

Michigan's Managed Care Dental Program & Benefits

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MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES



Michigan's Medicaid Managed Care Dental Program & Benefits

- ❖ HEALTHY KIDS DENTAL PROGRAM (Carved out program)
- ❖ HEALTHY MICHIGAN PROGRAM DENTAL BENEFITS (Carved in Program)
- ❖ PREGNANT WOMEN DENTAL BENEFITS



Efficiencies & benefits in Managed Care

- ❖ Demonstrate to CMS that the quality improvement portions of our managed care program operate within the federal guidelines in 42CFR 438 subparts D and E.
- ❖ State is required by CMS to contract with an External Quality Reviewer to oversee the State's Quality strategy and compliance and performance of the Medicaid Health plans and Dental Health plans.



Common Tools used by Managed Care

- ❖ Comprehensive Quality Strategy
- ❖ Compliance Review
- ❖ Network Adequacy Standards & Secret Shopper Calls
- ❖ Focused Study Site visit
- ❖ Quality Rating of the Health plans
- ❖ CAHPS Survey (for consumer satisfaction assessment)
- ❖ Performance Improvement Projects
- ❖ Performance Measure Validation
- ❖ Performance Monitoring & Performance Bonus Withhold for the Health plans
- ❖ Auto-Assignment Algorithm



How Managed Care impacts Delivery of Care

Michigan's Fee Schedule https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder50/Folder8/Dental_01012022.pdf?rev=b6b5b27754b64587af6918bc65befba9

The DHPs may cover additional dental services not included on the MDHHS Dental Fee Schedule.



Covered Benefits

The HKD beneficiaries have the following covered services:

- ❖ Emergency dental services
- ❖ Diagnostic services
- ❖ Preventive services
- ❖ Restorative services
- ❖ Limited adjunctive services
- ❖ Endodontic services
- ❖ Limited crown coverage
- ❖ Prosthodontics
- ❖ Removable prosthodontics
- ❖ Oral surgery services
- ❖ Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services
- ❖ All medically necessary services



Non-covered Services

- ❖ Orthodontia
- ❖ Gold crown, Gold Foil, Inlay, Onlay restorations
- ❖ Porcelain Crown, Fixed bridges
- ❖ Dental implants
- ❖ Cosmetic and elective
- ❖ Sports appliances
- ❖ TMJ services, Bite appliances



Oral Surgery

- ❖ Oral surgical procedures are benefits for all beneficiaries.
- ❖ The extraction of teeth for orthodontic purposes is not a benefit.
- ❖ Reimbursement for operative or surgical procedures includes local anesthesia, analgesia, and routine postoperative care.
- ❖ Surgical procedures such as surgeries of the jaw or facial bones are considered a medical benefit, not a dental benefit.



State's Experience in rolling out a Managed Care system

- ❖ How was it?
- ❖ What has changed since the onset of the program regarding fees?
- ❖ How does the current fee schedule differ from before?
- ❖ Anything which was fixed since the initial roll out?



What is the Patient Experience?: Network Access

Healthy Kids Dental Program	Number of Dentists	Number of Dental Practices
Total Distinct Dentists	4099	3390

- ❖ Access Ratio: 1:650 with few exceptions
- ❖ 30 Minutes/30 miles ratio except rural areas which is 40 mins/40 miles



Patient Experience- Timeliness of care Standard

- ❖ Dental Plan Appointment and Timely Access to Care Standards
- ❖ Emergency Dental Services Immediately 24 hours/day, seven days per week
- ❖ Urgent Care Within 48 hours
- ❖ Routine Care Within 21 business days of request
- ❖ Preventive Services Within six weeks of request
- ❖ Initial Appointment Within eight weeks of request



External Quality Review



HKD CAHPS RESULTS

Trend Analysis: HKD Program Measures	2020	2021	2022	Trend Results (2020-2022)	Trend Results (2021-2022)
Rating of Regular Dentist	71.3%	74.4%	73.9%	—	—
Rating of All Dental Care	73.9%	73.9%	72.9%	—	—
Rating of Finding a Dentist	52.6%+	51.4%+	65.2%+	—	—
Rating of Dental Plan	70.9%	68.3%	67.7%	—	—

HKD CAHPS RESULTS

Trend Analysis: HKD Program Measures	2020	2021	2022	Trend Results (2020-2022)	Trend Results (2021-2022)
Care from Dentists and Staff	94.5%	95.6%	95.1%	—	—
Access to Dental Care	73.5%	75.0%	74.1%	—	—
Dental Plan Information and Services	86.0%	85.0%	87.9%	—	—

