

CMS/MSDA Learning Lab: Improving Oral Health Through Access

State Medicaid and CHIP Program Support of Sustainable Oral Health Care Delivery Models in Schools and Community-Based Settings

May 14, 2014

Rosemary Feild
Health Insurance Specialist, CMS

State Medicaid and CHIP Program Support of Sustainable Oral Health Care Delivery Models in Schools and Community-Based Settings

The learning objectives for this webinar are to understand, through examples from school- and community-based dental providers:

1. How to develop a business plan that supports the delivery of school- and community-based oral health care services,
2. How billing practices for school- and community-based, and school-linked dental programs may support dental services for disadvantaged children, and
3. How two states have developed successful school- and community-based dental services programs.

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**.
 - Baseline year is FFY 2011. National baseline is 42%.
 - Goal year is FFY 2015. National goal is 52%.
 - Every state has its own baseline and goal.
- 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 **sealant on a permanent molar** tooth.
 - CMS is working on operationalizing this goal.

State Medicaid and CHIP Program Support of Sustainable Oral Health Care Delivery Models in Schools and Community-Based Settings

- **Martha Dellapenna, RDH, MEd**, Director, Center for Quality, Policy & Financing, Medicaid-CHIP State Dental Association
- **Jolene Perkins**, Manager, Future Smiles Dental Clinic, University of Arkansas at Little Rock
- **Chawnte Booker**, Arkansas Medicaid Dental and Vision Program Manager, Arkansas Medicaid
- **Kathryn Dolan, RDH, MEd**, Director, Tufts Community Dental Program, Tufts University School of Dental Medicine; Assistant Professor, Department of Public Health and Community Service, Tufts University School of Dental Medicine
- **Brent Martin, DDS, MBA**, MassHealth Dental Director; Chief Dental Services, Office of Clinical Affairs, University of Massachusetts Medical School, Commonwealth Medicine

Medicaid-CHIP State Dental Association Director, Center for Medicaid & CHIP Oral Health Quality, Policy, and Financing

Marty Dellapenna, RDH, MEd

Background – Problem #1

- 44% Medicaid children received a preventive dental visit
- 24% Medicaid children received any treatment services

Source: *Use of Dental Services in Medicaid and CHIP (FFY 2011); Secretary's Report, An Excerpt, September 2013.*

Contributing Factors

- Limited dental providers that participate in Medicaid and CHIP
- Access to convenient service delivery sites
- Parents and caretakers unable to take time off of work
- Cost -sharing may be burdensome on CHIP families
- Others



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Potential Solution: School- and Community-based Dental Services

School-based dental service delivery - providing services to vulnerable populations less likely to receive private dental care

Program Designs vary:

School-based programs- conducted completely within the school setting

School-linked programs - connected with schools in some manner but deliver the services at a site other than the school

Community-based programs- incorporate school-based and school-linked models but take place within the community

<http://www.astdd.org/school-based-dental-sealant-programs/#four>


Models and Services Delivered

- Screening and Education
- Preventive
- Dental Home: Comprehensive
 - Diagnostic: Exams and X-rays
 - Preventive: Dental prophylaxis (Cleaning) and fluoride; sealants
 - Restorative: Level 1 Restorative (Simple)
 - Oral Health Education
 - Referral to specialty services



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Medicaid and CHIP Policies that Support School- and Community-Based Services



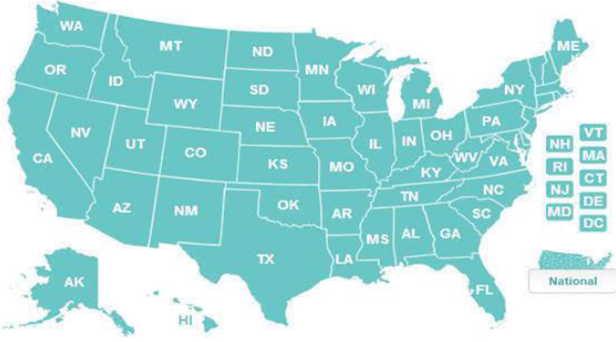
MSDA
MEDICAID-CHIP
STATE DENTAL ASSOCIATION
NATIONAL PROFILE OF STATE MEDICAID & CHIP ORAL HEALTH PROGRAMS

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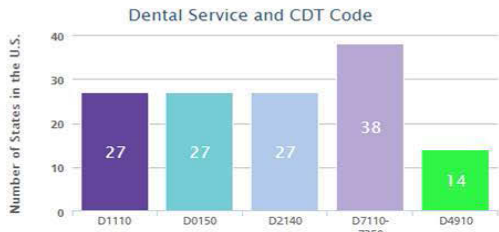
PROFILE CATEGORIES

- + Program Information
- + Descriptive Program Information
- + Managed Care Information
- + Benefits
- + Provider Networks - Dental Providers
- + Provider Networks - Non-Dental Providers
- + Policy
- + Management
- + Affordable Care Act

Learn More

Five Common Adult Dental Services Covered by Medicaid Programs in the U.S. (2011)

The number of states in the U.S. in 2011 that cover five common dental services for adults with Medicaid dental benefits.

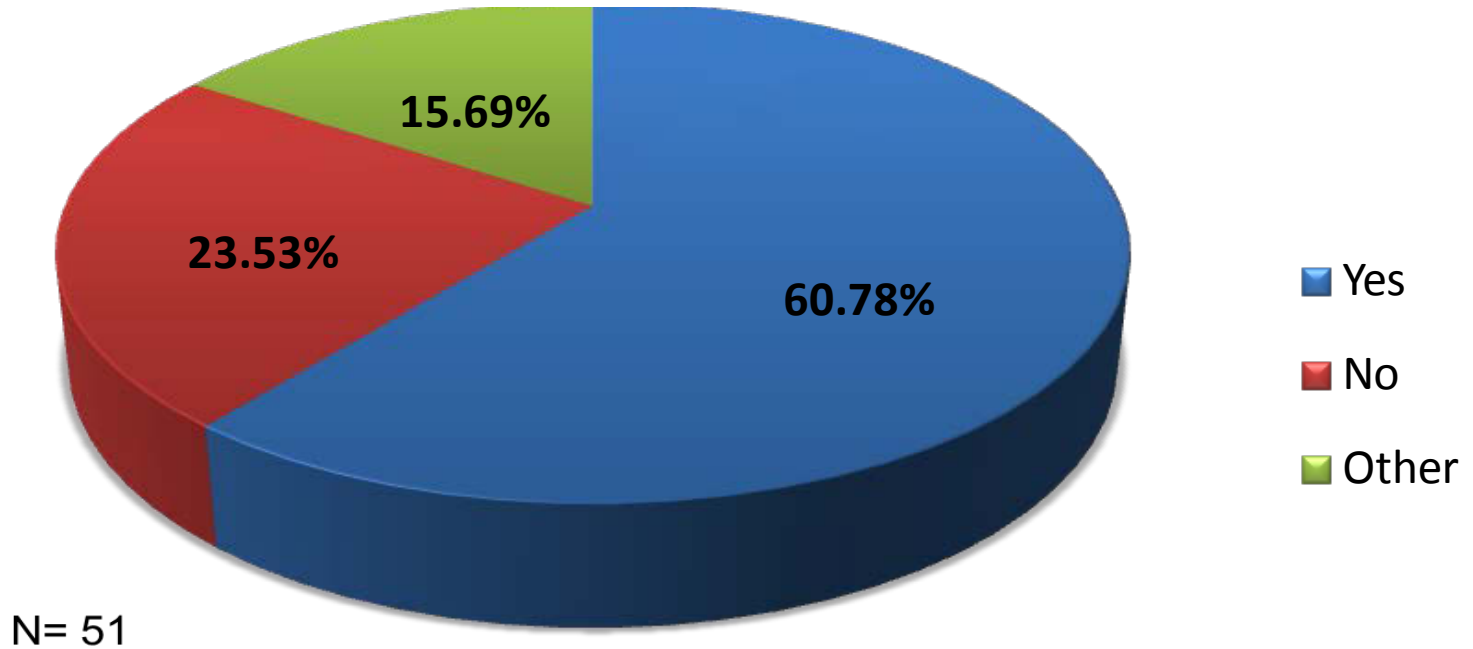


| CDT Code | Number of States in the U.S. |
|------------|------------------------------|
| D1110 | 27 |
| D0150 | 27 |
| D2140 | 27 |
| D7110-7250 | 38 |
| D4910 | 14 |

