MassHealth Dental Updates

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September 28, 2016
Objectives

➢ Dental Program - FFS Delivery Model

➢ Challenges – FFS /Value Base

➢ Opportunities - Exploring ReDesign
PROGRAM UPDATES
Overview


- MassHealth/ Chip Members …1.864,198 million.

- Members who Received Dental services…..788,968.

- Member Service Populations
  a) Children under age 21 - Mandatory.
  b) Adults 21 and over - Optional.
  c) DDS members.
Program Structure

• **TPA** Contracted to Provide Administrative Services
• MH Pays Claims.
• Network Adequacy Robust For Medicaid.
• Majority of MA Dentists Do Not Accept MassHealth.
• Last Rate Increase - January 2009 - Rates Set By EOHHS.
• **Basic Benefit**
  - Examination, Diagnostic and Preventive Services
  - Restorative Services
  - Prosthodontic Fixed and Removable Services
  - Oral Surgery Services
  - Endodontic Services and Periodontal Services
  - Orthodontic and Orthognathic Services
New Program Initiatives

• New Webpage improvements for Providers and Members
  – https://masshealth-dental.net

• New Mailing Address MassHealth  P.O. Box 2906, Milwaukee, WI 53201-2906

• Call Center: (800)-207-5019  available 24 hours a day

• Expanded Provider Relations and Outreach Team Members

• Expanded Outreach Programs.
  – Fluoride Varnish, Train the Trainer, Sealant, Broken Appointment

• New Statewide Outreach Programs.
  – Smiling Stork (Perinatal
  – ER Diversion
Procedure Codes Updated and Aligned with ADA Code Sets

• MH Receives Request To Add Codes all the Time.

• **D0191** -Limited Clinical Assessment. The MassHealth agency pays for a limited clinical inspection once per member per provider per calendar year when performed to identify possible signs of oral or systemic disease, malformation, injury, and/or the potential need for a referral for diagnosis and treatment by a dentist. A Limited clinical assessment may be billed by Public Health Dental Hygienists.

• Billing Depts..2017 New ADA Codes
Regulations- D0191 Code Review

• Regulation: # 420.422
• Service Category: Diagnostic
• Code: D0191 - Limited Clinical Assessment. The MassHealth agency pays for a limited clinical inspection
• Frequency and Limitation(s): Frequency: once per member per provider per calendar year
• Description: when performed to identify possible signs of oral or systemic disease, malformation, injury, and/or the potential need for a referral for diagnosis and treatment by a dentist.
• Provider Type: may be billed by Public Health Dental Hygienists.
Network

• 6709 Access Points - Dental Offices, Dental School Clinics, **Community Health Centers**, hospital licensed health centers and outpatient hospitals…………

• MLCHC Serves The Needs of the State's 50 CHC Organizations - 300 Total Access Sites…………

• 2,678 Unique Providers Approximately 43% Of The State’s Professionally Licensed Dentists (6301) *April 2016 ADA Redi-Data, Inc.

• Dentists (including Limited Licensed) and Physicians…..

• Public Health Dentist Hygienists………. 
Challenges
Federally Qualified Health Centers are ....

- Community-Based Health Care Providers that Receive Funds from the HRSA Health Center Program to
- Provide Primary Care Services in Underserved Areas. They must meet a Stringent Set of Requirements,
- Including Providing Care on a Sliding Fee Scale Based on Ability to Pay and Operating Under a Governing Board that Includes Patients.
- Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Health Centers for Residents of Public Housing.
- $3,059,677 HRSA Quality Improvement 2016 Grants.
Reducing Dental Disease

• Research Shows that Dental Caries is Contagious……
• Medicaid Goals are EPSDT  →  Prevention……
• CMS National Plan (2010-2015) To Increase Access To Oral Health Care for Children Through Preventive Services……

a) Increase The Rate Of Children Ages 1-20 Enrolled in Medicaid or CHIP Who Received Any Preventive Dental Service By 10 Percentage Points Over a 5-Year Period.

b) Increase The Rate of Children Ages 6-9 Enrolled in Medicaid or CHIP Who Received a Dental Sealant On A Permanent Molar Tooth by 10 Percentage Points Over a 5-Year Period.
Dental Disease is Preventable

- The American Academy of Pediatric Dentistry (AAPD) encourages parents to find a dental home for their child as soon as the child's first tooth erupts.
- MassHealth (Medicaid) is **Not** Medicare.
- Provides health coverage for the Commonwealth's most vulnerable residents. Are seniors included???
- Only 15 states have extensive benefits (non-DDS) adults over 21yrs.
Opportunities
What is an Accountable Care Organization?

Accountable Care Organizations (ACOs) are non-profit, community-based organizations that bring together health care and social service providers to achieve higher quality care at a lower cost.

ACOs take a patient-centered approach to providing health care and are designed to improve health outcomes, quality, and access to care through regional collaborations and shared accountability.
Medicaid ACOs serve the Medicaid population in a specific zip coded area. They focus on the most vulnerable, complex, and high-risk patients in their communities.

How do they work?

• Medicaid ACOs work with the hospitals, federally qualified health centers, and primary care and social service providers in their communities to deliver health services with the goal of improving quality and reducing cost.

• ACOs link providers and patient data together through a Health Information Exchange or HIE.

• ACOs establish care teams with licensed clinical social workers and clinical staff to identify patients that are over utilizing expensive emergency department services and underutilizing more appropriate community-based primary and preventative care services.