HKD CAHPS RESULTS

Trend Analysis: HKD Program Measures	2020	2021	2022	Trend Results (2020-2022)	Trend Results (2021-2022)
Care from Regular Dentist	94.4%	96.2%	94.9%	—	—
Would Recommend Regular Dentist	94.4%	96.8%	94.9%	—	—
Would Recommend Dental Plan	95.6%	95.4%	96.6%	—	—

Performance Monitoring



All Medicaid health plans cover medically-necessary services such as:

- Ambulance
- Chiropractic
- Doctor visits
- Emergency care
- Family planning
- Health checkups for children and adults
- Hearing and speech
- Home health care
- Hospice care
- Hospital care
- Immunizations (shots)
- Lab and x-ray
- Medical supplies
- Medicine
- Mental health
- Physical and occupational therapy
- Podiatry
- Prenatal care and delivery
- Surgery
- Vision

All Medicaid health plans are required to provide the services listed above. Some services are limited. Your doctor or health plan can tell you what Medicaid covers.

Note: The information in this pamphlet was collected from health plans by independent survey companies. The information reported by the health plans was reviewed for accuracy. Information was also collected from health plan members.

Accreditation: Checking for quality

Accreditation is another way of assessing health plan quality. An outside organization checks to see whether the plan has the right systems and people in place to do a good job providing health care.

NCQA – Accredited by the National Committee for Quality Assurance.

**For more information,
call Michigan ENROLLS at
1-888-ENROLLS
(1-888-367-6557)**

**OR
1-800-975-7630**



Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-642-3195 (TTY 866-501-5656).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-642-3195 (رقم هاتف الصم والبكم: 866-501-5656).

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You can learn about different programs and services provided by MDHHS, and see the latest news releases about important healthcare issues.

MDHHS-Pub-1313 (3/22)



A Guide to Michigan Medicaid Health Plans



Quality Checkup

**January
2022**



Not all plans are in every county. Call **1-888-ENROLLS (1-888-367-6557)** or **1-800-975-7630** for information.

Category Ratings for Michigan Medicaid Health Plans

Plan	Overall Rating*	Doctors' Communication and Service	Getting Care	Keeping Kids Healthy	Living with Illness	Taking Care of Women	Accreditation
Aetna Better Health of Michigan	★★	★★★★	★★★★	★★	★★	★★	NCQA
Blue Cross Complete of Michigan	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	NCQA
HAP Empowered	★★	★★★★	★★★★	★★	★★	★★	NCQA
McLaren Health Plan	★★★★	★★★★	★★★★	★★	★★	★★★★	NCQA
Meridian Health Plan of Michigan	★★★★	★★★★	★★	★★★★	★★★★	★★★★	NCQA
Molina Healthcare of Michigan	★★★★	★★	★★★★	★★★★	★★	★★★★	NCQA
Priority Health Choice, Inc.	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	NCQA
UnitedHealthcare Community Plan	★★★★	★★	★★★★	★★★★	★★★★	★★★★	NCQA
Upper Peninsula Health Plan	★★★★	★★★★	★★★★	★★★★	★★★★	★★★★	NCQA

* This rating includes all categories. This rating also includes how the member feels about their plan and the help the member receives from their plan.

Performance compared to the average of all Michigan Medicaid Health Plans:

★★★★ Above Average
★★★ Average
★★ Below Average

The categories:

Doctors' Communication and Service:

Members in the plan believe all of their doctors and healthcare providers do a good job explaining things to them and their children, and that they spend enough time with them and their children.

Getting Care:

Members in the plan believe they get the care they need for themselves and their children and that they get the care quickly.

Keeping Kids Healthy:

Children in the plan get regular checkups and important shots that help protect them against serious illness.

Living with Illness:

The plan takes care of members with asthma, diabetes and high blood pressure by giving them tests, checkups and the right medicine.

Taking Care of Women:

Women in the plan get tests for breast and cervical cancer, and for an infection called Chlamydia. These tests help to find these diseases early. This gives women more choices for treatment and a better chance of survival. Moms in the plan also get care before and after their baby is born to help keep mom and baby healthy.

Accreditation: Explanations on back cover.



