Promoting equity in children’s dental care through Medicaid and CHIP

April 30, 2019
CDHP believes that no family should be held back from their dreams because of dental disease.

Our Goals

- Integrate oral health where families where live, learn, and work
- Better health and quality of life drive systems
- Race, income & geography are not barriers to good oral health
Colin Reusch
Director of Policy, Children’s Dental Health Project

Leonard Finocchio
Principal, Blue Sky Consulting
Past Associate Director, California Department of Health Care Services

Kelly Whitener
Associate Professor, Georgetown University’s Center for Children and Families

Dr. Jessica Meeske
Dentist, Pediatric Dental Specialists of Greater Nebraska
Medicaid-CHIP Subcommittee, American Academy of Pediatric Dentistry
Every child’s needs are different and tools exist to assess them.

One-size-fits-all model of oral health care is incompatible with Medicaid.

Medicaid/CHIP programs must incentivize appropriate care.

States are ultimately responsible for ensuring each child’s needs are met.

Greater program efficiency **AND** better outcomes **CAN** be achieved together.
Ideally...

- Medicaid/CHIP benefit and payment policies reflect evidence-based guidelines
- Managed care organizations and dental contractors incentivize chronic disease management and individualized care
- Federal and state requirements are met at all levels
- Success is based on avoiding harm and improving oral health
And that’s exactly how it always works!

Just kidding
In Reality...

• Periodicity schedules often serve as ceiling
• State and plan policies impede individualized care
• State plan may not reflect evidence-based guidelines or even periodicity schedules
• Oral health care is often relegated to the dental plan and dental clinic
• Measures of success are focused on dental visits rather than appropriateness of care or improvements in oral health status
New CDHP Brief

• Inspired by CMS Informational Bulletin released May 2018
• State and plans responsible for ensuring each child gets needed care in Medicaid/CHIP
• Payment and benefit policies should align with periodicity schedule and clinical guidelines
• Information and processes for providers should be well-communicated and streamlined
• Mechanisms like risk assessment can help ensure accountability and equitable care

Thank You

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EPSDT & Child Health Advocacy

Kelly Whitener

April 30, 2019
Medicaid’s Pediatric Benefit – EPSDT

- Identifies problems **early**
- Checks children’s health at **periodic** intervals
- Provides development, vision, and hearing **screenings** to detect problems
- Performs **diagnostic** tests to identify risks
- Provides **treatment** for any problems found
EPSDT for CHIP Children by State

Defining EPSDT

- States must provide all coverable and medically necessary services
  - Coverable = listed in Medicaid §1905(a)
  - Medically necessary = as defined by the state but see below

- Needed to correct or ameliorate physical and behavioral health conditions
  - Determination must be made on a case-by-case basis, taking into account a particular child’s needs

- Even if such services are not in the Medicaid state plan
  - Includes all mandatory and optional Medicaid services
EPSDT – State Requirements

- States must:
  1. Cover and arrange for all EPSDT services
  2. Make sure that families are aware of and have access to EPSDT services
  3. Report EPSDT data to the federal government
- States may delegate these requirements to managed care companies
- But the state is still ultimately responsible
EPSDT Advocacy Example

Joint project with AAP & CCF to protect and strengthen children’s Medicaid benefits at the federal and state levels by:

- Educating and raising awareness among policymakers and other stakeholders about EPSDT and its critical role for children

- Strengthening the capacity for collaborative initiatives between state child advocates and AAP chapters (including technical assistance with 6 states)

- Identifying and executing state-level strategies to strengthen EPSDT protections for children enrolled in Medicaid
Private Practice Based Individualized Care for Children on Medicaid

Panelist: Dr. Jessica Meeske
Pediatric Dental Specialists of Greater Nebraska

April 30, 2019
Webinar hosted by the Children’s Dental Health Project
Ideally Would Like To Conduct Individualized:

- Caries risk assessment

- Care plan
  - Treatment plan
    - Restore the holes in the teeth
  - Chronic disease management plan
    - Case management via CDHC, SDF, increase visit frequency, intense counselling
  - Behavior management plan
    - Behavior modeling, behavior therapy, pharmacological
  - Prevention plan
    - OH, fluorides, diet, sealants

Panelist: Dr. Jessica Meeske
Pediatric Dental Specialists of Greater Nebraska
April 30, 2019
Webinar hosted by the Children’s Dental Health Project
Barriers to Individualized Patient Plans:

