CENTERS FOR MEDICARE & MEDICAID SERVICES

CMS Learning Lab: Improving Oral Health Through Access

“Developing a State Action Plan Using State Data”

June 19, 2012

The Oral Health Action Plan and the Template

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CMS Oral Health Initiative

Goal #1 – Increase by 10 percentage points the proportion of Medicaid and CHIP children ages 1 to 20 (enrolled for at least 90 days) who receive a preventive dental service.

Goal #2 – Increase by 10 percentage points the proportion of Medicaid and CHIP children ages 6 to 9 (enrolled for at least 90 days) who receive a dental sealant on a permanent molar.

Baseline year is FFY 2011. Goal year is FFY 2015.

CMS expects to set State-specific baselines by October 2012.

The Dental Action Plan

The purpose of this Action Plan: (1) to identify what activities States intend to undertake in order to achieve these dental goals, and

(2) serve to assist States in their efforts to document their current activities and collaborations to improve access

States are asked to:

- provide baseline information on existing programs
- identify access issues and barriers to care that they are currently facing

Mining Data for Program Improvement

Examine data. Is it accurate and complete?

Identify gaps or under-reporting

Examine data by demographics, geography, delivery system, provider mix, etc. for variations

Examine for potential causes of variation

Mining Data for Program Improvement

Use data to:

- Identify strategies for quality improvement
- Reduce administration barriers
- Target beneficiary education and outreach
- Nurture partnerships and collaborations
- Target reimbursement strategies

Implement strategies to improve use of services = Policies

Evaluation, follow-up, needed changes or improvements

The Dental Action Plan

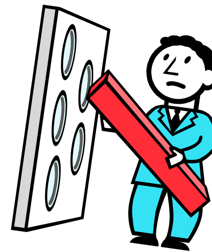
Data specifics in the template

- Reimbursement rates – especially for preventive and diagnostic services
- Provider rates – dental and non-dental
- Comparison of 416 data vs. other datasets (e.g. HEDIS)

The Dental Action Plan

Lessons Learned

- 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.



Technical Assistance from CMS

Maryland Healthy Smiles Dental Program

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Maryland Dental Program History

- Until 2007, seven Managed Care Organizations (MCOs) provided dental coverage
- Dental Action Committee (DAC) convened in June 2007 by former Maryland Health Secretary, with encouragement from Maryland Governor's Office, providers, and community stakeholders
  - Committee requested several data measures to assess dental program
  - Committee issued seven recommendations in September 2007, based on assessments

Data Measures
Population Assessment

- Baseline: the population participating in HealthChoice, Maryland Medicaid's managed care program
  - Children ages 0-20, divided into intervals
  - Pregnant women
  - Any time of enrollment and enrollment for at least 320 days of the year
- From the baseline, we determined:
  - % of HealthChoice recipients who saw a dentist at least once that year
  - % who received a preventive visit
  - % who received a restorative visit
  - % who visited the ER with a dental diagnosis
- Resulting data then classified by MCO, by region, by county, and by procedure code/dollars

Data Measures
Network Adequacy and Payment Rates

- Baseline: # of active and licensed dentists in Maryland in study year, divided by region and MCO
  - % of general dentists vs. pediatric dentists
  - % of dentists serving the HealthChoice population
  - % of HealthChoice dentists billing more than $10K per year
- Rates: How competitive were MD rates with other states?
  - Selected targeted procedure codes and compared rates with EPSDT Best Practices States
  - Compared rates with ADA recommended rates for the South Atlantic region, along with rates of other states