Evaluation Questions to be addressed by Plan FY22	Desirable Outcome	Metric Examples
1. <i>Enrollee Outreach Effectiveness: Does the identified approaches result in successful outreach to Non-utilizers? (non-utilizers for the last 1 year)</i>	Decrease in # of non-utilizers in the last year	<ul style="list-style-type: none"> # of non-utilizers in FY20 and compare it to the numbers from FY22
2. Preventive Care Utilization: Does the identified approaches result in an increase preventive dental care utilization?	Increase in preventive utilization	<ul style="list-style-type: none"> # of preventive utilization in FY21 and compare it to the numbers from FY22
3. Health Equity: Is there a disparity in oral health associated to race and ethnicity	Disparity reduction in oral health in relation to race and ethnicity	<ul style="list-style-type: none"> Stratify data by Race, ethnicity and language spoken in FY21 and FY22 track progress and discuss the challenges
4. Regional Disparity: Is there a regional disparity in oral health outcome?	Disparity reduction in relation to region.	<ul style="list-style-type: none"> Stratify data by region in 2021 and FY22 track progress and discuss the challenges
5. Foster Care children utilization: Is there an increase in diagnostic and preventive utilization in foster care children?	Increase in utilization in foster care children	<ul style="list-style-type: none"> # of diagnostic visits in foster care children in FY21 and compare it to FY22 # of preventive visits in foster care children in FY 21 and compare it to FY 22

Setting of Target for Performance Measures for the Health Plans



Performance Goal gets higher every year!



Performance Bonus



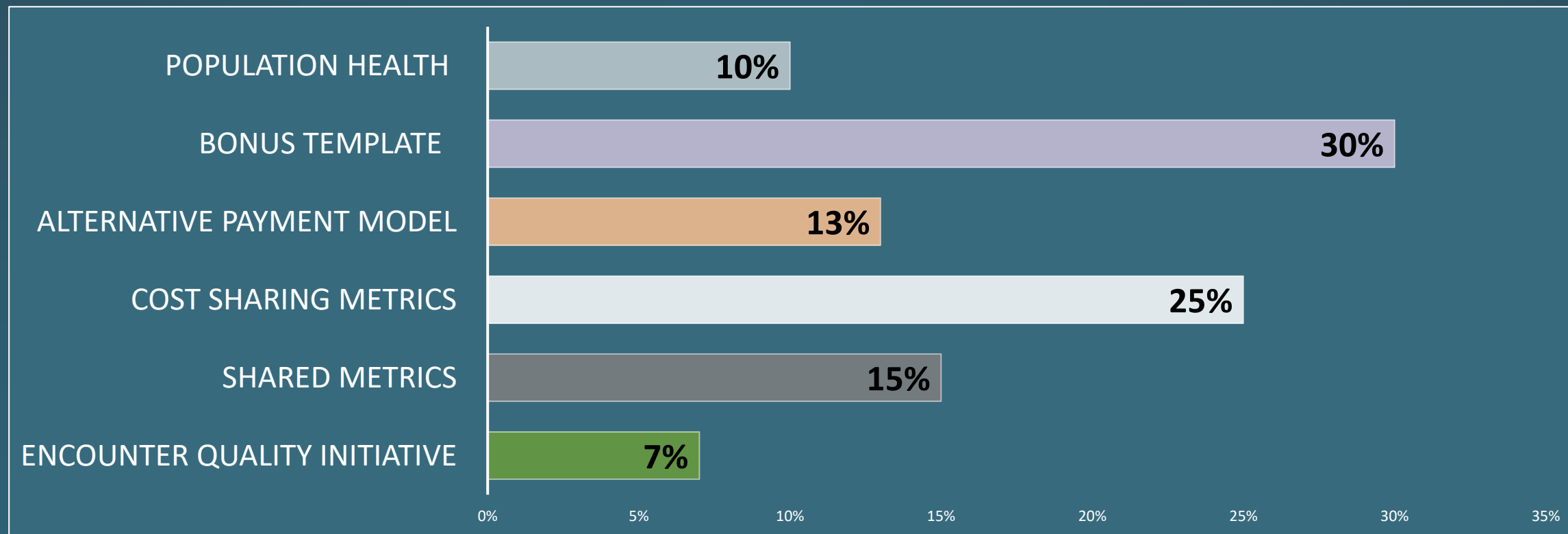
QIPD Performance Bonus Incentives

Performance Incentive Program for Managed Care Dental Programs and Benefit plans:

- ❖ Bonus dollars funded through 1% capitation withhold for HKD program which is about ~ 2 Million Dollars for HKD Contract.
- ❖ Bonus Dollars funded through 2% capitation withhold for HMP Dental Benefits and Pregnant Women Dental Benefits for the CHCP contract for cost-sharing metrics (25%). The Dental portion of the cost-sharing metrics is approximately about 7 million dollars.



Medicaid Health Plans- Performance Bonus



Cost Sharing Metrics for Dental Carved in Adult HMP benefit ~ 7 million\$



HKD Dental Health Plans- Performance Bonus

~2 million dollars

Weight

Self- Evaluation of plan performance...

Value-based payment

Non-utilization Encounters

Non-utilization monitoring and Outreach...

