

Medicaid and CHIP Dental Health Goals:

- Increasing the proportion of children ages 1-20 enrolled in Medicaid or CHIP who received any preventive dental services by 10 percentage points over a five-year period.

To be phased-in:

- Increase the proportion of children ages 6-9 enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar tooth by 10 percentage points over a five-year period.

Instructions & Next Steps:

- 1) Each State, including the District of Columbia, is to complete this Dental Action Plan Template in its entirety as a Word document. Please do not include graphics or charts in the Template itself, as these items are not compatible for posting on the CMS website. You may attach separate documentation if you want to submit additional information. CMS encourages the Territories to complete a dental action plan but the Territories will not be included in the dental goal.
- 2) If you are undertaking State-wide oral health improvement activities that impact both programs, you may submit one combined dental action plan. Separate dental action plans should be submitted in States that are addressing oral health improvement activities separately in their Medicaid and separate CHIP programs.
- 3) Once you have completed the template, please e-mail this information to your CMS Regional Office within six months of the date of the State Health Official letter.
- 4) CMS Regional Office staff will review the information and send it to CMS Central Office for further review. Regional Office staff will contact you for additional information, if appropriate or necessary.
- 5) After reviewing and compiling this information, CMS plans to post this information on the CMS website.
- 6) CMS Regional Office staff will follow up with States on a regular basis to track the progress of the State Action Plans and achievement towards the goal(s).

If you have any questions when filling out this template, please contact your CMS Regional Office.

Oral Health Program (Background)

Provide information on your current oral health program for children under Medicaid and/or CHIP. Include information about your State's current delivery system(s) (e.g., fee-for-service, managed care, administrative service organization, etc.). If your State has changed delivery systems in recent years, explain the reason for the change and the impact on access to dental services. Also include information on provider participation rates (including dental specialists and other providers, such as physicians, dental hygienists and other newer model mid-level practitioners) and issues with access

to oral health services in underserved areas. "Underserved areas" would include areas of your State that you know are rural, frontier or where it is difficult to recruit providers as well as designated Dental Health Professional Shortage Areas (DHPSAs).

Access Issues/Barriers to Oral Health Services (please provide information on issues/barriers that you are aware of that impede access to providing oral health services to children through Medicaid or CHIP in your State generally, as well as in underserved areas, and any steps you have taken to address those issues or barriers):

Current Dental Delivery System (e.g., fee for service, managed care, use of administrative service organization or combination dental programs). If you have a combination dental delivery system, provide the number of children served by each system:

New Jersey has a combination dental delivery system. For SFY 2011 (Date used was 12-31-11) - the delivery system for services to 621,191 children (97%) was managed care and the delivery system for 24,911 children (3%) was fee-for-service.

- Provider (Dentist) Participation Rates (For the most recent year data is available, include the number of dentists licensed in your State, the number of Medicaid and/or CHIP participating dentists (any claims filed), and number of active dentists (billing \$10,000 or more in a year. Please specify the time period the data represents as well as the specialty of the dentist):
- The number of licensed dentists in New Jersey CY 2011 was 8,269.
- The number of Medicaid/CHIP participating dentists in the state is from provider enrollment data by payer for CY 2011:
 - State Fee For Service (has dental network) = 929 General dentists, 100 Oral Surgeons, 56 Orthodontists, 124 Pediatric Dentists – NJ has had a comprehensive dental benefit for eligible adults and children since the inception of its Medicaid program with providers considered active as long as they have one claim submitted within an 18 month period. Consequently, many providers have an active status on the FFS file. FFS participation is not a requirement for participation in a NJFC HMO.
 - The managed care plans provided the following enrollment numbers:
 - AMERIGROUP (has a vendor for their dental network) = 23 General dentists, 21 Endodontists, 48 Oral Surgeons, 49 Orthodontists, 30 Pediatric Dentists, 8 Periodontists, 1 Prosthodontist
 - United Health Care Community Plan (owns their dental network) = 614 General dentists, 33 Endodontists, 71 Oral Surgeons, 44 Orthodontists, 78 Pediatric Dentists, 17 Periodontists, 2 Prosthodontists
 - Horizon NJ Health (owns their dental network) = 444 General dentists, 19 Endodontists, 48 Oral Surgeons, 38 Orthodontists, 44 Pediatric Dentists, 16 Periodontists, 3 Prosthodontists
 - Health First (has a vendor for their dental network) = 313 General dentists, 13 Endodontists, 22 Oral Surgeons, 22 Orthodontists, 29 Pediatric Dentists, 10 Periodontists, 3 Prosthodontists (As of 12-31-13, this HOM only has our DSNP population)

- WellCare information is not reported as they did not begin operations in New Jersey until December 1, 2013.

