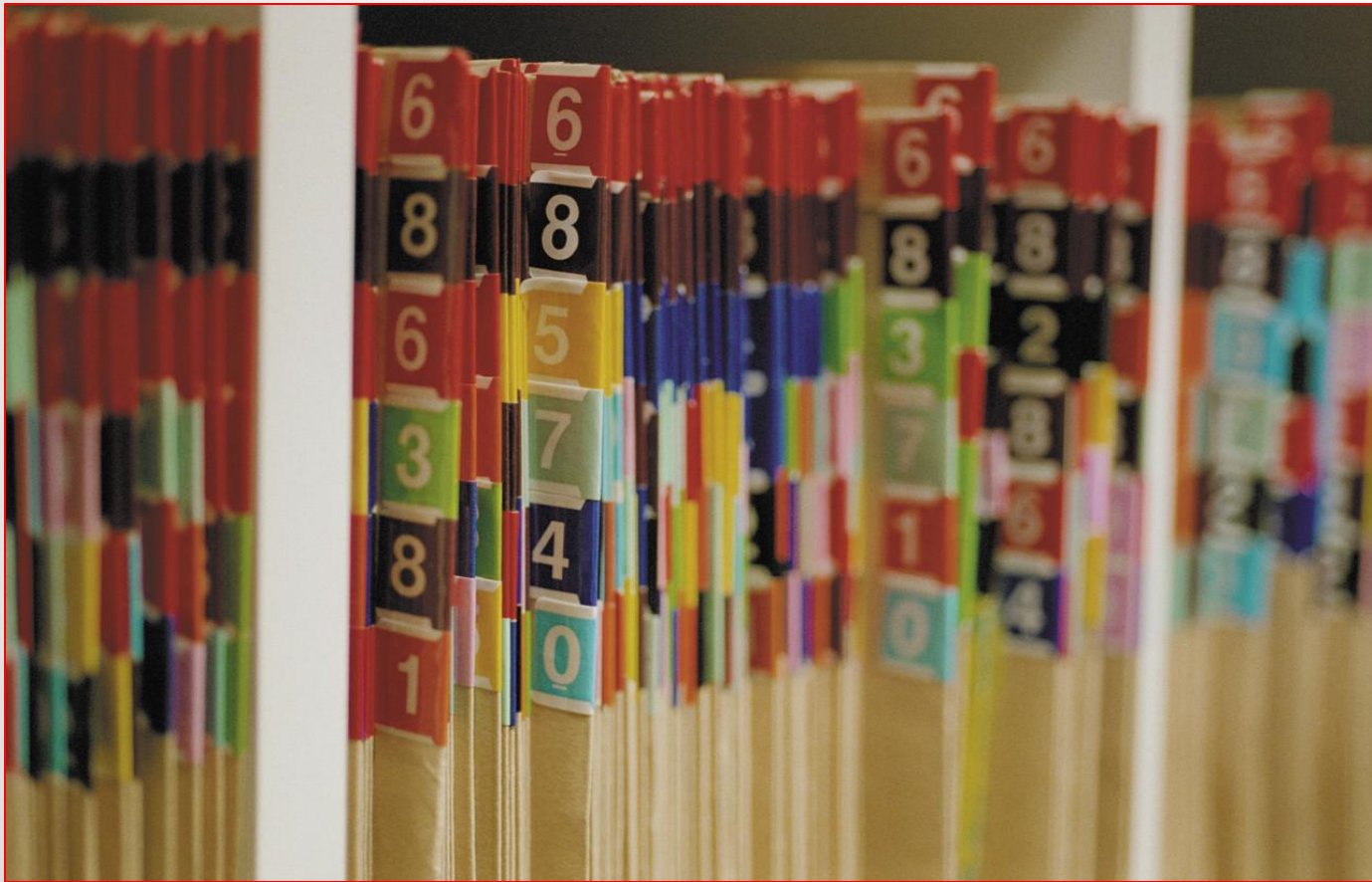
Trends in Member Outreach



DentaQuest 2014 Grantee Projects

- Prevention and the Public Health Infrastructure
- **Oral Health Literacy**
- Medical and Dental Collaboration
- Metrics for Improving Oral Health
- Financing Models
- Strengthening the Dental Care Delivery System

Policy & Program Changes



Trends in Policy & Program Changes

Oklahoma Medicaid

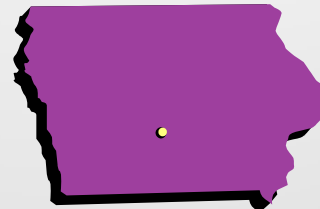
- ▶ Strategy to improve the provider network by reducing the time it takes for provider enrollment.
- ▶ The State Medicaid agency developed an online application process for dental providers.
- ▶ Dentists may log on and enter their personal information.
- ▶ The application takes approximately one hour; and the full enrollment method has been reduced from two months fifteen days.
- ▶ Have seen a consistent increase in the number of enrolled providers. Some of this is due to the ease of the provider electronic enrollment process.