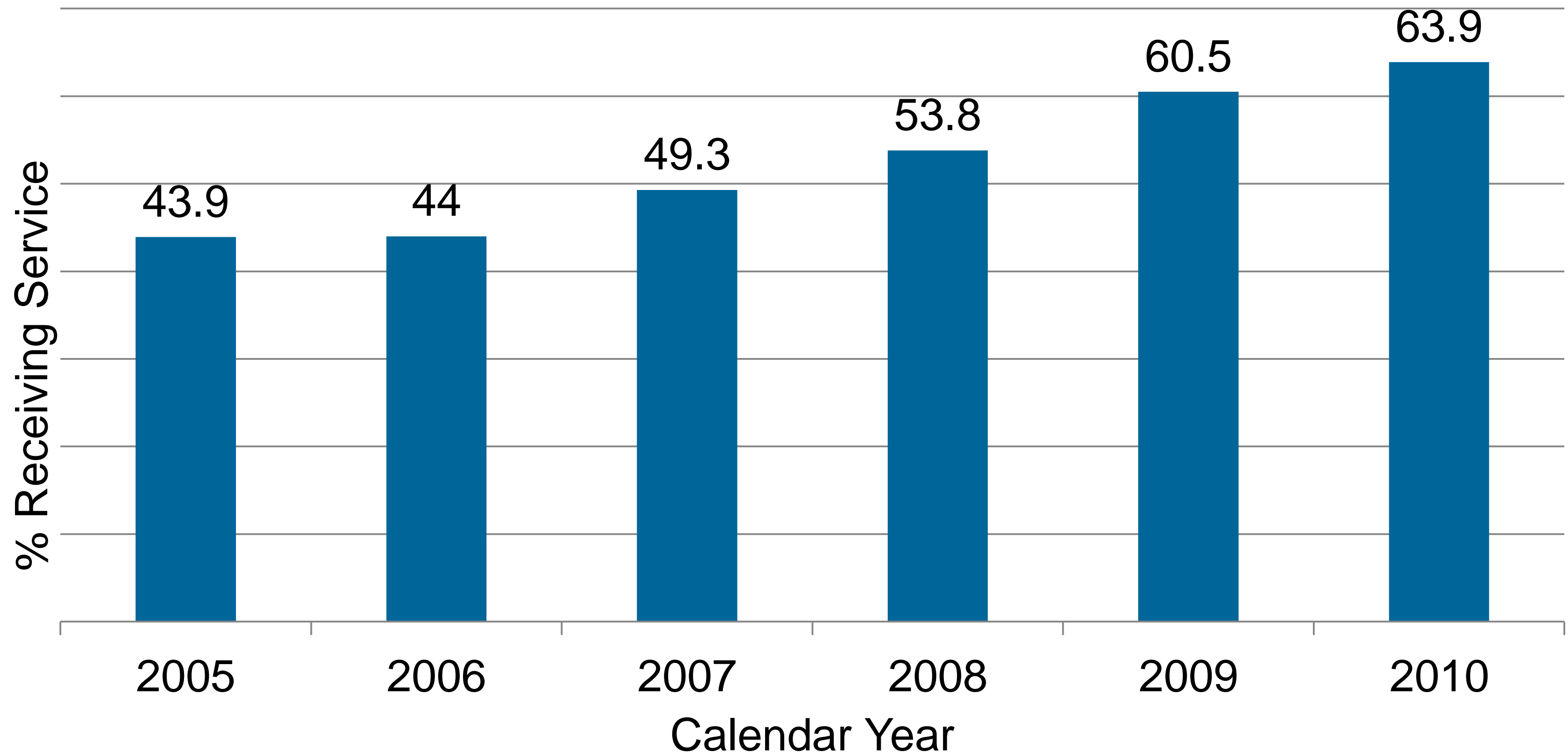
Program Administration

- Dentists had to be credentialed with each HealthChoice MCO to practice
- Dentists were surveyed about pros and cons of working with HealthChoice patients (missed appointments, MCO customer service, etc.)

Data Was Used to Make Program Changes

- Increased rates for 12 targeted dental procedure codes by about 94% on average in July 2008
- Implemented statewide dental ASO DentaQuest in July 2009 that streamlined credentialing, revamped customer service, and created a provider portal and missed appointment tracker
- Created a public health dental hygienist position in July 2009 to broaden access to routine procedures for HealthChoice recipients
- Developed a fluoride varnish program for children ages 0-3 using EPSDT well child care providers in July 2009
- Created new safety-net provider sites throughout the state over a three-year period (in partnership with dental schools and clinics)
- Unveiled a unified oral health educational program targeted to parents, providers, and policy makers in February 2012, located at http://healthyteethhealthykids.org

Maryland Children Receiving Dental Services



Source: The Hilltop Institute

Improving Oral Health Through Access

Preventive/Diagnostic Visits Followed by Restorative Visits by Children Ages 0-20, Enrolled for Any Period

Year	Total Recipients	Preventive / Diagnostic Visit	Preventive / Diagnostic Visit followed by Restorative Visit
CY 2005	483,304	136,183 (28.2%)	36,001 (26.4%)
CY 2006	491,646	137,826 (28.0%)	36,675 (26.6%)
CY 2007	493,375	155,939 (31.6%)	44,491 (28.5%)
CY 2008	505,339	179,268 (35.5%)	53,294 (29.7%)
CY 2009	540,173	230,442 (42.7%)	76,608 (33.2%)
CY 2010*	602,761	276,178 (45.8%)	94,517 (34.2%)