The number of active dentists (providers billing more than \$10,000) for SFY 2011:

- State FFS = 154 General dentists, 1 Endodontist, 10 Oral Surgeons, 7 Orthodontists, 37 Pediatric Dentists,
 - AMG =139 General dentists, 12 Endodontists, 19 Oral Surgeons, 21 Orthodontists, 18 Pediatric Dentists
 - UHCCP=364 General dentists, 28 Endodontists, 49 Oral Surgeons, 30 Orthodontists, 65 Pediatric Dentists, 2 Periodontists, 2 Prosthodontists
 - HNJH = 272 General dentists, 15 Endodontists, 33 Oral Surgeons, 21 Orthodontists, 32 Pediatric Dentists, 12 Periodontists, 2 Prosthodontists
 - HF= 225 General dentists, 9 Endodontists, 15 Oral Surgeons, 12 Orthodontists, 17 Pediatric Dentist, 5 Periodontists and 3 Prosthodontists
- Non-Dentist Provider Participation Rates: (Describe the participation of other providers, e.g., pediatricians, dental mid-level providers, dental hygienists, in your State to improve access to dental services for children. In addition, for the most recent year data is available (please specify), please provide the number of Medicaid and/or CHIP non-dentist providers, by provider type, participating in your Medicaid and/or CHIP programs. "Participating" is defined the same as for dentists (any claim filed).)
 - Additional information about program (please provide any additional information that is relevant or that you would like to share about your dental program):

The number of participating non-dental providers for FFY 2011, by HMO is as follows: HNJH = 44, AMG=5, UHCCP=25, HF=0. The MCO contract changes that became effective January 1, 2012 required the MCOs to allow PCPs with training to provide oral evaluation, risk assessment, fluoride varnish and direct referral to dentists. These combined services are linked to well child visits through the age of 5 and can be provided up to four (4) times a year by the non-dental provider. The provision of these services by the non-dentist does not prevent them from being provided by a dentist. Fluoride Varnish application by non-dentists was not implemented in the FFS program as 97% of children are enrolled in an HMO. Dental Hygienists are not billing providers in our program and mid-level providers are not a licensed provider type in NJ.

For FFY 2012 we had an increase in the number of participating non-dental providers to 97.

Activities to Achieve Goal

Describe the activities you have underway and/or plan to implement in order to achieve the new dental goal(s). If you would like to share any of your activities/initiatives as a "promising practice" with other States, please refer to the CMS website, for instructions on how to submit the information for posting on the CMS Quality webpage.

<http://www.cms.gov/MedicaidCHIPQualPrac/MCPPDL/list.asp#TopOfPage>

Provide details on these activities, along with potential barriers, in the space provided (add additional space if needed). Examples of activities underway, or to be undertaken, to improve access and achieve the dental goals may include:

- Collaboration with dental schools and dental hygiene programs;
- Education/outreach to dentists, dental hygienists, and State/National dental associations;
- Education/outreach to pediatricians, family practitioners, and State/national medical associations
- Education/outreach to beneficiaries;
- Coordination with Federally Qualified Health Centers;
- Undertaking administrative simplifications;
- Using electronic health records and supporting Dental providers in their efforts to qualify for meaningful use incentive payments;
- If a CHIPRA quality demonstration grantee, describe how you are coordinating activities with those being undertaken under the CHIPRA demonstrations;
- Changing/increasing payment rates;
- Coordination with Maternal and Child Health (MCH) Title V programs (Title V is the Federal grant program focused solely on assuring the health of all mothers and children).