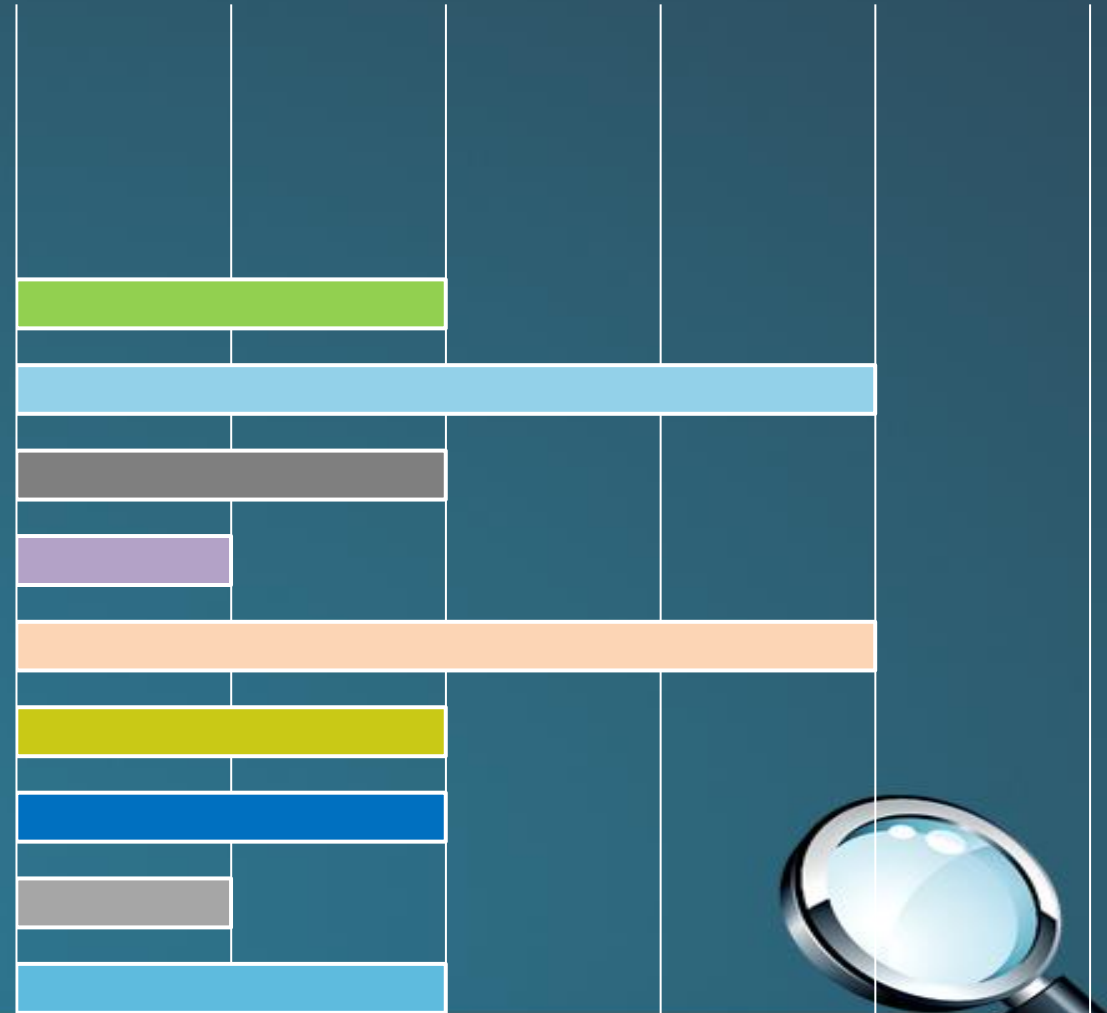
Foster Care timeliness of care, Barriers...

Reporting Usual Source of service Baseline

Reporting Continuity of care Baseline

Sealant measure cms 416

Televisit and Follow-up



25%

Healthy Kids Dental Utilization (all dental benefit managers)

Fiscal Year	HKD Enrollment	HKD Beneficiaries with Dental Visits	Count of Dental Visits	Percentage of beneficiaries enrolled in HKD with dental visits	Count of Dental Visits per HKD beneficiary with dental visits
2019 Total	1,221,473	538,192	1,170,091	44.06%	2.1741
2020 Total	1,187,856	428,614	845,669	36.08%	1.9730
2021 Total	1,198,445	481,156	1,046,834	40.15%	2.1757
2019 - 2020 Change	-2.75%	-20.36%	-27.73%	-18.11%	-9.25%
2020 – 2021 Change	0.89%	12.26%	23.79%	11.27%	10.27%

The decrease in dental visits is likely due to clinic closures and COVID restrictions postponing non-essential dental procedures during the initial phase of the Public Health Emergency.