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10

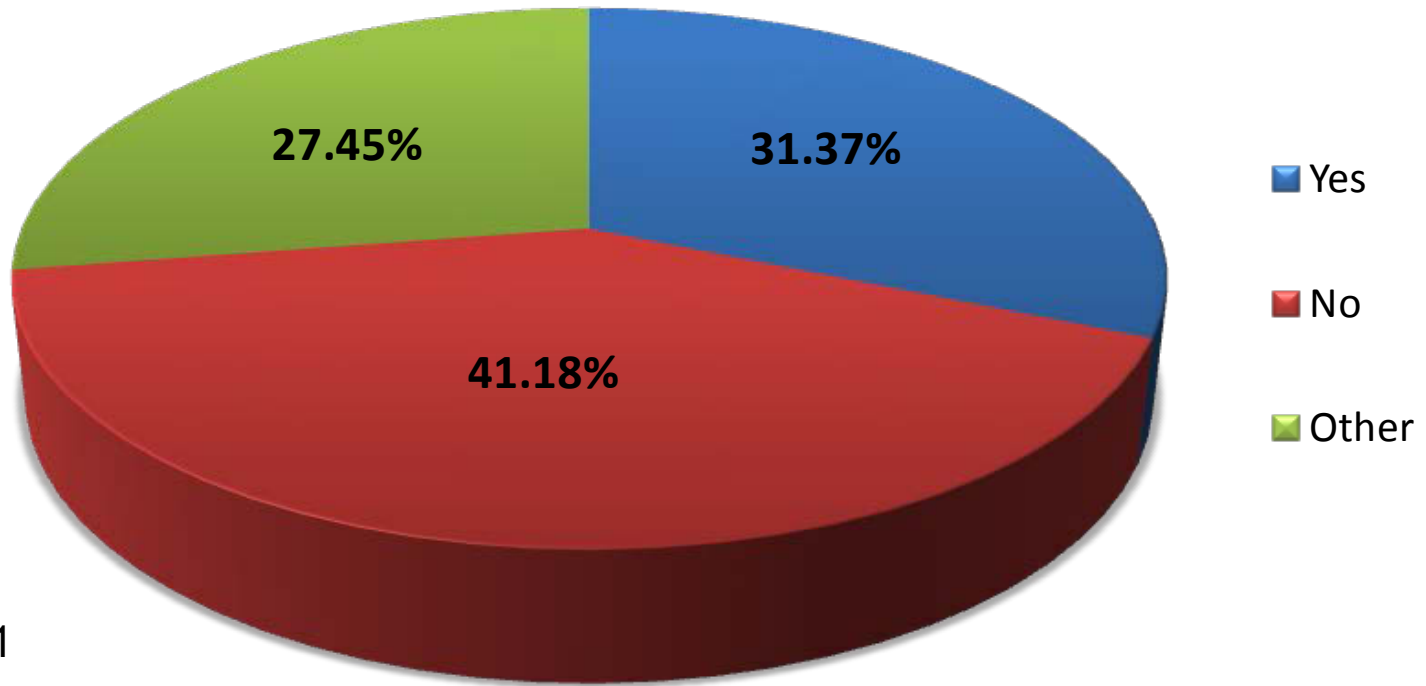
State Medicaid Programs that Accept Billing and Reimburse for Dental Services in School-Based Programs (2013)



2013 MSDA Annual Profile of State Medicaid & CHIP Oral Health Programs

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Percent of States with Payment Limitations from Medicaid to School-Based Programs (2013)

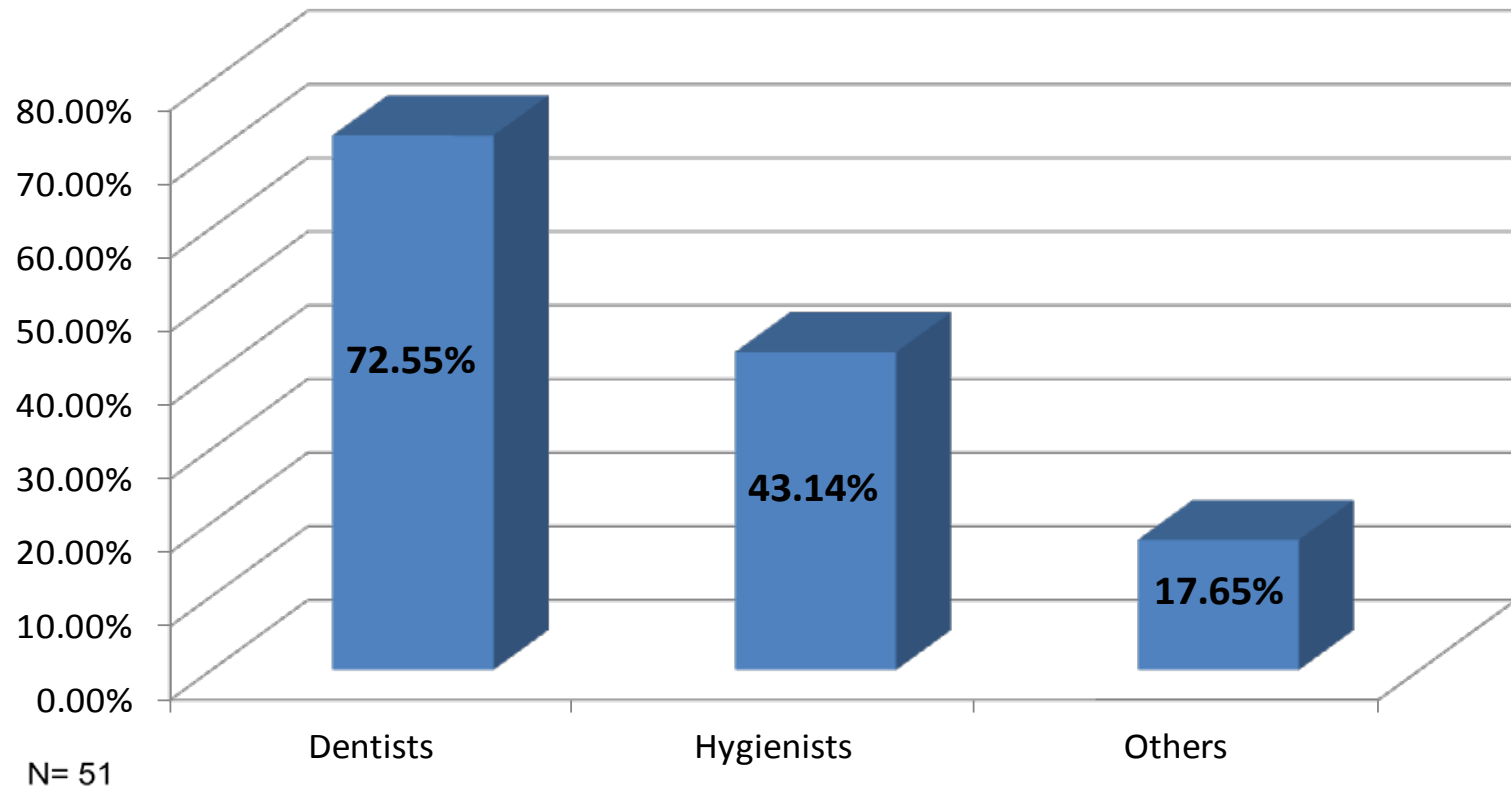


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2013 MSDA Annual Profile of State Medicaid & CHIP Oral Health Programs