The Center for Health Care Strategies partnered with New Jersey and key oral health stakeholders for New Jersey Smiles: A Quality Collaborative to Improve Oral Health in Young Kids (NJ Smiles) with the goal of improving access to oral health services for New Jersey's low income children. It was launched by the Center for Health Care Strategies (CHCS) and made possible by funding from The Robert Wood Johnson Foundation. The key stakeholders in the initiative were the New Jersey Division of Medical Assistance and Health Services (DMAHS), the five New Jersey FamilyCare (NJFC) HMOs, the Office of Head Start and other regional oral health partners. The 18 month collaborative was launched in 2007 with two goals: increasing the number of pre-school NJFC/Medicaid children in Early Head Start and Head Start Programs, particularly those under the age of 3 receiving a complete oral evaluation in 6 targeted cities, and creating a dental home for Head Start Children in Newark, NJ.

Head Start sites received A Guide to Improving Children's Oral Health Care Tools for the Head Start Community (Tool Kit). The Tool Kit contained information and materials to support and strengthen challenges identified by Head Start Program directors. Content examples are:

- Information on NJFC program's dental benefits and periodicity table for dental services;
- Methods to assist families in providing insurance information and pictures of each HMO card to assist in correctly identifying it as NJFC-HMO;
- Member Services contact information for each HMO;
- Talking points and educational resource materials for conversations with parents and caregivers on oral health and dental treatment;
- Age appropriate classroom activities;

- Successful methods for engaging the NJFC HMOs and community providers as partners in establishing dental homes;
- Action steps and role play activities.

The collection of data for this project and their annual program assessment was identified as another challenge. With Head Start input on the needed categories of information an excel spreadsheet was developed. The Tool Kit was provided to each Head Start grantee and site as a binder and a CD.

Business Associates Agreements (BAA) were made available by DMAHS for Head Start grantees to allow limited access to eligibility and enrollment information for children in their programs with signed consent from the family. The decision to implement the BAA was to alleviate the challenge identified by Head Start staff of a having inaccurate or incorrect NJFC insurance information which prevented the dental visit. To resolve this barrier, DMAHS assigned each grantee that submitted a completed BAA a “dummy” provider number. The grantee was mailed a packet that included: their “dummy” provider number, the Recipient Eligibility Verification system (REVs) toll-free telephone number, instructions for using the system, telephone number for any needed assistance, the Authorization to Disclose Information Form to be used by families to grant access to information for each child and associated talking points for discussion with the family. The signed Authorization Form from the family is faxed to DMAHS and designated Head Start staff could access REVs to receive information on a child’s enrollment and eligibility status in the NJFC/Medicaid program on a given date.

Training primary care pediatricians (PCP) and their staff - PCP offices considered to be high volume practices were engaged by provider representatives from the HMOs for education on risk assessment, anticipatory guidance and the need for a referral by the age of one to the dentist.

The office was given the NJ Smiles Directory of Dentists seeing children under 6, risk assessment forms for uniform evaluations and referral forms to indicate contact information for several community network dentists or their HMO member service number to facilitate making the dental appointment.

The NJ Smiles Directory for Dentists Seeing Children under age 6 – was developed identifying HMO and FFS dentists with a minimum of 20 claims for children 0 to 5 years old. The directory listing was by county and town, provided the office’s addresses and telephone numbers and indicated: the presence of wheelchair access, if the practice provided dental services for special needs patients, if their panel was open and their MCO and/or FFS participation. A copy was given to each PCP practice, the Head Start grantees and each Early Head Start and Head Start site.

Periodicity of Dental Services for Children in NJ FamilyCare/Medicaid – provided information on age appropriate dental diagnostic, preventive and treatment services and when visits should occur. It was developed using guidelines from the American Association of Pediatric Dentists with a visit by the age of 1 recommended.

It included a list of dental services included in the benefit, the age or age range for their occurrence, the frequency for preventive and diagnostic services to the same provider, frequency accommodations for patients with special needs and educational oral health information.

The Periodicity table was included in the NJ Smiles Tool Kit and posted on the Department of Human Services and CHCS Websites. It was in English and Spanish.