Non-Utilization Monitoring and Outreach

FY21	Baseline Reporting	Target FY23
TOTAL # ENROLLEES in 834	1,109,187	
Total # Non-utilizers for the past 24 months extracted from 6009	580,599	
Total # outreached in Non-utilizers sample	27,213	15% of non-utilizers in plan
Total # of Unique Encounters in Non-utilizers in FY21	143,483	
% of unique any dental encounters/Total Non-utilizers*100 (unduplicated by Medicaid id)	24.71%	30% per plan

Value-Based Payment

- ❖ What model between HCP LAN category 2 –4 will you be applying for a Value-based payment model?

Required to be a 2b or 2c or higher

- ❖ Will there be risk adjustment in your financial model?
Plans not required to have risk adjustment



Value-Based Payment

- ❖ How will you attribute the patient to the provider for performance monitoring and incentive purposes?

Attribution is defined as provider locations and not individual providers

- ❖ Is the State suggesting that a “downside risk” be included in the VBP Provider Scorecard evaluation process? Use of “penalties”?

State is not prescribing a value-based approach, nor does it recommend a downside risk nor does it recommend the use of penalties at this time.



Value-based Payment

- ❖ What expectations/suggested measures does MDHHS have for the plans to implement for the provider score card?
- ❖ MDHHS goal for the program is to increase preventive dental utilization. We let the Health plans make decisions where provider incentives might make sense to increase utilization, and how they will implement that.



Value-based Payment

What expectations/suggested measures does MDHHS have for the plans to implement for the provider score card?

The goal for the program is to increase preventive dental utilization. MDHHS lets the Dental Health plans make decisions where provider incentives might make sense to increase utilization, and how they will implement that.



Value-based Payment

After the demonstration/testing phase of implementation, is the program and the sentiments included in this statement expected to apply to the entire HKD panel of Providers?

It does not have to be network wide. However, we are requiring DHPs to start testing innovative approaches to increasing utilization.