* CY 2010 measures children enrolled in managed care and FFS programs (full DentaQuest population); previous calendar years focus on managed care enrollment only

Source: The Hilltop Institute

Dentists Participating in DentaQuest

Regions	HealthChoice	DentaQuest		
	July 2008	August 2009	July 2010	August 2011
Baltimore Metro	401	242	344	410
Montgomery / PG Counties	278	208	296	365
Southern Maryland	28	29	39	51
Western Maryland	43	65	97	128
Eastern Shore	40	43	53	84
MD Bordering States	n/a	62	110	152
Total	743	649	939	1,190

Source: The Hilltop Institute

Maryland's Next Steps

- Program Evaluation
  - Annual report to DAC and Legislature includes member participation and provider participation measurements, as well as updates on implementing the Maryland Oral Health Plan through 2015
  - Comparison of our data to other CMS Best Practices States, CMS-416 data, and national HEDIS averages
  - Maintaining partnerships with local health departments, dentist professional organizations, local universities, and community & advocacy groups
- Maryland Dental Home Program
  - Mission of Program
    - Increase use of preventive services
    - Improve continuity of care
    - Establish and improve relationships between members and providers
  - Goal is to institute dental homes statewide by the end of CY 2012

Lessons Learned

- Making reforms all at once is a challenge; but comprehensive approach attracts dentists
- Increasing reimbursement is important; but so are cutting bureaucratic burdens, educating the public about the importance of regular dental care, and rebranding the Medicaid program for providers and recipients
- State Medicaid agencies need champions to make headway in getting resources to carry out comprehensive dental improvement plans (In Maryland, our champion is the Dental Action Committee)
- Lessons will continue as Maryland implements its Oral Health Plan through 2015 and continues program evaluation

How Data Impacted Rhode Island Medicaid's Dental Program Changes

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Medicaid-CHIP State Dental Association

Rhode Island's Impetus for Program Change

- Data analytics determined that children enrolled in RI Medicaid needed dental care access improvements
- Parent focus groups – determined dental care was number one unmet need for their children
- Robert Wood Johnson's State Action for Oral Health Access (SAOHA) grant - funded numerous activities that led to systems change
- Challenge - to implement a new dental delivery system for young children in a budget neutral environment

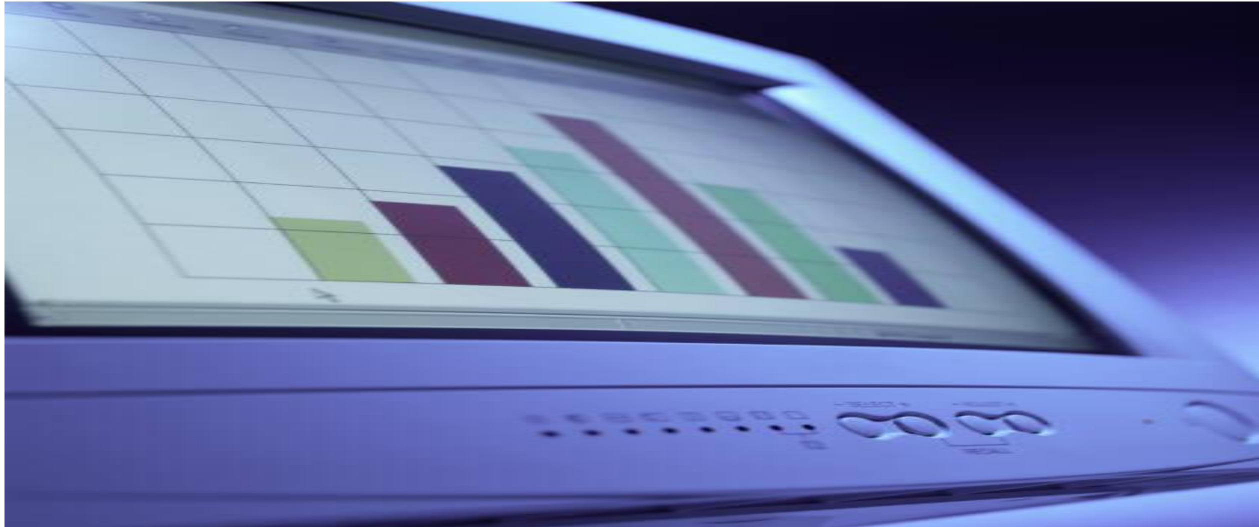
The Development of RIte Smiles

- RIte Smiles is the State's first Medicaid Dental Managed Care Delivery Model
- Currently enrolls approximately 59,000 children
- AUTHORITY= 1115 Demonstration Compact Global Services Waiver
- Program was implemented in 2006 for children born on or after May 1, 2000
- Single Risk-Based Program Administrator (Contractor) statewide
- Remainder of population born before May 1, 2000 remains enrolled in a traditional FFS delivery system