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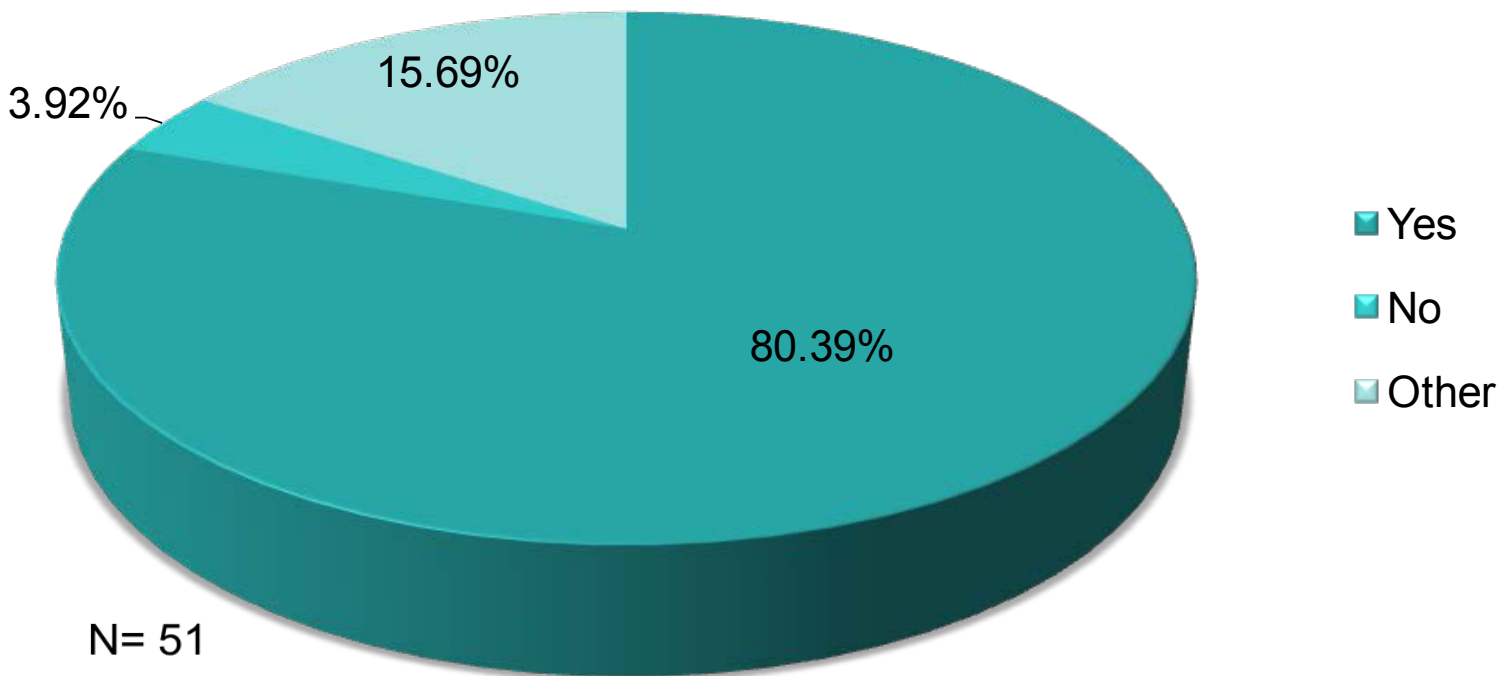
Percent of Medicaid Dental Programs that Reimburse for Dental Services Performed by Provider Types in School-Based or -Linked Settings (2013)



2013 MSDA Annual Profile of State Medicaid & CHIP Oral Health Programs

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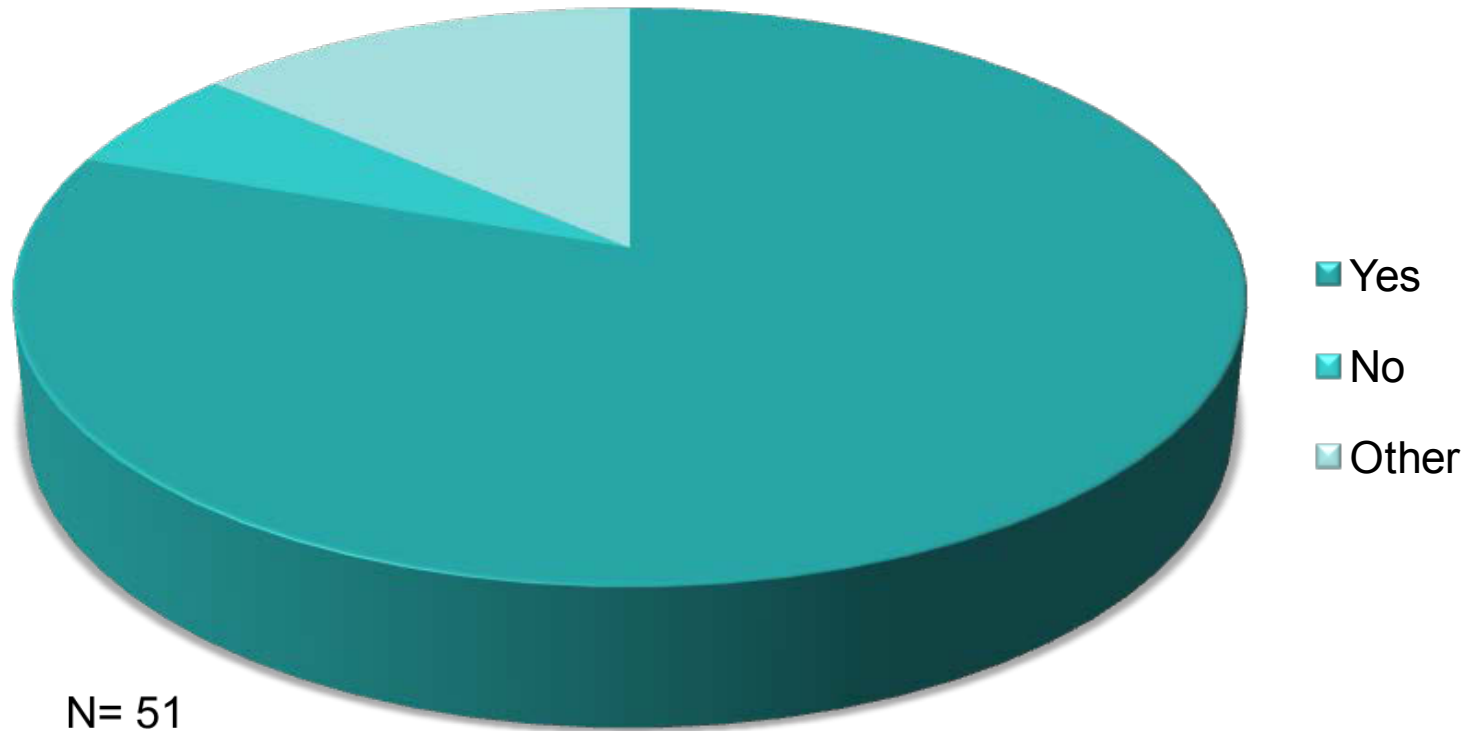
Percent of State Medicaid Programs that Reimburse for Dental Services Provided by Mobile Dental Units (2013)



2013 MSDA Annual Profile of State Medicaid & CHIP Oral Health Programs

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Percentage of State Medicaid Programs that Reimburse for Dental Services Provided by Portable Dental Units (2013)



2013 MSDA Annual Profile of State Medicaid & CHIP Oral Health Programs

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Problem #2

- Limited funding to support start-up
- Limited funding to support ongoing management
- Limited funding to support sustainability



Future Smiles Dental Clinic

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May 14, 2014



Jolene Perkins, Clinic Manager
UALR Children International
Little Rock, Arkansas

School Based Dental Clinic

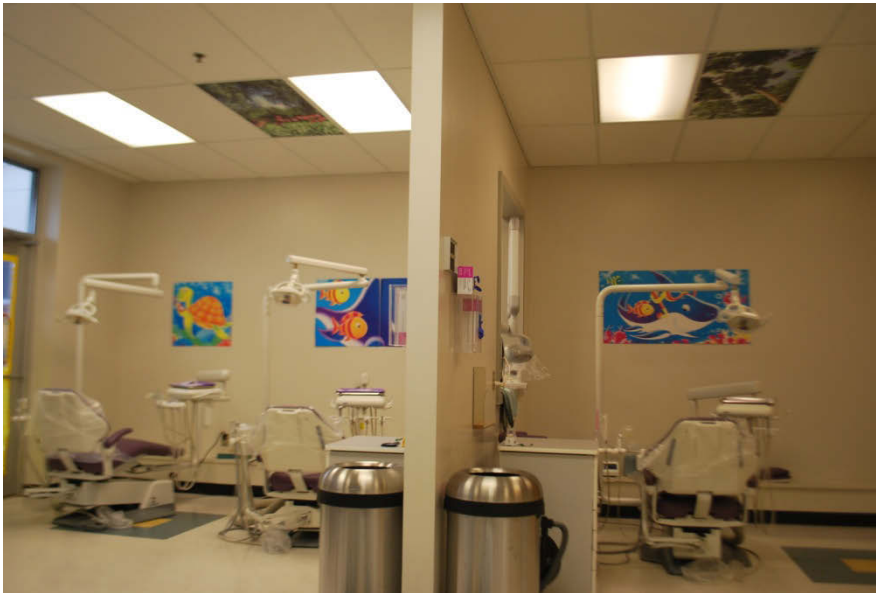
- Located inside Wakefield Elementary School
 - Southwest Little Rock, Arkansas
 - School destroyed by fire in 2002, Reopened 2004
 - Student Population: 601
 - 66.4% African American, 33% Hispanic, 0.6% Caucasian
 - 97.9% Free or Reduced Lunch
- Clinic opened in 2005
 - Operated by UALR CI
 - First in Arkansas