- **Caries risk assessment** *(No reimbursement, but they are considering)*
- **Care plan**
  - **Treatment plan** *(Where the dentist is rewarded with reimbursement)*
    - Restore the holes in teeth
  - **Chronic disease management plan** *(Only SDF)*
    - Case management via CDHC, SDF, increase visit frequency, intense counselling
  - **Behavior management plan** *(only pharmacological)*
    - Behavior modeling, behavior therapy, pharmacological
  - **Prevention plan** *(only fluoride varnish and prophies)*
    - OH, fluorides, diet

Panelist: Dr. Jessica Meeske  
Pediatric Dental Specialists of Greater Nebraska  
April 30, 2019  
Webinar hosted by the Children’s Dental Health Project
Opportunities to Improve Outcomes for Children and Lower Costs of Medicaid

• **Build** a relationship with your Medicaid staff and contractors
• **Become** part of the dental advisory committee
• **Propose** guidelines and fees for caries risk assessment, case management for high risk patients, intense counselling, non-pharmacological behavior management
• **Ask** for provider report cards on key measurements such as placement of sealants
• **Reward** providers for lowering patient’s caries risk assessment and avoiding more costly surgical/pharmacological management

Panelist: Dr. Jessica Meeske  
Pediatric Dental Specialists of Greater Nebraska  
April 30, 2019  
Webinar hosted by the Children’s Dental Health Project
Ways to Minimize Audit Risks

• **Be sure** provider manual and rules are clear
• **Work with** Medicaid/contractors to understand their concerns
• **Develop** a Medicaid Compliance Plan and compliance officer
• **Have regular** self-audits and team in-services
• **Inform Medicaid Integrity** when you make changes that could alter your billing patterns
• **Ask** to be made aware if billing practices vary widely from your peers
• **Ask** Medicaid Integrity and/or contractor to be HELPFUL with making changes as opposed to a more penalty-driven approach

Panelist: Dr. Jessica Meeske  
Pediatric Dental Specialists of Greater Nebraska  
April 30, 2019
Webinar hosted by the Children’s Dental Health Project
Dental Transformation Initiative in California

• Component of California’s “Medi-Cal 2020” Section 1115 Wavier

• **Goal**: Improve dental health for Medi-Cal children by focusing on high-value care, improved access, and utilization of performance measures to drive delivery system reform.

• **Aims**:
  - Increase the use of preventive dental services for children
  - Prevent and treat more early childhood caries
  - Increase continuity of care for children

*CDHP webinar panelist: Dr. Len Finocchio, Blue Sky Consulting; Past Assoc. Dir., CA Dept. of Health Care Services*
Dental Transformation Initiative Domains

1. Increase statewide proportion of children 1 – 20 enrolled receiving preventive dental service by 10 percentage points over 5 years

2. Diagnose early childhood caries by using Caries Risk Assessments and treat as a chronic disease; introduce model that prevents & mitigates oral disease

3. Increase care continuity for children <20 for 2, 3, 4, 5, & 6 continuous periods

4. Pilots to address 1 or more of 3 domains through alternative programs, using strategies for rural areas, including case management initiatives and partnerships

CDHP webinar panelist: Dr. Len Finocchio, Blue Sky Consulting; Past Assoc. Dir., CA Dept. of Health Care Services
Domain 1 Incentive Payments

• Incentive payments for meeting/exceeding increase above benchmark in preventive services to additional Medi-Cal beneficiaries
  - >2% above benchmark = Procedure rate + 75% supplement
  - <2% above benchmark = Procedure rate + 37.5% supplement

• 13 preventive procedures, for example:

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Code Description</th>
<th>Frequency limitations per year</th>
<th>Current SMA</th>
<th>37.5% Above SMA</th>
<th>75% Above SMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1120</td>
<td>Prophylaxis</td>
<td>2 (once every 6 months)</td>
<td>$30.00</td>
<td>$11.25</td>
<td>$22.50</td>
</tr>
<tr>
<td>D1206</td>
<td>Topical application of fluoride varnish - child 0 to 5</td>
<td>2 (once every 6 months)</td>
<td>$18.00</td>
<td>$6.75</td>
<td>$13.50</td>
</tr>
</tbody>
</table>


CDHP webinar panelist: Dr. Len Finocchio, Blue Sky Consulting; Past Assoc. Dir., CA Dept. of Health Care Services
## Domain 1 - Preventive Dental Services and Dental Treatment Services for Beneficiaries Age 1-20 Statewide