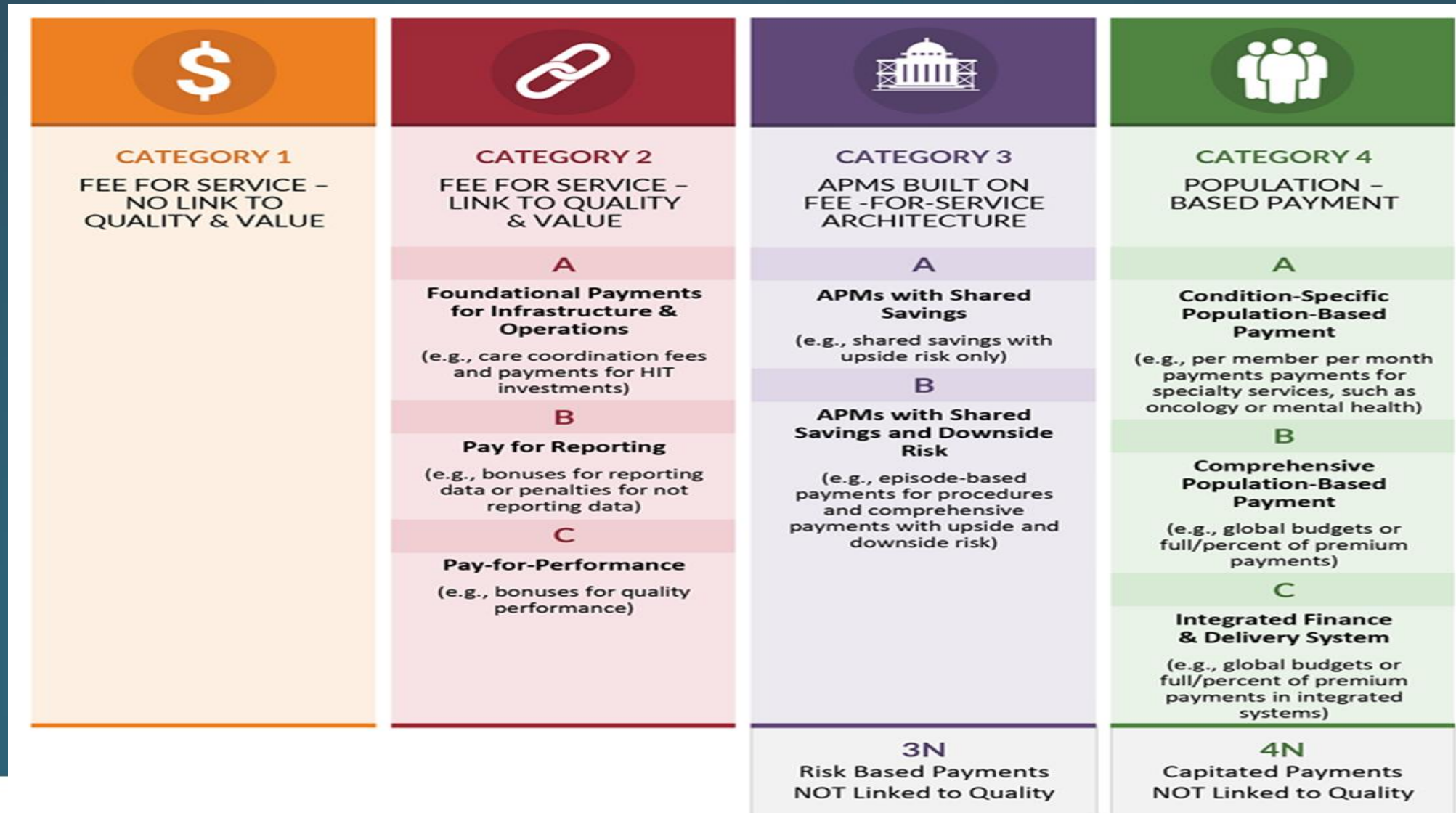


Value-based Payment

- ❖ Consider provider enrollment targets
- ❖ Consider member target increase
- ❖ Track and calculate the amount of VBP to the providers as a percentage of the Capitation payout to the providers



VBP Model Type



Provider Recruiting and VBP Initiative Example

VBP initiative	Description Of Program	Date Program Began or will Begin	% of Medical spend in the contract	# of Participating Providers	# of Targeted Enrollees	Region	Outreach	Metrics	Program Status	Type of APM
New Enrollee Connections	Dental Plan will target HKD providers in County/Region to incentivize increase in preventive dental appointment.	3/1/21	10%	500	200,000	10	<ul style="list-style-type: none"> Schedule a dental appointment Appointment Reminders Follow-up call 	<ul style="list-style-type: none"> Number of new HKD enrollees who schedule a preventive dental visit 		











Results for VBP CY21

Program/Plans	VBP model	Provider Engagement	Beneficiaries Participation
HKD	2c	732	33,577/1,103,784 = 3.04%



FY22-FY24 Requirements for DHPs

	VBP model	Provider Engagement	Provider VBP Payment	Beneficiaries Participation
FY23	2b/2C or higher = 5 pts	5% = 1 pt 10% = 2 pts	2% of the total payment =5 pts	10% = 5 pts
		15 % =3 pts		
		20% =4 pts 25 % & above = 5 Pts		
FY24 Proposed	 2b,2c,higher	 10% min - 30%	 5% of total	 15%
FY25	 TBD	 TBD	 TBD	 TBD

Monthly VBP Reporting Template 1-Excel sheet

Provider Name	Provider Location	Number of Members assigned	Number of Members treated	Number of Encounters