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School Based Dental Clinic

- Model
 - Three Patient Chairs
 - Eaglesoft Dental Software
 - Scan-X Digital Imaging
 - Dental Home
 - Screenings



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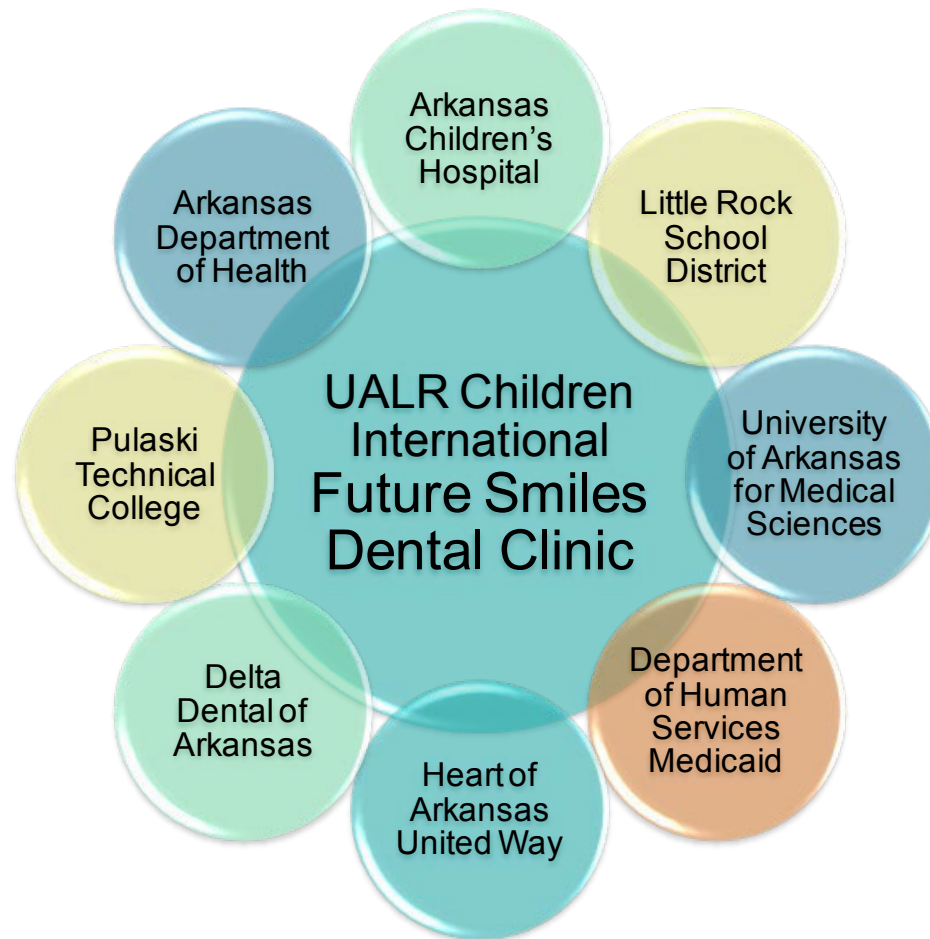
Staffing and Operations

- Staffing
 - Dentist (contracted through Arkansas Children's Hospital)
 - Hygiene Students (UAMS Junior & Senior Students)
 - Clinic Manager (UALR Children International employee)
 - Dental Assistant
- Operations
 - 8 a.m.- 4p.m. Tuesday – Thursday
 - August – June (Closed July)
 - Serves Little Rock School District
 - On Medicaid (71%)/No insurance(29%)
 - No current Dental Home
 - Transportation provided one day each week, 4 schools



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Dental Health Action Team (DHAT)