Data’s Role in Program Development Decisions

- MMIS dental utilization data informed initial development decisions for RIte Smiles
- Analyzed dental utilization data for all categories of care and trended over time
- Preventive care particularly low for children under age 6
- Began with youngest Medicaid enrollees from birth through age 5 and planned to “age in” to RIte Smiles one age cohort per year

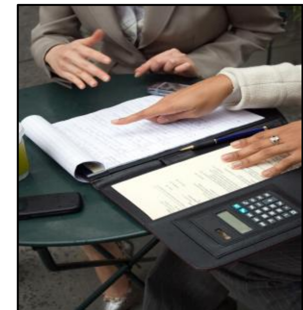
Financial Forecasts



- Forecasts and projections were completed by both internal program and data analytics staff and external consultants
- Findings - children over age 6 had a higher utilization trend
- Program design and implementation decisions were made
- Actuarial assessment determines annual impact of children's utilization as they age into the program

Reports- RIte Smiles Program Data Highlights

- Managed care claims are linked with fee-for-service claims
- Both the total Medicaid population and the full time equivalent (FTE) managed care eligibles have been used as denominators for rate determinations
- Encounter rates for FQHCs are integrated into analyses
- Developed methods to identify ‘wrap-around’ payments to FQHCs in fee-for-service Medicaid to add dollars to managed care claims but not double-count the service
- Some reports use age groups: <2, 3-5, 6-8 and 9-10, while others group children into ages <4 and 4-6, etc.
- Dental service types are broadly categorized as preventive and treatment but are more specifically defined on reports generated more frequently



RIte Smiles – Access Gains

- Between 2002 and 2010 in Rhode Island, there were gains in access to dental care among children under age 10 with Medicaid coverage, with the largest increases occurring since 2006, when RIte Smiles began.

- 13 percent of children ages 2 and younger with Medicaid coverage received any dental care in 2010, marking a 597 percent improvement since 2002 and the first time that over 10 percent of this age cohort received dental care.

- RIte Smiles marked the beginning of an upward trend in preventive dental services among children with Medicaid coverage, including a 33 percent increase in preventive visits between 2005 and 2007

- From SFY07 to SFY08, the first and second year RIte Smiles began enrollment, there was a 35 percent increase in the percentage of children age 6 who received at least one dental sealant.

- Between 2002 and 2010, there was an 84 percent increase in the percentage of children ages 6 to 9 with Medicaid coverage who had at least one dental sealant, increasing from 1,905 children in 2002 to 3,504 children in 2010.

Conclusions Drawn Through Analysis

- Goals of improving access to care for children, increasing preventive service utilization and decreasing high cost restorative care have been met
- Participation rates have increased concurrent with RIte Smiles Program in all age groups
- Notable increases in magnitude among children ages 2 and under
- Participation rates among children ages 9-10 have reached 70 percent, which is comparable to commercial insurance rates
- Sharp increases in both Prevention and Treatment rates among all children ages 10 and under
- Dental Provider Participation improved significantly - from 27 actively participating dentists to 202 dentists as of 7/1/11, with the largest proportion in private practices

Program Analysis Using Data

- RIte Stats report will focus on treatment services and site of care
- Broader evaluation including distribution of providers, impact of pediatricians on access to dental care and cost
- Outcomes evaluation assessing long term results of adequate care

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

Payne, C. A. (2010). RIte Smiles evaluation report: Trends from 2002-2008. Cranston, RI: Rhode Island Department of Human Services, Medicaid Research and Evaluation Project.

http://www.rimed.org/medhealthri/2011-08/2011-08-247.pdf

McQuade, W., et al. (2011). Assessing the impact of RI's managed oral health program (RIte Smiles) on access and utilization of dental care among Medicaid children ages 10 years and younger. *Health by Numbers, 94*(8), 247-249.