A Summary of NJ Smiles Achievements – Encounter data reported by the HMOs showed that approximately 36% of the children in Newark, NJ (ages 0-5) in NJFC/Medicaid had an annual dental visit by the program's completion, compared to the 30% baseline. The youngest children had the lowest baseline rates as well as the greatest relative improvements; rates for those under age 2 increased from 5% to 13% and in those age 24 to 36 months, from 18% to 30%. Similar results were seen across the program's six target cities. The self-reported data from the Newark Pre-School Council, a NJ Smiles participant with 46 sites in Newark, NJ showed that 96% of their students had an established dental home. It was also reported that several Head Start grantees have become more confident in reaching out to the HMOs for assistance in locating dentists for their children, reporting problems encountered when establishing dental homes for their children and including HMO representation on their health councils. The Managed Care Contract has requirements that include that the contractor must establish a working relationship with Head Start programs and maintain policies and procedure that include exchange of member information, must meet DMAHS scheduling and referral appointment requirements and allow for the provision of EPSDT and medically necessary services as needed and in accordance with the periodicity schedules for New Jersey.

Resource and Educational Tools

"NJ Smiles Directory of Dental Providers for Children" (formerly the NJ Smiles Directory for Dentists seeing children under age 6) – As previously noted, this was initially developed as a resource tool for NJ Smiles Head Start Programs and PCPs and is a listing of dentists by county that treat children under the age of 6. It was deemed an excellent resource tool for PCPs, Head Start Programs and their families in locating a dentist willing to see a young child. It continues to be updated annually using HMO and FFS claims data for dentists with a minimum of twenty claims. In addition claims data was further stratified to provide information for providers seeing children under 3 years old and for providers seeing children under 5 years old. The Directory is updated annually and posted on the websites for Department of Human Services - DMAHS, NJ chapter of AAP, NJ Dental Association and CHCS. It is updated periodically with the last update occurring the second quarter of 2014.

"When a Child in NJ FamilyCare Should See the Dentist" – is an updated and consumer-friendly version of the "Periodicity of Dental Services for Children in NJ FamilyCare/Medicaid". The requirement of a dental visit by the age of 3 was revised to the new requirement of a dental visit by age 1. Under notes it indicates that a PCP with training can provide fluoride varnish and make a referral to the dentist. It is in English and Spanish and is posted on the following websites: Department of Human Services, AAP and CHCS. In addition it was sent as an email to The Office of Head Start, The WIC Program and The Department of Health for their posting or distribution. It is updated w periodically with the last update occurring the second quarter of 2014.

“Keeping Your Child’s Smile Healthy” – is a one page flier developed by DMAHS to educate families on the dental benefits available to children enrolled in the NJFC/Medicaid program and to provide general information on dental disease and good oral health practices. It is sent out as a mailer to children with enrollment in Fee-For-Service and included in reminder information sent when a visit does not occur within 6 months. It was posted on the Department of Human Services Website and sent electronically to the four HMOs, CHCS, AAP and the NJ Dental Association for their posting. HEALTHPLEX updates The NJ Smiles Directory and has included it in the directory. It is published in English and Spanish. It is updated regularly with the last update occurring the second quarter of 2014.

Educational Outreach by the HMO – The MCO contract requires they provide a regularly updated member handbook outlining the provisions and benefits of their HMO and that member outreach be provided to members concerning the benefits of good oral hygiene, regular dental exams, preventive care and receiving needed dental treatment. In addition information regarding EPSDT services is sent to members/families upon enrollment and subsequent reminders are sent by FFS and the HMO when scheduled diagnostic and preventive visits have not occurred within a 6 month period based on claims data. The HMO contract also requires that they have a direct relationship with Head Start Programs. This includes working with their members enrolled in Early Head Start and Head Start to encourage the establishment of a dental home and working with their participating dentists in the community to ensure that children receive the needed diagnostic, preventive and treatment services at an early age.

“Keeping your Smile Healthy” – is a consumer-friendly flier intended to educate adults on dental disease, good oral hygiene practices, dental care and dental benefits available in NJ FamilyCare. It is posted on the DMAHS website and was sent to the NJFC HMOs, CHCS and the MACC Offices. It is in English and Spanish. The first edition was posted in the third quarter of 2014 and it will be updated periodically as needed.

Collaborations

The Dental Advisory Committee (DAC) established in 2005, functions to advise DMAHS on matters pertaining to access, delivery, quality in the provision of dental or oral health services to NJ FamilyCare/Medicaid beneficiaries. The members contribute specialized knowledge and experience not available within the Division. Membership consists of but is not limited to the Medical Director, Division Director, Chief of Dental Services, dental consultants, staff from the Offices of Managed Care and Quality Assurance and outside representation from the NJ State Board of Dentistry, the NJ Dental Association, UMDNJ Dental School, Federally Qualified Health Centers, Dental Directors of the NJFC Managed Care Organizations and community providers as needed for specific projects. The DAC as a body will bolster communication between the larger dental community and the DMAHS/DHS to bring together all parties that can be creative in developing incentives and systems of care delivery that attract dentists to participate in NJ FamilyCare/ Medicaid program.