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DHAT Membership Roles

Little Rock School District

- Space, custodial services, Medicaid biller

UAMS Department of Dental Hygiene

- Hygiene students

Arkansas Department of Human Services

- Medicaid support – funding

Heart of Arkansas United Way

- Annual campaign – funding

Arkansas Department of Health, Oral Health

- Data Analysis funding

Delta Dental Plan of Arkansas

- Grant support - funding

Pulaski Technical College

- Dental Assisting Students fluoride varnish & OHI

Arkansas Children's Hospital

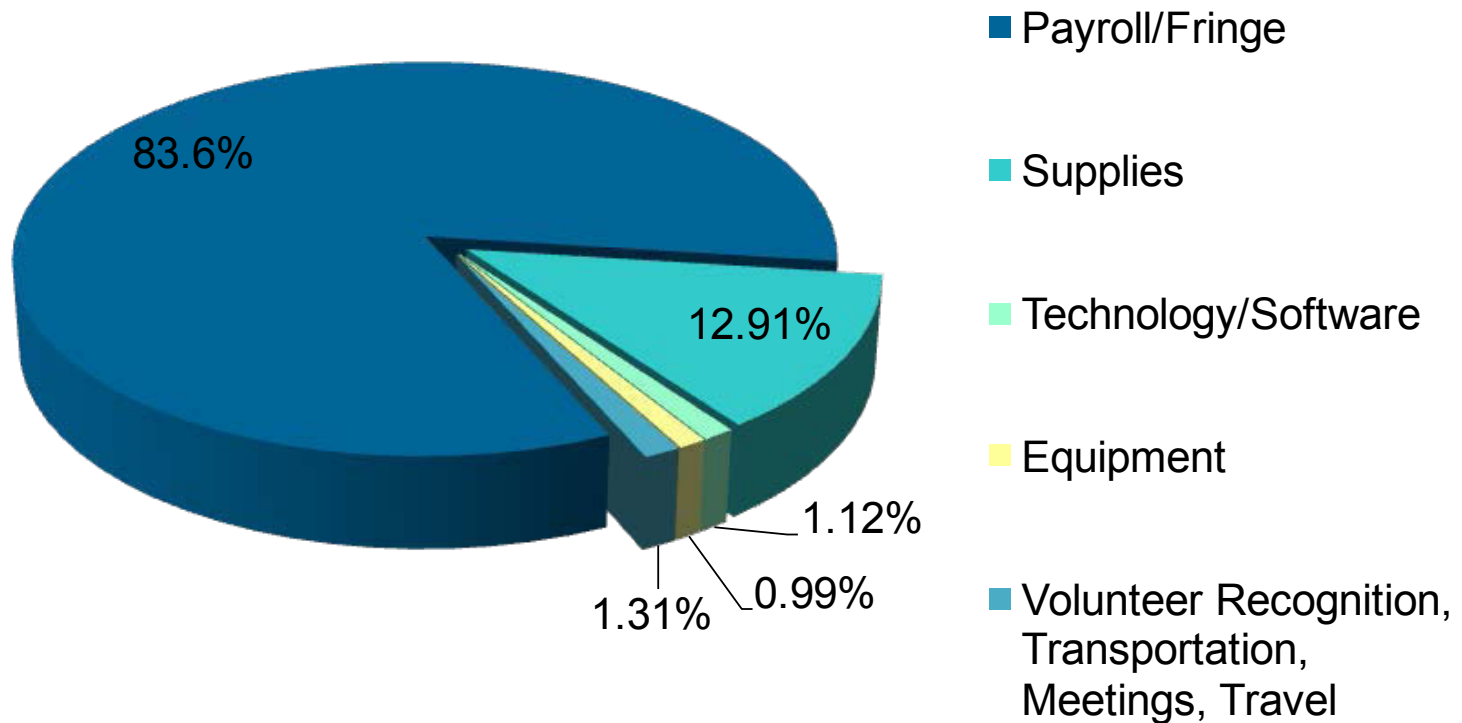
- Contract for Dentist

UALR Children International

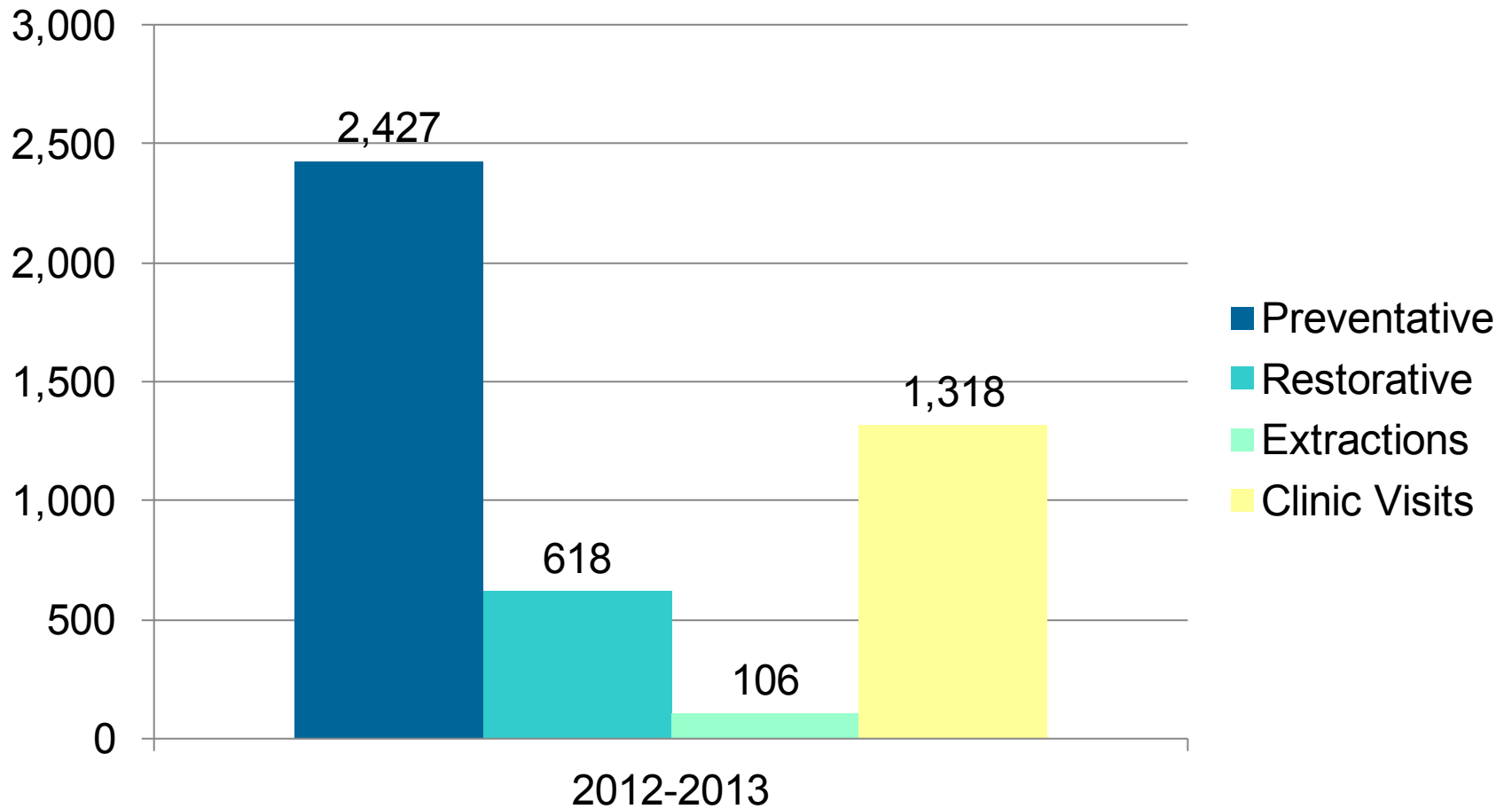
- Administration, management and financial support

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Annual Costs of Operation



Dental Services



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Medicaid Billing Process

Clinic Manager
codes/prints
claims, forwards
to biller

Medicaid Billing
Specialist inputs
claims for 10%
of remittals

LRSD returns
90% of remittals
to Future Smiles
Dental Clinic

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Dental Service History

Top 5 Codes by Paid Amount 2012-2013

D2140 – 1 Surface Amalgam

D0120 – Oral Evaluation

D1120 – Child Prophylaxis

D1351 – Sealant

D0272 – Bitewings



Top 5 Codes by Units Paid 2012-2013

D0120 – Oral Evaluation

D0272 – Bitewings

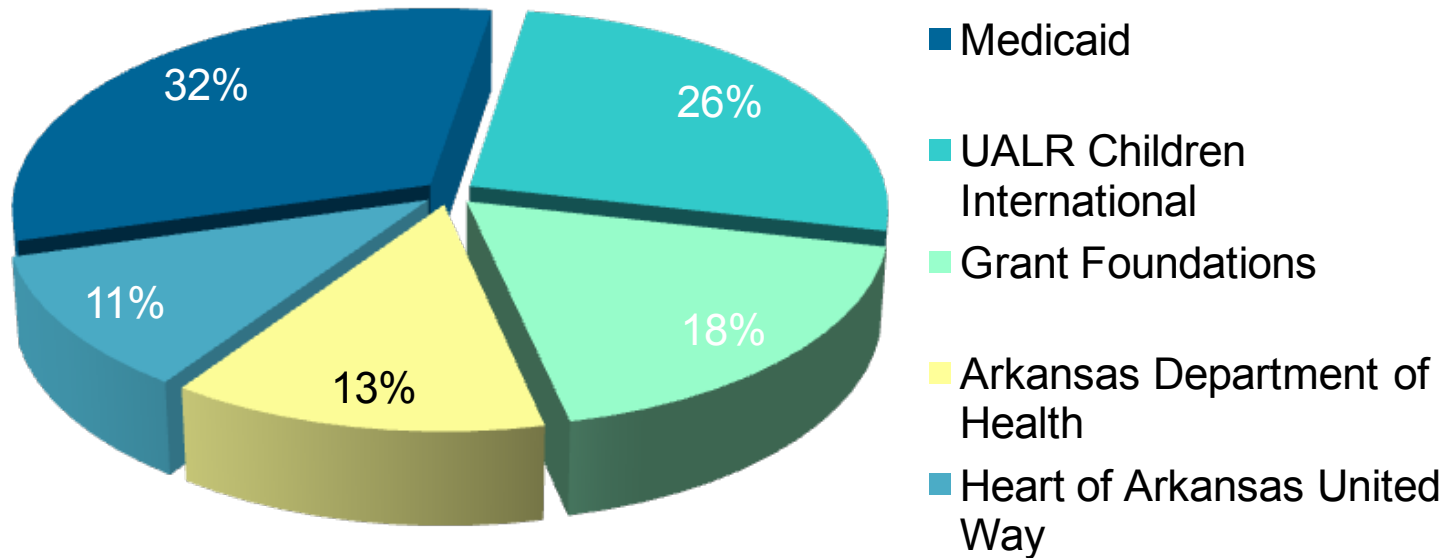
D1351 – Sealant

D1120 – Child Prophylaxis

D2140 – 1 Surface Amalgam

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Funding Sources



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Funding Sources - Comparison

| Funding Source | 2013 | 2004-2013 |
|-------------------------------|------|-----------|
| Arkansas Medicaid | 51% | 32% |
| UALR Children International | 33% | 26% |
| Local Grantors | 10% | 18% |
| Arkansas Department of Health | 0% | 13% |
| Heart of Arkansas United Way | 6% | 11% |