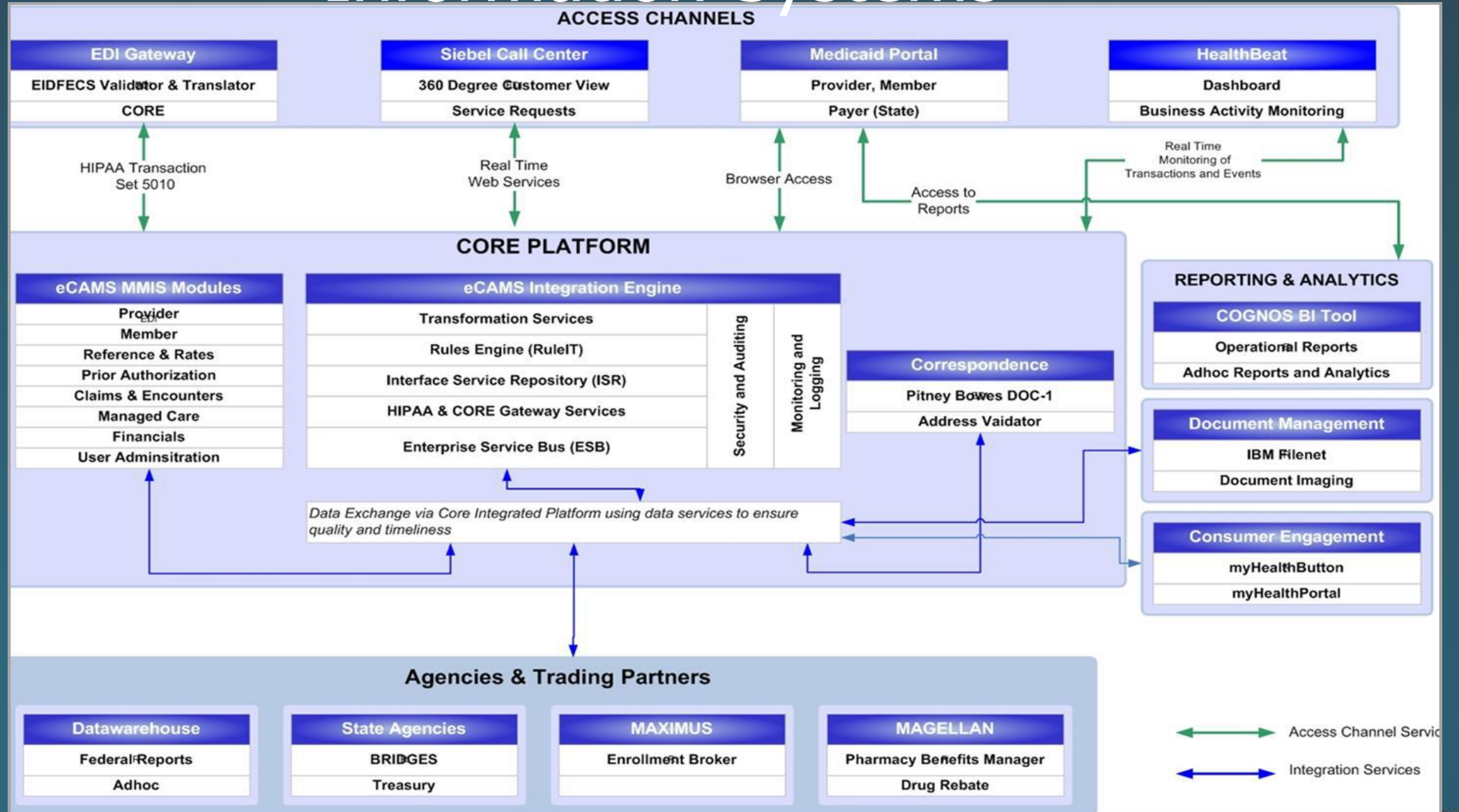


Monthly VBP Reporting Template 2- Summary

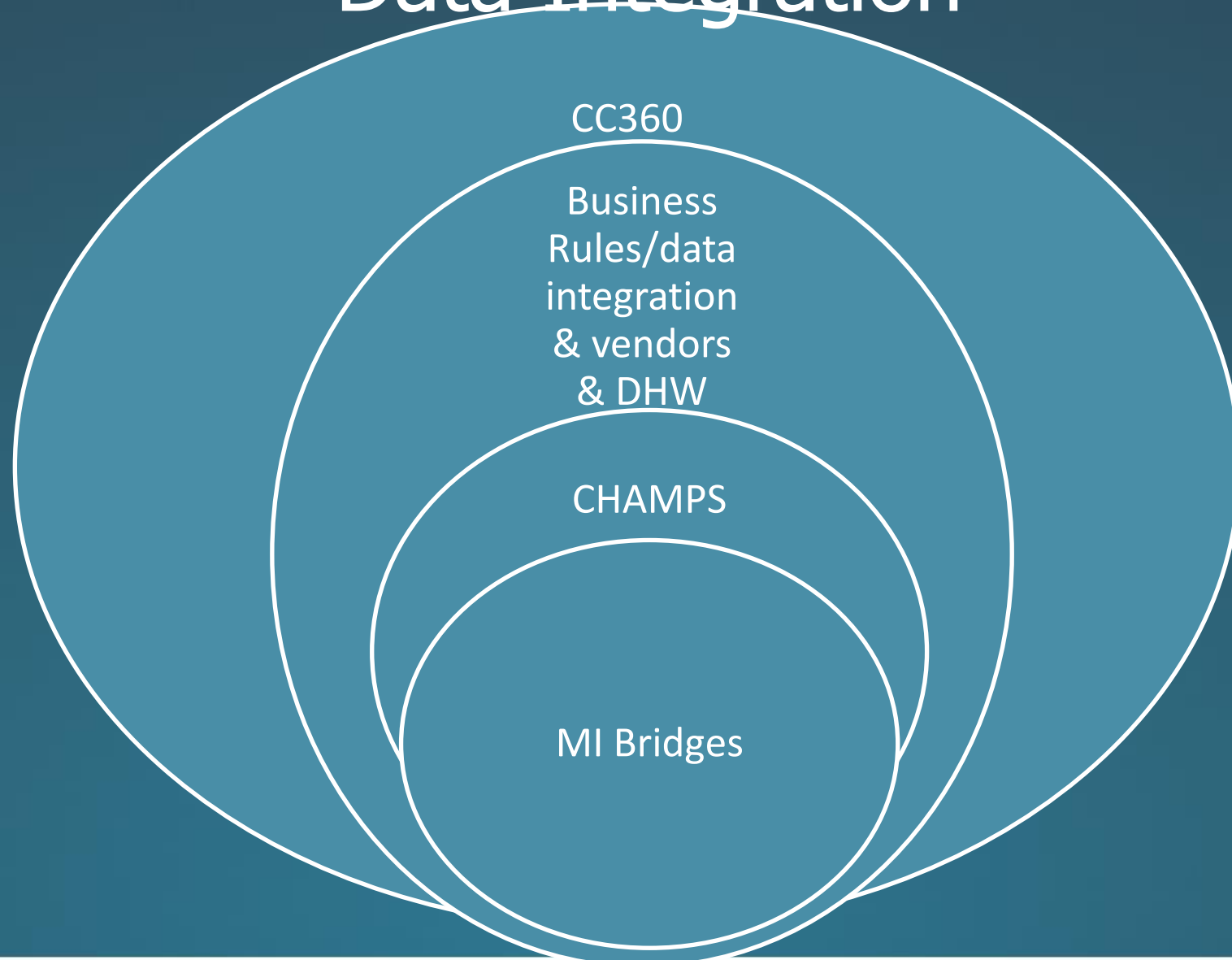
VBP initiative name	VBP model	# of Provider Locations	Beneficiaries Participation	VBP Payment \$ Amount	VBP payment % of capitation payment