The Committee’s activities may include but are not limited to: the study of program priorities, standards and benefits, establishing and evaluating goals and methods for data collection and

measurements, evaluating the activities of the NJ FamilyCare HMOs for compliance with the State statutes governing the program, considering and recommending innovations that allow for needed care and control program costs, prepare specific recommendation to the Division's Director or designee, and interpret goals and policies for professional and/or community interest groups.

The DAC recently made revisions to improve management of the orthodontic benefit by the HMOs and their providers. This is being accomplished through new requirements that: encourage and monitor compliance of members and providers, require the use of a new assessment tool and documentation to demonstrate all needed preventive and treatment services are completed prior to starting a case and occur during the course of orthodontic treatment, establish additional guidance for medical necessity determination and monitor the progression and completion of treatment.

The Credentialing Task Force – was formed following a meeting of the NJ Dental Association with the Division regarding the cumbersome process and delays with credentialing. It is made up of staff from DMAHS, the NJ FamilyCare HMOs, the Bureau of Banking and Insurance, the Office of the Inspector General-Medicaid Fraud Division and community providers. The Task force is evaluating the current credentialing requirements and processes of each of the NJFC MCOs and the credentialing activities in other states to determine opportunities for revisions.

AAP Oral Health Oral Health Initiative – DMAHS is a collaborative partner with the NJ Chapter of the American Academy of Pediatrics for their oral health initiative which seeks to increase access to dental care for children at an early age. The twelve month quality improvement initiative “Linking preventive oral health with primary care” is building upon the successful collaborative efforts achieved during the planning phase.

This initiative hopes to:

- Increase healthcare provider and community knowledge and attitudes on the importance of oral health prevention and guidance for children 0 to 3 and the establishment of a dental home by the age of 1.
- Increase statewide educational outreach through professional development activities for pediatric and dental healthcare providers
- Develop/implement changes to the payment structure and administrative processes of the Medicaid HMO in order to incentivize payment delivery
- Engage DMAHS and contracted HMOs in supporting professional development events to promote preventive oral health services.

Data will be collected on the outcome of this initiative and used to support expanding improvements in access and provision of dental services.

The Rutgers Center for State Health Policy – DMAHS collaborated with Rutgers Center for State Health Policy to collect and analyze data on the utilization of Emergency Departments (ED) for non-emergent oral and dental services. DMAHS is in the process of finalizing a template for collecting additional information from the NJFC HMOs on utilization for non-emergent oral and dental care for

their members to further identify these occurrences. The goal is to develop opportunities that will improve access to care, member utilization of appropriate sites for definitive dental treatment, member education, partner with healthcare providers and hospitals to move towards a patient centered model of care and establish policy and partnerships to encourage treatment in one's dental home.

DMAHS revisions to the Managed Care Contracts

Dental visit by age one - Effective January 1, 2011 the MCO contract was revised to require that children receive a dental visit by the age of one. Prior to this revision the dental referral age requirement was by the age of three.

Reimbursement for fluoride varnish to trained PCPs – As of January 1, 2012 the MCO contract was revised to require that MCOs provide reimbursement to non-dental providers for fluoride varnish application during well-child visits. Fluoride varnishes may be placed by the trained PCP or nurse practitioner. In addition, the EPSDT requirements for an oral screening, risk assessment, anticipatory guidance and referral to the dentist by the age of 1 are also included in this visit. The HMO is responsible for ensuring and verifying that the provider has completed the fluoride varnish training prior to allowing them to render the service. These combined services are allowed through the age of 5 to non-dental providers and do not affect the provision of these preventive services by a dentist.