Impact

- **Services**
 - Increased access for Medicaid/non-insured children
 - 28,080 Dental Screenings, OHI and Toothbrush kits
 - 3,681 children have received 11,119 dental sealants
 - 3,721 children have received two treatments of fluoride varnish
 - 8,867 patient visits to Future Smiles Dental Clinic
- **Screening Outcomes from 2000 to 2013**
 - Children with Sealants Present 2.5% → 30.0%
 - Children with Untreated Caries 37.6% → 21.3%
 - Children Referred for Routine Dental Care 27.9% → 19.2%
 - Children Referred for Emergency Dental Care 5.0% → 1.8%

Conclusion

- School-based Clinics increase access
- Utilize Strength of Partnerships
- Screen/Evaluate Outcomes
- Report



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Questions



Jolene Perkins

Manager, Future Smiles Dental Clinic

jkperkins@ualr.edu

501.447.6645



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ARKANSAS DEPARTMENT OF HUMAN SERVICES

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State Medicaid and CHIP Program Support of Sustainable Oral Health
Care Delivery Models in Schools and Community-Based Settings
May 14, 2014

Chawnte Booker, DHS Dental & Vision Program Manager
Arkansas Medicaid

Primary Reasons Behind Arkansas Medicaid Support

- Dental Home Model
- Improved Access to Dental Care
- Partnerships with Major Stakeholders & Community
- Dental Health Action Team



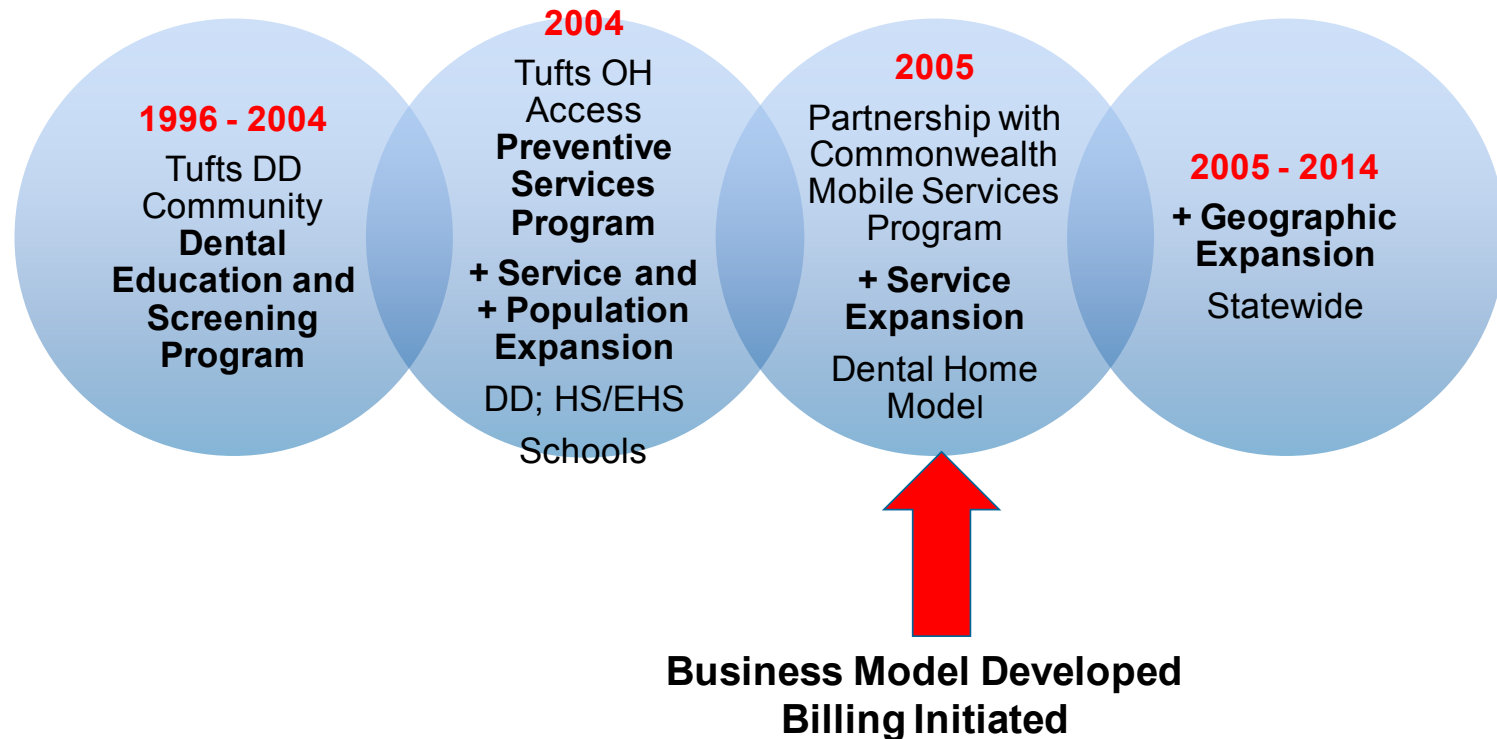
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Kathryn Dolan, RDH, MEd

Director of Tufts Community Dental Programs

Business Model for School- and Community-Based Oral Health Care Programs

Evolution of Tufts Community Dental Program



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Growth and Experience

- Major program changes
 - Expansion of populations served
 - Expansion of service types
 - (Education and Screening → Preventive → Dental Home Model)
- Reasons for changes
 - Needs of population(s)
 - Needs of the institution
 - Program Sustainability
 - Other environmental factors

Program Description

- Type of Services
 - Comprehensive: Dental Home Model
 - Linkages to specialty services
- Scope
 - 254 Total service delivery sites
 - 152 Schools
 - 102 Community sites
 - 10,153 served 2012-2013 academic year
 - 11,000 Anticipated total to receive services 2013-2014 academic year

Infrastructure – Equipment

12 Service Delivery Set-ups

- Equipment
 - Portable dental equipment
 - Patient Chairs; lighting; operator chairs; compressor; delivery unit
 - Instruments
 - Restorative and preventive
 - Laptops
 - Smartphones
- Supplies
 - Office and dental service
- Sterilization

Infrastructure – Staffing

- **Providers - FTEs**
 - Licensed Dentist – 1.0
 - Licensed Hygienists – 4.5
 - Certified dental assistants – 2.5
- **Administrative - FTE**
 - Billing manager –1.0
 - Outreach Coordinator: 0.5
 - Office-Dental Assistants – 4.0
- **Students (Variable)**
 - Dental Students – 195
 - Dental Hygiene Students – 66

Annual Maintenance and Replacement

- On-site dental maintenance
- Longevity of units – 10+ Years

Business Model Estimates

- Income - \$600,000
 - MassHealth: \$ 500,000 approximately
 - Private Insurance: \$100,000 approximately
 - Grant: \$0
- Expenses -
 - Personnel: \$674,000
 - Supplies: \$100,000
 - Maintenance: \$1000
- In-kind:
 - Tufts University: \$175,000 (Whatever is needed to balance out expenses)