• If the Medicaid ACOs are able to drive down the cost of care while improving quality and increasing community engagement, they would be able to share in the savings Medicaid realized from their efforts.
“As MassHealth transitions to ACO models, MassHealth members will continue to receive dental care benefits as they do today, through a contracted Third Party Administrator (currently DentaQuest) as described in the MassHealth dental program regulations at 130 CMR 420.000 and 450.105.

MassHealth will promote the integration of oral health and quality of oral health care through a range of methods (e.g., inclusion of oral health metrics in the ACO quality measure slate, contractual expectations for ACOs).

In addition, for members who will be enrolled in ACOs, dental services will continue to be paid FFS and associated dental costs will not be counted against the ACO total cost of care budget. In addition to financial accountability, ACOs will have broad accountability to integrate care across service categories, including for services that are not part of their financial accountability, and will be measured on several domains of care integration and member satisfaction”.

Prevention and Chronic Disease

Better coordination of care means fewer hospitalizations for patients with chronic illness. It means fewer trips to the ER. Patients learn to better manage their health conditions. Patient outcomes and patient satisfaction improves. Costs decline. The ACOs can share in the savings to Medicaid and invest in new programs to help patients and families living in low-income communities.
MA Dental Home Population

- 11.6% Residents Below Poverty level
- 39.1% Bachelors Degree or Higher
- 89.5% High School Graduates or Higher
- 32% Adults have Children
- 83% White….10% Hispanic….8% Black…6% Asian
- $67,846 -Median Household Income
- 62.7% Members have Medical home
- 64 HPSA Areas-54.98% of need met(1:5,000 to 1: 4,000 where high needs are indicated).

Notes
Population and demographic data on are based on analysis of the Census Bureau’s March 2015 Current Population Survey (CPS; Annual Social and Economic Supplement) and may differ from other population estimates published yearly by the Census Bureau. U.S. and state population data displayed on this site are restricted to the non-institutionalized population. Data may not sum to totals due to rounding. Population numbers are rounded to the nearest 100.
Re-Design Considerations

- Historical Separation of Dentistry (Siloed delivery model) and Medicine.
- Adult Utilization \(\uparrow\) Optional Benefit - Medicare-ACA - MASS near Universal Coverage.
- Organized Dentistry and Emerging Workforce Models.
- Spiraling Cost of Dental Education
- Incentives - NHSC Scholarships/Loans CHC Service.
- Fiscal Pressure within State Budgets is Increasing - Pressures on Medicaid ------ how to shift from Volume to Quality based care.
- Health care consumerism is changing how the population ‘shops’ for care (cosmetic vs functional or preventive care).
- Social Determinants-Equality/Equity-Many Americans believe they live in a classless society, but this conviction is tested by the sight of a mouth packed with mangled or missing teeth.
Disruptive Innovations

• 70% Dentists are General Dentists-Cottage Industry.
• Practice Profiles Prevention-Basic-Crisis-Cosmetic Reconstructive Care.
• Physicians Profile - Specialists – Employees.
• Dental Billing driven by Procedure Codes.
• Align Medicaid to Sustainable Preventive-Basic Benefit with Global Payments for FQHC’s.
• ER Diversion – Dental Departments in Hospitals.
• PCMH must Integrate HIT http://www.masshiway.net/HPP/index.htm
• PCMH must use diagnostic codes.
• Quality- reduce Disease and Improve Outcomes
Integrating Oral Health into Primary Care

**Primary Care**
- **Birth – 5 Yrs.**
  - Risk Assessment
  - Risk Reduction
  - Remineralization
  - Referral
- **6 Yrs. – 14 Yrs.**
  - Risk Assessment
  - Check for cavities
  - Check for sealants
  - Referral
- **Teens – Adult**
  - Risk Assessment
  - Check for cavities
  - Screen for perio disease
  - Refer

**Dental Care**
- **Birth – 5 Yrs.**
  - Risk Assessment
  - Risk Reduction
  - Remineralization
  - ITR
  - Refer
- **6 Yrs. – 14 Yrs.**
  - Risk Assessment
  - Seal 1st & 2nd molars
  - Restore
- **Teens – Adult**
  - Risk Assessment
  - Remineralization
  - Restore
  - Treat perio inflammation

**IT Communication & Coordination**

**Patient**
Managing Dental Disease

- Consolidate Care Units
- Diagnostic Codes and Risk
- Align Quality with Prevention
- Case Management
- EDR/EHR – Limited integration
- Outsource End Stage Care to Community Partners.
- Prevention Departments with Expanded Workforce.
- Quantify Outcomes.

Dr. Man Wai Ng - ECC Research
'Keep every member of the team working at the top of their license,' so you don't have physicians doing what nurses should do, you don't have nurses doing what educators should do, and you don't have educators doing what a care coordinator should do," David Polakoff, MD, chief medical officer and associate dean of UMass Medical School's Commonwealth Medicine division, told Worcester Business Journal.

- Workforce - Dental Hygiene Midlevel Practitioners – Aging Dentists.
- Include Dentistry Links to FQHC’s to expand Access.
- Sustainable Basic Benefit that Recognizes the Value of Integration.
- Prevention & Oral Disease Reduction Messaging (DPH).
- Add Oral Health to Medical Education Curriculum.
- Add Community/ER Rotations to Dental Education.
- Prevention (U.S Preventive Services Task Force)-fluoride varnish.
Is Oral Health a Part of General Health?

Should Dentistry Remain A Cottage Industry in Health Care?

Can a Cottage Industry Be Integrated Into Our Health Care System?
Overall Desired Outcome
The “Triple Aim”

- Improved Health
- Improved Care
- Reduced Cost

The Future
Thank You
Questions