Dental Director – The January 2014 MCO contract required that each NJFC MCO have a NJ licensed dentist as a dental director to establish ownership for contract compliance to include but not limited to: interpretation and implementation of policy and benefits, oversight of recruitment, credentialing, orientation and training of providers (dental network), administration of all dental activities of the contractor, continuous surveillance, assessment and improvement of quality of dental care, assurance that dental decisions are made in a clinically appropriate and timely manner, providing review and approval of responses and reporting to DMAHS and if the contractor has dental subcontractor, providing direction to dental subcontractor, monitoring their performance and providing directions to assure that dental decisions are made in a clinically appropriate and timely manner.

Additional Background

Provide additional information on your current oral health program for children under Medicaid and/or CHIP.

Oral Health Improvement Initiatives: Has your State undertaken any initiatives within the last 5 years to increase the number of children covered under the Medicaid and CHIP program who receive access to oral health services? If so, please describe those activities.

- What impact did those initiatives have? Do you consider those activities to have been successful? If so, please describe.

- If the activities did not achieve the results that you had expected, please describe the lessons learned. These lessons can be a learning opportunity for other States.

In addition to the partnerships and initiatives previously mentioned New Jersey has implemented others in an effort to extend dental benefits package to an additional population, assist families in obtaining or maintaining insurance, assistance for locating a dentist and engaging the provider community. These initiatives have been successful in providing access to affordable or no cost insurance with a comprehensive dental benefit and encouraging utilization of dental preventive and treatment services through a dental home.

NJFC/Medicaid established parity for dental services for all children enrolled in HMOs effective January 2009. As a result, regardless of the Plan of enrollment (Plan A, B, C or D) children have a comprehensive dental benefit package to the age of 18. Prior to this, children enrolled in Plan D had a limited benefit package for diagnostic and preventive dental services to the age 12 and children switching into Plan D could only continue orthodontic services that were in previously started. Parity prevented disruption of dental treatment due to enrollment into Plan D which resulted in continuity of care and eliminated existing provider and member confusion associated with the benefit and age restrictions.

Elimination of Premium – Premiums for NJFC covered children in Plan B and C were eliminated. Prior to this, enrollment was adversely affected due to failure to pay or delays in paying premiums. The elimination of premiums has removed a financial barrier and made it easier for families to maintain continuous coverage. Families with children in Plan D, which has a higher income limit, still have a premium.

The NJ FamilyCare Advantage Program – The program is for families that have uninsured children under the age of 19 with incomes above 350% of FPL, which exceeds income requirements for enrollment in NJ FamilyCare. The NJ FamilyCare ADVANTAGE program is a low-cost plan with benefits that include dental. Members are required to pay a monthly premium with the amount based on the number of enrolled children in the family and \$5.00 co-pay for dental services. The program offers affordable access to insurance and healthcare for families with children that otherwise could not afford it. As a result of implementation of the Affordable Care Act, this program is no longer active.

School Nurse Directory – This is a one page insert included in a mailing to all New Jersey public school nurses that contained information to assist them in locating a dentist for children in NJFC/Medicaid. It provides contact information for Member Services Representatives for each NJFC HMO, The Medical Assistance Customer Centers, each NJFC HMO website and the toll free number for the Community Based Dental Clinics for those without insurance. School nurses have reported that this resource tool has allowed them to better assist children enrolled in NJFC or without insurance to follow up with locating a dentist.

Give Kids a Smile – for the eleventh year DMAHS has partnered with the NJ Dental Association for this one day of free dental care for children under the age of 12. The Division allows staff to

participate as a work day at the public sites where they provide information on NJFC enrollment, review exit visits to identify children with NJFC and ask if they are seeing a dentist, have regular dental visits or if they need to locate a dentist. The contact information for the member service for their HMO is given to assist them in locating a participating dentist.

Each public site is given the "Give Kids A Smile Directory" that contains information for:

- The Medical Assistance Customer Centers for assistance in locating a dentist in FFS
- The HMO telephone numbers, web address and Member and Provider Service numbers
- The list of Federally Qualified Health Centers with their addresses and telephone numbers
- The toll-free number for Community Based Dental Clinics for those without insurance
- The website for NJFC

This partnership has allowed staff at the public sites to have a resource person within DMAHS for information and assistance as needed during the year. In addition assistance in locating a dentist and enrollment information is provided to participants.