Trends in Policy & Program Changes

Iowa Medicaid

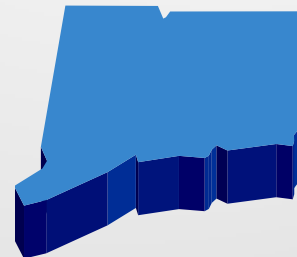
- ▶ Medicaid policy that permits care coordination with, and sharing of eligibility information to the **Title V** Program for Medicaid beneficiaries.
- ▶ Policy permits Medicaid reimbursement for EPSDT services provided by the Title V program.
- ▶ **I Smiles** Annual Report–Evidence to support: Comparison of populations– those who receive services through the care coordination program and those who do not.
- ▶ Data reveal increased access to dental services.



Trends in Policy & Program Changes

Connecticut Medicaid

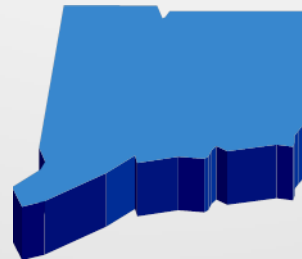
- Administrative and Collaborative Strategies
 - Implemented Connecticut Department of Public Health local oral health initiatives
 - Developed statewide strategic plan and community collaboratives funded by Connecticut Health Foundation
 - Delivery system reforms:
 - Carved out dental program from Medicaid managed care contracts (2008)
 - Implemented dental ASO contract in 2010 to single vendor (all Medicaid managed care terminated in 2012)
- Provider-focused Strategies
 - Offered Medicaid reimbursement for public health hygienists
 - Substantially increased Medicaid EPSDT reimbursement rates for dental services (2008)



Trends in Policy & Program Changes

Connecticut Medicaid

- ▶ Number of Medicaid dental providers and service locations increased
 - Number of participating dental providers increased from 376 in 2008 to 1,567 in 2012
 - Number of service locations increased from 562 in 2009 to 845 in 2012
 - 99% of Medicaid children have access to at least two providers within 10 miles of their home
 - More than 90% of Medicaid providers accept new patients



Trends in Policy & Program Changes

▶ Maryland's State Dental Sealant Demonstration Project

- ▶ The Maryland Department of Health and Mental Hygiene's Office of Oral Health (OOH) received a grant award from the Centers for Disease Control and Prevention (CDC) that was entitled *State-Based Oral Disease Prevention Program*.
- ▶ Goal- to decrease the prevalence of dental caries.
- ▶ Dental screenings and **sealants**, when indicated, were provided to third graders in public elementary schools from 2009 to 2010.
- ▶ By the end of the funding period, the dental sealant demonstration project contributed to **policies and programs** supporting statewide oral disease prevention and community-based public health prevention services for prioritized populations, like Medicaid-enrolled children.
- ▶ The Maryland research team recommended the "Community Private Practice Setting" be considered an integral and important component to any successful statewide sealant program.

http://fha.dhmh.maryland.gov/oralhealth/docs1/MT_final_document_08022010.pdf

Trends in Policy & Program Changes

The Texas First Dental Home Initiative

- ▶ Provided by the Texas Department of State Health Services (DSHS) and the Texas Health and Human Services Commission (HHSC). Initiated in March 2008.
- ▶ Program offers online modules to train and certify participating dentists who are enrolled in Texas Medicaid to provide dental homes for children from **6 through 35 months** of age.
- ▶ A companion initiative: Oral Evaluation and Fluoride Varnish in the Medical Home

Training/Certification for Dentists:

<http://www.txhealthsteps.com/cms/?q=catalog/course/1772>

Trends in Policy & Program Changes

The Texas First Dental Home Initiative

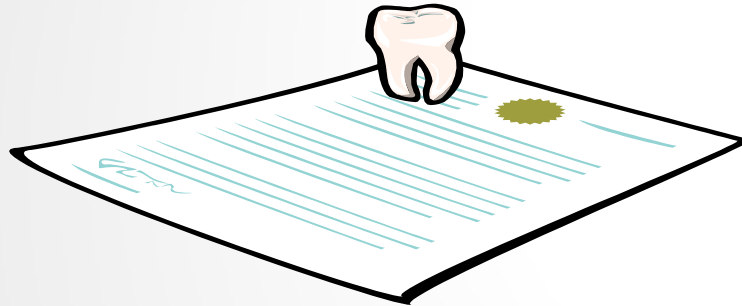
- ▶ Anecdotally, participating pediatric dentists are seeing a significant decrease in early childhood caries (ECC) in children who have participated in First Dental Home services, especially when the parents have been truly engaged in the process.
- ▶ Dentists also report that there is a halo effect—older siblings are experiencing less dental decay.
- ▶ Two evaluation reports by the Texas Health and Human Services Commission describe positive preliminary results.