Business Model – Major Variables

Major Variables

Number of Delivery Sites

Patient Flow per site

Breakeven cost per day

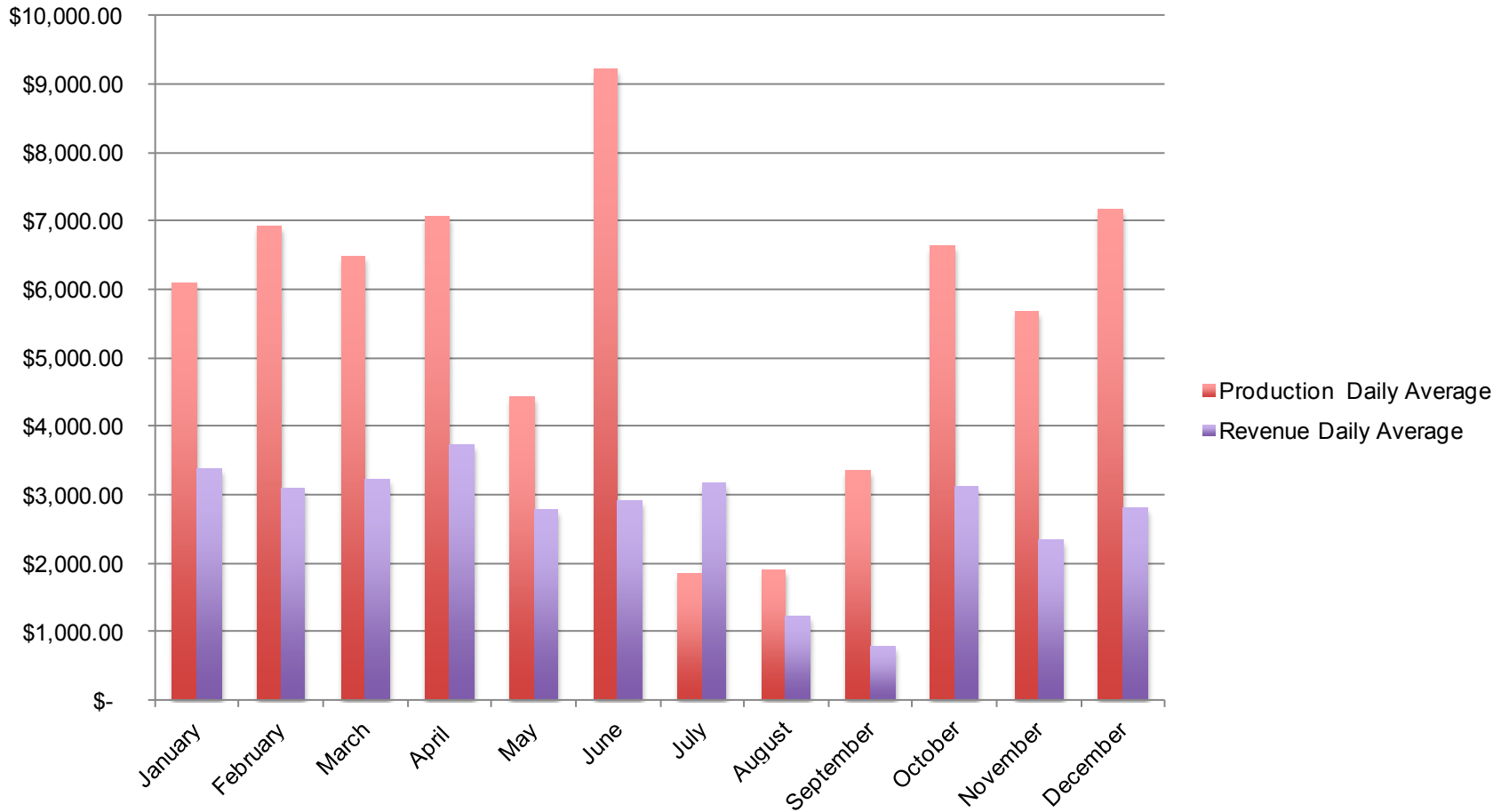
Providers

Actual services billed

Patient Management System Data Collection

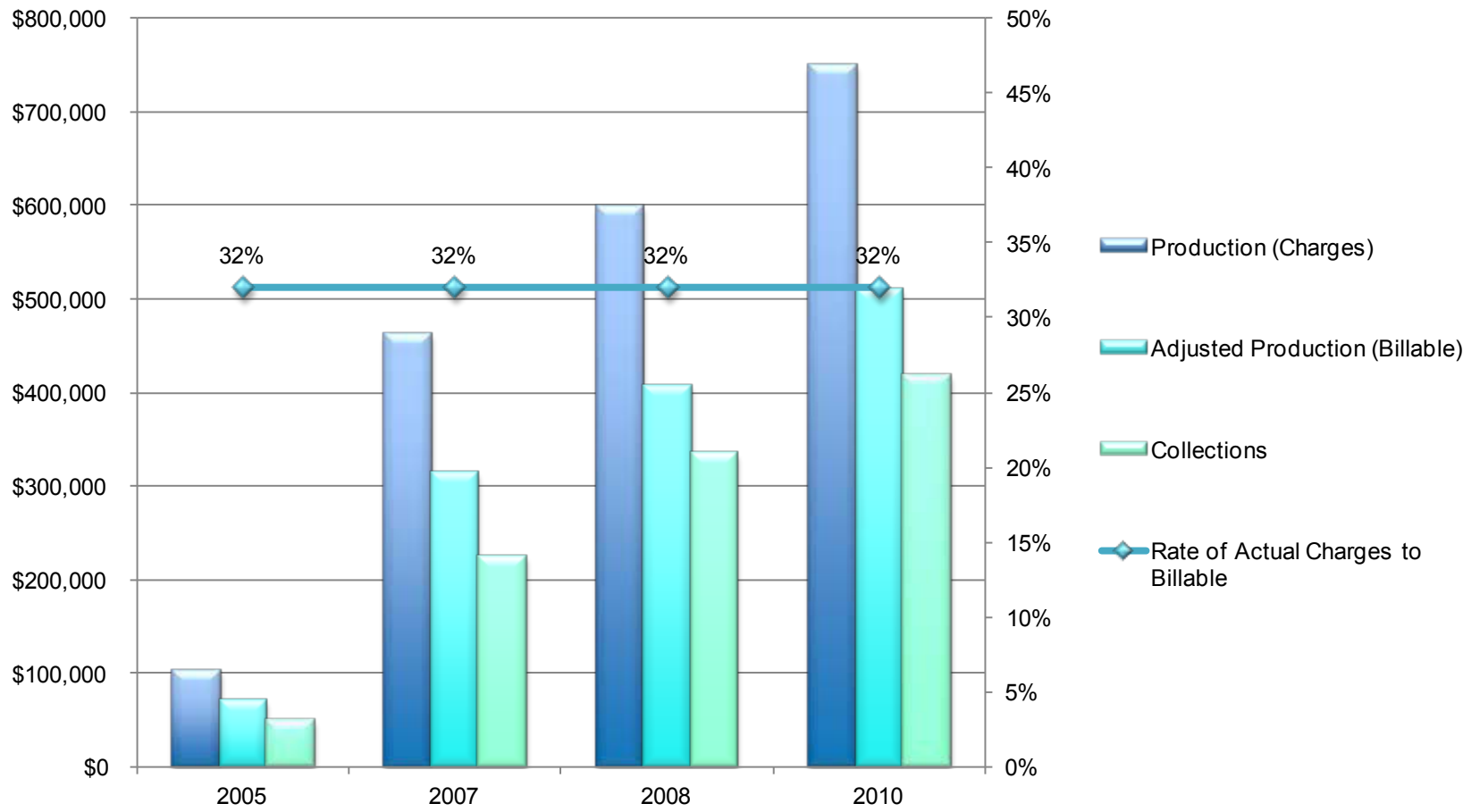
- AxiUm
- Hard copy in field
- Includes all cost variables
- Actual services billed in Dental Home Model
 - Dental Prophylaxis
 - Fluoride
 - Sealants
 - Behavior Management
 - Radiographs
 - Level 1 Restorative