ACS Oral Health Initiative – DMAHS partnered with Affiliated Computer Services, Inc. (ACS) a Xerox Company for this program that partnered with schools to provide on-site oral health education, oral screenings and orthodontic evaluation during the 2010-2011 academic school year. NJ FamilyCare dentists, hygienists from their practices and senior students from the area community college participated as volunteers to provide an educational presentation to the entire school and oral screenings to children with signed consent forms. The consent form was modified to ask "Do you have Medicaid or NJ FamilyCare?" with yes or no response. The screening form indicated - oral hygiene habits & needed modifications, when the child should see a dentist e.g. emergency, urgent, routine visit and orthodontic evaluation findings. The school nurse provided follow up with parents, assistance in locating a dentist and if needed was available to explain the need for dental treatment.

Two school districts participated and successful programs were held in Freehold as a Health Fair and at two elementary schools in North Brunswick. A child identified as not having Medicaid or NJ FamilyCare was given a NJFC packet through the school as grantees were in the Express Lane Pilot for expedited enrollment into the program.

While all nine school districts that were CHIPA grantees were approached to participate, ACS reported challenges related to obtaining approval from those school districts, identifying the correct staff to facilitate dialogue and buy-in from the district supervisor, scheduling conflicts because of curriculum requirements or no perceived need to participate in the oral health screening program.

Dental Data Measurement: Does your State compute or report the National Committee for Quality Assurance's (NCQA) HEDIS dental measure or a modification of it? (Dental care: percentage of members 2 through 21 years of age who had at least one dental visit during the measurement year.)

New Jersey does not currently report data to NCQA.

Reimbursement Strategies: What are your current reimbursement rates for the following 10 procedures for services provided to children eligible for Medicaid and CHIP?

Type	Codes	Procedures
Diagnostic	D0120	Periodic Oral Exam
Diagnostic	D0140	Limited Oral Evaluation, problem
Diagnostic	D0150	Comprehensive Oral Exam
Diagnostic	D0210	Complete X-rays with Bitewings
Diagnostic	D0272	Bitewing X-rays – 2 films
Diagnostic	D0330	Panoramic X-ray film
Preventive	D1120	Prophylaxis (cleaning)
Preventive	D1203	Topical Fluoride Varnish
Preventive	D1206	Topical Fluoride (excluding cleaning)
Preventive	D1351	Dental Sealant

The reimbursement rates noted were provided by each MCO and represent the average rate paid to providers in their network. The HMOs are not identified by name. The reimbursements are listed by procedure code for the four NJFC HMOs and Fee-For-Service programs and are referred to as Plan 1, 2, 3, 4 or 5.

D0120 – Plan 1 - \$18.10, Plan 2 - \$20.79, Plan 3 - \$18.91, Plan 4 - \$37.00, Plan 5 - \$24.41
D0140 – Plan 1 - \$ 9.79, Plan 2 - \$21.66, Plan 3 - \$20.56, Plan 4 - \$55.00, Plan 5 - \$34.66
D0150 – Plan 1 - \$18.95, Plan 2 - \$22.11, Plan 3 - \$28.07, Plan 4 - \$64.00, Plan 5 - \$23.12
D0210 – Plan 1 - \$29.76, Plan 2 - \$25.80, Plan 3 - \$38.82, Plan 4 - \$98.00, Plan 5 - \$35.43
D0272 – Plan 1 - \$ 8.77, Plan 2 - \$ 7.47, Plan 3 - \$ 9.52, Plan 4 – \$34.00, Plan 5 - \$ 9.17
D0330 – Plan 1 - \$25.35, Plan 2 - \$19.59, Plan 3 - \$35.72, Plan 4 - \$85.00, Plan 5 - \$33.93
D1120 – Plan 1 - \$20.57, Plan 2 - \$23.81, Plan 3 - \$22.85, Plan 4 - \$50.00, Plan 5 - \$31.17
D1203 – Plan 1 - \$11.67, Plan 2 - \$10.92, Plan 3 - \$13.96, Plan 4 - \$28.00, Plan 5 - \$14.70
D1206 – Plan 1 - \$ 9.98, Plan 2 - \$ 1.15, Plan 3 - \$14.61, Plan 4 – \$33.00, Plan 5 - \$17.13
D1351 – Plan 1 - \$15.66, Plan 2 – \$14.34, Plan 3 - \$15.77, Plan 4 – \$41.00, Plan 5 - \$16.35

Please describe any increases or decreases in these reimbursement rates that have occurred in the last five years.