Dental Provider Participation



Impacting Provider Participation



- ▶ Increase Reimbursement to at least 65th percentile ¹
- ▶ Decreasing Administrative Barriers
- ▶ Assistance with Patient Communication/Education
- ▶ Loan Repayment Programs
- ▶ Meaningful Use – Electronic Medical Records²

¹ http://nashp.org/sites/default/files/CHCF_dental_rates.pdf?q=Files/CHCF_dental_rates.pdf

² <http://www.healthit.gov/providers-professionals/meaningful-use-definition-objectives>

Impacting Provider Participation

Emerging Reimbursement Models:

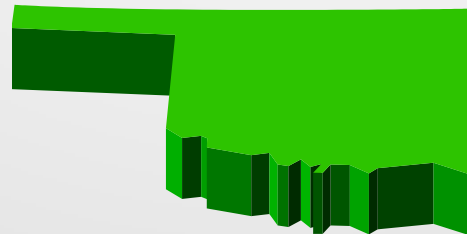
- ▶ Case rates
- ▶ Bundled reimbursement
- ▶ Use of disease management or risk-based prevention model



Impacting Provider Participation

Speaking of reducing administrative barriers: Oklahoma Medicaid

- ▶ Strategy to improve transfer of patient information to improve efficiency of the delivery of oral health care services.
- ▶ The state Medicaid agency developed the online capacity for dental providers to access key patient information.
- ▶ Patient eligibility and health history information, based upon historical dental claims data, are available online in real time.
- ▶ **Providers report decreases downtime; decreases the potential for the provision of services that cannot be reimbursed due to timing and policy.**



Impacting Provider Participation

- ▶ DentaQuest's *Preventistry* Initiative:
 - Provides written patient reports to dentists with names of age-appropriate patients who have not yet received dental sealants on first molars.
 - Result: An 18% increase in dental sealant placement on children

<http://www.dentaquest.com/Preventistry/programs.asp>

ACA Readiness



Health Care Reform

- ▶ The American Recovery and Reinvestment Act (ARRA) (2009) required states to maintain their Medicaid enrollment procedures and eligibility rules as a condition of receiving a significant, temporary increase in the Federal match rate.
- ▶ The Affordable Care Act (ACA) (2010) also included a maintenance-of-effort requirement designed to keep Medicaid coverage in place for adults until broader reform is effective in 2014 and for children in 2019, as well as extending those protections to children covered by CHIP.
- ▶ Both CHIPRA (2009) and the ACA also included provisions to improve outreach for Medicaid eligible children who are not yet enrolled in either of the programs.

State Preparation for ACA's Impact

Some states are preparing in these ways:

Activity	State Examples
Recruiting and expanding the provider network	Oklahoma, Rhode Island, Virginia, Maryland
Upgrading or overhauling current IT system	Connecticut, Maryland
Changing or modernizing eligibility and enrollment systems	Georgia, Oregon, Connecticut, Alabama
Preparing through the use of Managed Care contractors	Arizona, New York
Already adopted Medicaid expansion for >300 of FPL for children	District of Columbia

Source: MSDA Annual State Medicaid & CHIP Oral Health Program Profile, 2012

State Oral Health Coalitions



State Oral Health Coalitions

A structure that can be used to facilitate change in almost every community in one form or another and are a highly utilized vehicle in public health.



As of 2007 an *Oral Health America* survey found that **44 States** have oral health coalitions that meet regularly and represent government agencies, health departments, private organizations, providers, communities and/or consumers

State Oral Health Coalitions

Resources

- ▶ [Coalition Framework](#) (PDF-35K) www.CDC.gov
- ▶ The Washington State Department of Health, provides guidelines for building and sustaining a successful oral health coalition.
[Community Roots for Oral Health—Guidelines for Successful Coalitions](#)
- ▶ ASTDD Best Practice Approach: State Oral Health Coalitions and Collaborative Partnerships
<http://www.astdd.org/docs/BPAStateCoalitions.pdf>* (PDF-254K)

Questions?



Speaker Biography

Martha Dellapenna, RDH, MEd

Martha Dellapenna is currently the Director of MSDA's Center for Medicaid and CHIP Oral Health Program Quality, Policy and Financing. Prior to this role, Marty was the Oral Health Program Manager for the Rhode Island Executive Office of Health and Human Services (EOHHS) for 8 ½ years.

At Rhode Island Medicaid, Marty was charged with managing the development and implementation of Rlte Smiles, the state's first Medicaid managed care dental program. Marty directed all oversight and monitoring activities for Rlte Smiles, which has garnered national attention as a best practice.

Marty also has extensive background in healthcare risk management and compliance, in the commercial dental managed care arena, in dental practice management and in clinical dental hygiene. Marty has continued involvement in both national and statewide oral health committees.

Marty is a graduate of Old Dominion University in Norfolk, VA with a Bachelor of Science in Dental Hygiene and also received her Master in Education degree in Health Education from Rhode Island College in Providence, RI.

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