Information Systems



Data Integration



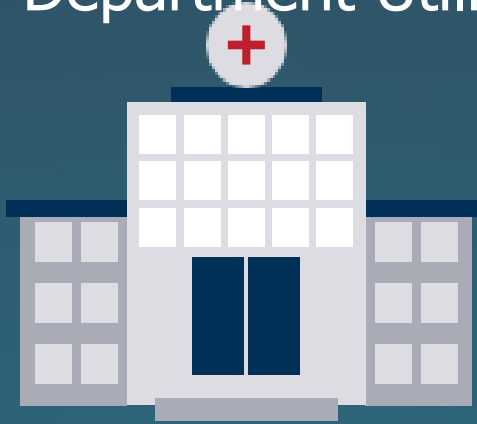
Emergency Department Utilization



People seek treatment in a medical facility, such as emergency department or urgent care.

CDC provides

- Analytic tools, services, and system infrastructure
- Funding to health departments
- Technical assistance and training



MHPs get the dental emergency data for their beneficiaries from ADTs through Health exchange

Medical facility sends de-identified data including chief complaint, diagnosis codes, patient characteristics, and location to state and local health departments or to data aggregators such as Health Information Exchanges.



Public health departments and Health Information Exchanges contribute data to the NSSP



Tele-visit and Follow-up (mock data used)

Emergency Department Diversion

Report Month	Same Cohort : Tele-visit (Count D0140 once only with place of service) Report from Unique # of Enrollees for Tele-visits	Follow-Up Visit in clinic: in the past 90 days including the month of reporting unique # of Enrollees that received a dental follow-up service from the # who had a tele-visit.	Any dental visit (Cumulative Success % = Follow-up visit/Tele-visit*100)	Notes/Comment
Oct 2022	0	0	0	-
Nov 2022	200	50	50/200*100 =25%	-

What is needed? Data sharing for Care Coordination

- ❖ Stakeholders: MDHHS, Behavioral Health Plans (PIHPS), Medicaid Physical Health plans (MHPs) and a vendor (Optum) developed CareConnect 360 (CC360).
- ❖ Goal: To improve care coordination and management for Medicaid integrating data across providers.
- ❖ Use: CC360 provides Medicaid providers with real-time information.
- ❖ Helps MDHHS/ Health plans to analyze data to plan quality improvement projects



What needs improvement?

- ❖ Define the role of Dental Health Plans to address Social determinants of oral health
- ❖ Define Community Health Workers and MIHP role for oral health education
- ❖ Transportation services
- ❖ Foster Care Children Care coordination and Timeliness of dental appointments
- ❖ Expand access to oral health for adults and monitor preventive utilization.



What is needed for further driving Quality improvement?

- ❖ Performance measure Monitoring Report for the HKD program
- ❖ Develop Shared metrics for MHPs and DHPs
- ❖ Comprehensive Quality Strategy for oral health
- ❖ Oral Health Equity Report
- ❖ Implement the Consumer guide distribution to the new enrollees
- ❖ Auto-Assignment algorithm for dental
- ❖ Dental Dashboard



A wide-angle photograph of a two-lane asphalt road stretching straight into the distance. The road has a dashed yellow center line and solid white edge lines. The landscape is arid, with dry grass and shrubs on either side. In the background, a range of rugged, reddish-brown mountains rises against a blue sky filled with scattered white clouds. A small cluster of buildings is visible on the right side of the road in the distance.

Are we there
yet?