Reimbursement rates for dental services to children were increased in the Fee-For-Service program to the 80th percentile of rates reported in the 2007 National Dental Advisory Service Comprehensive Fee Report for New Jersey effective January 1, 2008. The MCO allows network

providers to negotiate their reimbursement rates. Based on this, individual providers may have experienced an increased reimbursement for certain services. The MCO contract does not include guidelines for reimbursement rates by the MCO to their network providers.

Efforts Related to Dental Sealants: Do you encourage or plan to encourage dental providers in your State to provide dental sealants? If so, how do you communicate that information? Have you seen an increase in the number of children receiving sealants? Does your State support active school-based or school-linked dental sealant programs? If yes, how many Medicaid- or CHIP-enrolled children were served by these programs in the past year? How many sealants were placed in these programs in the past year? Are you continuing to see increases in the number of children served by these programs? Has funding from the Centers for Disease Control and Prevention [for oral health infrastructure development] contributed to these efforts? Please describe.

Dental sealants are a covered benefit for bicuspid and permanent molars for children through the age of 16. Information on covered services and specifically preventive services and their associated benefits are provided in educational materials to families to encourage early visits to the dentist. For FFY 2011 CMS-416, New Jersey reported that 38,167 sealants were placed on permanent molars of children 6 to 14 years of age. This was the first year the data was collected and will serve as a baseline.

We do not currently have school-based or school-linked sealant programs.

Collaboration with Dental Schools: Do you have a dental school or dental hygiene school in your State? If yes, do you have any arrangement with the dental school or dental hygiene school to treat Medicaid beneficiaries, serve in rural areas, provide educational opportunities, etc.? Please describe.

There is one dental school in New Jersey, University of Medicine and Dentistry of New Jersey (UMDNJ). The Dental School also has a dental hygiene program and both participate with the NJFC HMOs and the Fee-for-Service Program. As a result their students, residents and faculty provide services to those enrolled in NJFC/Medicaid. In addition, several of the hospital based post graduate residency programs and dental clinics also participate in NJFC/Medicaid program and provide dental services in both urban and rural areas of the state.

There are four Community College based dental hygiene programs that also provide dental services at a nominal fee. These programs are not enrolled with any of the NJFC MCOs or with the Fee-For-Service Program. Two have indicated because of administrative challenges within the college system and the inability to retain revenue generated for their program they have no plans to seek enrollment. They all report that they provide services for NJFC members.

There are 23 residency programs located throughout the state as follows: 14 GPR programs (97 residents), 3 OMFS programs (21 residents) and 2 pediatric dentistry programs. All of our residency programs are enrolled in the State FFS program and one or more the NJFC HMOs and provide dental services to members in the clinic, emergency room and operating room settings.

Claims data does not capture a school as a place of service. As a result information for school based programs is not a data element, thus preventing us from knowing if dental services are being provided by a NJFC participating dentist in this setting.

Electronic Dental Records: Describe the use of electronic dental records in your State for your Medicaid and CHIP population. What is the take up rate by dental providers? Is the dental record integrated with the medical record? ? Will the State support dental provider efforts to qualify for meaningful use incentive payments?

Electronic dental records are currently not integrated with electronic medical/health records. As of December 31, 2012 we had 12 dentists that certified meaningful use of an EHR system and 203 that certified they have the software capable of meeting meaningful use guidelines.

As of September 1, 2014, 550 dentists had received an initial Medicaid EHR Incentive Program payment for adopting, implementing, or upgrading an EHR system certified by the federal Office of the National Coordinator of Health Information Technology; however, only 43 of those dentists have come back to receive a Year 2 payment for meaningfully using their EHR systems. There are additional dentists that receive EHR Incentive Program payments directly from the federal government through the Medicare EHR Incentive Program; though we currently estimate only 15 dentists in New Jersey are participating in that program.

Technical Assistance

CMS would like to provide ongoing technical assistance to States to assist in them in meeting the national dental goals. If you have specific areas and/or topics requiring technical assistance, please identify them here.

If you would like to submit copies of materials or provide links to relevant websites for additional information, please do so.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0354. The time required to complete this information collection is estimated to average 65 hours per response. If you have any comments concerning the accuracy of time estimates or suggestions for improving this form, please contact: Cindy Ruff at cynthia.ruff@cms.hhs.gov.