Dashboard



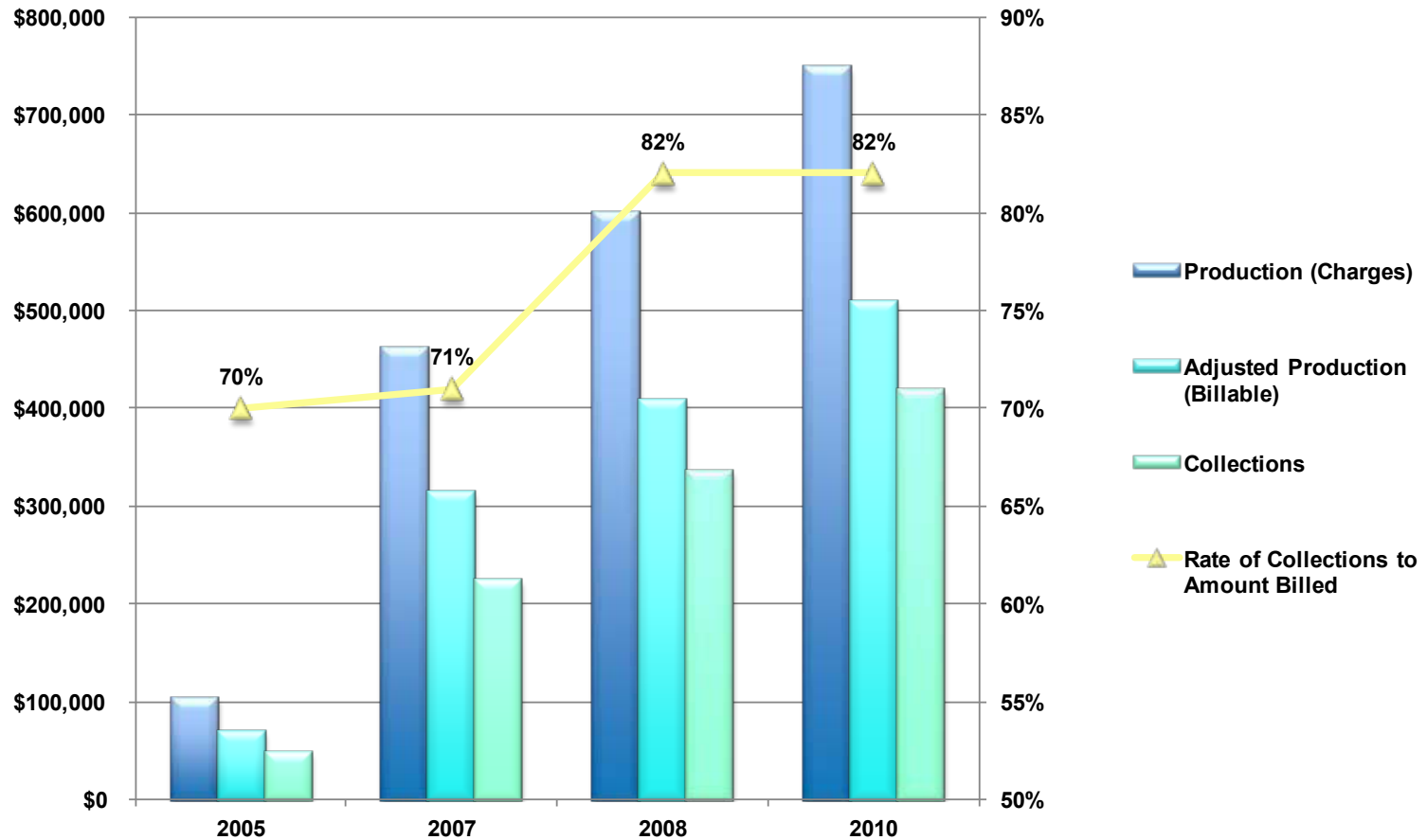
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Impact of Business Model



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Impact of Business Model



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What YOU Need to Get Started Administrative Planning

- Submit an application to become an eligible provider for both Medicaid and private insurers
- Establish your service rate schedule - update regularly
- Obtain allowable fee schedule(s) from various payers
- Establish and schedule your service sites
- Estimate delivery of services by site; day; and provider

What YOU Need to Get Started Administrative Planning

- Assign program personnel at highest degree of license. For example:
 - You don't want a licensed dentist cleaning teeth
 - Dental assistants can deliver fluoride varnish
- Assess for other cost variables
- Develop your dashboard
- Monitor daily; weekly; monthly

Thank You!



Contact Information: Kathryn.dolan@tufts.edu - 617 291-2217

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MassHealth: The Massachusetts Medicaid Program

May 14, 2014

Dr. Brent Martin, DDS, MBA
MassHealth Dental Director

Brent D. Martin DDS MBA

University of Massachusetts Medical School
Commonwealth Medicine Office of Clinical
Affairs
Chief of Dental Services
MassHealth Dental Director

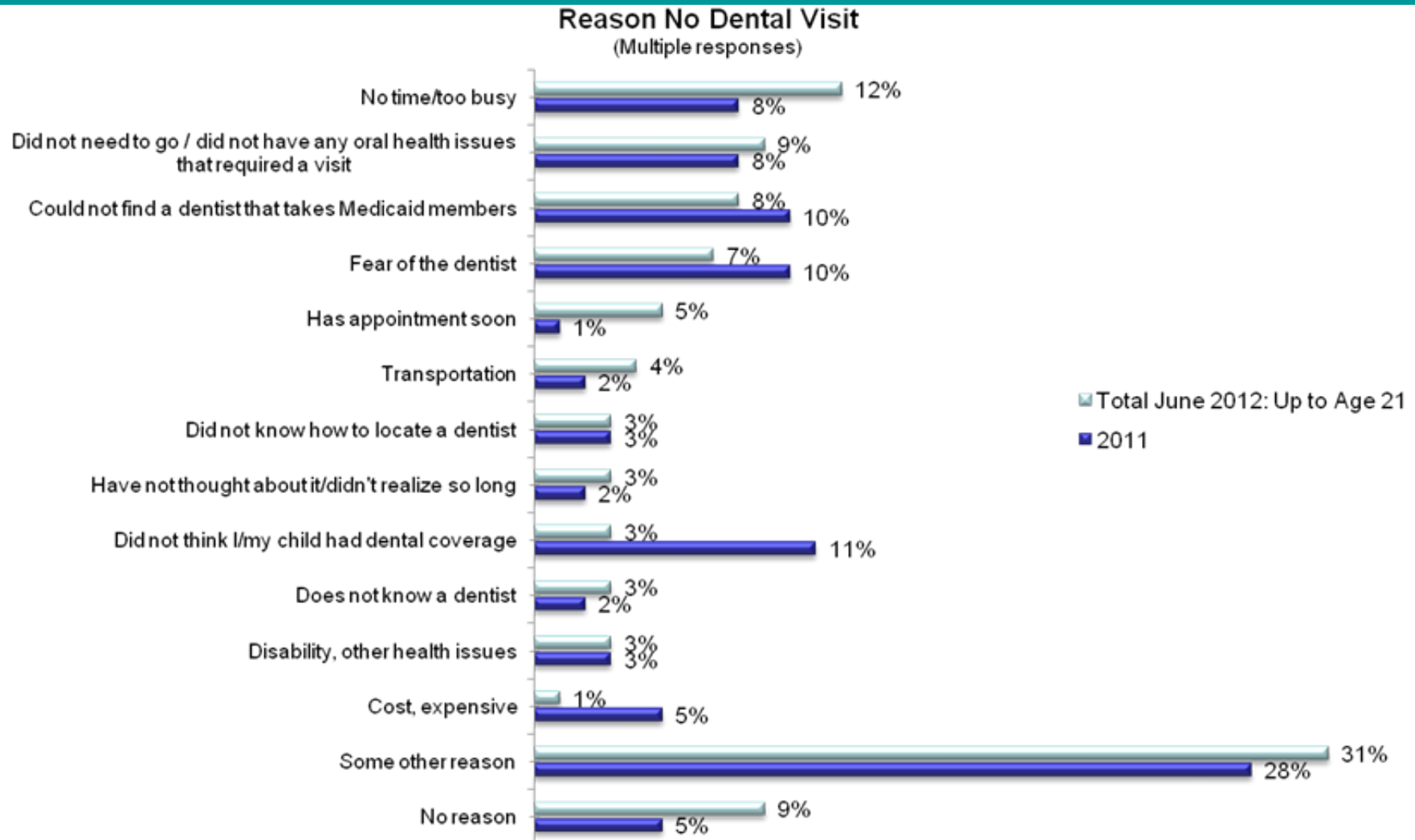
In Massachusetts we are very proud that for FFY13 our CMS 416 data indicates that for school age children, over 66 % had a dental visit;

However; there were still over one hundred thirteen thousand school age children who did not have a dental visit, and it is imperative that we take at least diagnostic and preventive care to them through programs like TUFTS



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Reason No Visit



Note: Data prior to 2012 include children and adults. The 2012 data is only for patients up to age 21. Therefore the 2012 results are not directly comparable to prior years.

What is the reason (you have/your child has) not been to the dentist in the past few years?

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Contact List

Rosemary Feild
EPSDT and Oral Health
CMS
Rosemary.Feild@cms.hhs.gov

Brent Martin, DDS, MBA
Dental Director
MassHealth
brent.martin@state.ma.us

Marty Dellapenna, RDH, MEd
Director
Medicaid-CHIP State Dental
Association
mdellapenna@medicaiddental.org

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jkperkins@ualr.edu

Chawnte Booker
Program Manager
Arkansas Medicaid Dental and
Vision
Arkansas Medicaid
Chawnte.booker@arkansas.gov

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