<table>
<thead>
<tr>
<th></th>
<th>Number of Services</th>
<th>Expenditures (Dollars in thousand)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CY 2014</td>
<td>CY 2017</td>
</tr>
<tr>
<td>Preventive Dental Services&lt;sup&gt;1&lt;/sup&gt;</td>
<td>7,177,160</td>
<td>8,032,066</td>
</tr>
<tr>
<td>Preventive Dental Encounters (ICD10)&lt;sup&gt;2&lt;/sup&gt;</td>
<td>N/A</td>
<td>854,389</td>
</tr>
<tr>
<td>Preventive Dental Services Total</td>
<td>7,177,160</td>
<td>8,886,455</td>
</tr>
<tr>
<td>Treatment Dental Services&lt;sup&gt;3&lt;/sup&gt;</td>
<td>5,624,637</td>
<td>5,536,267</td>
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<tr>
<td>Treatment Dental Encounters (ICD10)&lt;sup&gt;4&lt;/sup&gt;</td>
<td>N/A</td>
<td>274,334</td>
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<tr>
<td>Dental Treatment Services Total</td>
<td>5,624,637</td>
<td>5,810,610</td>
</tr>
<tr>
<td>TOTAL</td>
<td>12,801,797</td>
<td>14,697,056</td>
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</tbody>
</table>


CDHP webinar panelist: Dr. Len Finocchio, Blue Sky Consulting; Past Assoc. Dir., CA Dept. of Health Care Services
Domain 2 – Caries Risk Assessment

• In 29 counties, assess Medi-Cal children <6 for caries risk and manage disease using prevention & non-invasive treatments

• Overall increase among the restorative services for beneficiaries within selected age ranges between CY16 - 17

• However, the increases within the risk categories are visibly reduced in comparison to the control group.

• Based on preliminary evidence combined with the implementation of CRAs, preventive dental services expected to increase as the count of restoration services decreases


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Domain 3 Incentive Payments

- Incentive payments paid to service locations annually for maintaining continuity of care by providing qualifying exams to Medi-Cal children for 2, 3, 4, 5, and 6 year continuous periods.

<table>
<thead>
<tr>
<th>Tier Year</th>
<th>Incentive Payment by Member by Continuity of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$40</td>
</tr>
<tr>
<td>2</td>
<td>$50</td>
</tr>
<tr>
<td>3</td>
<td>$60</td>
</tr>
<tr>
<td>4</td>
<td>$70</td>
</tr>
<tr>
<td>5</td>
<td>$80</td>
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### Domain 3 – Continuity of Care

<table>
<thead>
<tr>
<th>Number of Years Returned</th>
<th>Measure Year</th>
<th>Baseline Year: CY 2015&lt;sup&gt;3&lt;/sup&gt;</th>
<th>PY1: CY 2016</th>
<th>PY 2: CY 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Claims Data Year Range</td>
<td>CY 2010 to CY 2015</td>
<td>CY 2015 to CY 2016</td>
<td>CY 2015 to CY 2017</td>
</tr>
<tr>
<td></td>
<td>Denominator&lt;sup&gt;2&lt;/sup&gt;</td>
<td>1,544,373</td>
<td>1,603,314</td>
<td>1,589,345</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; year</td>
<td>Numerator&lt;sup&gt;1&lt;/sup&gt;</td>
<td>211,981</td>
<td>245,290</td>
<td>259,590</td>
</tr>
<tr>
<td></td>
<td>Percent</td>
<td>13.73%</td>
<td>15.30%</td>
<td>16.33%</td>
</tr>
</tbody>
</table>


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Providers Participating in Denti-Cal

<table>
<thead>
<tr>
<th>Delivery System</th>
<th>Quarter 1 - 2017</th>
<th>Quarter 2 - 2018</th>
<th>Change</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Number</td>
<td>Number</td>
</tr>
<tr>
<td><strong>Fee-for-Service</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Offices</td>
<td>5,543</td>
<td>5,793</td>
<td>250</td>
</tr>
<tr>
<td>Rendering providers</td>
<td>8,881</td>
<td>10,400</td>
<td>1,519</td>
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<tr>
<td><strong>Dental Managed Care - GMC</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Service Offices</td>
<td>136</td>
<td>158</td>
<td>22</td>
</tr>
<tr>
<td>Rendering providers</td>
<td>354</td>
<td>399</td>
<td>45</td>
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<tr>
<td><strong>Dental Managed Care - PHP</strong></td>
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<td></td>
<td></td>
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<tr>
<td>Service Offices</td>
<td>1,103</td>
<td>1,043</td>
<td>-60</td>
</tr>
<tr>
<td>Rendering providers</td>
<td>2,004</td>
<td>2,112</td>
<td>108</td>
</tr>
<tr>
<td><strong>All Provider Types</strong></td>
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<tr>
<td>Service Offices</td>
<td>6,782</td>
<td>6,994</td>
<td>212</td>
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<tr>
<td>Rendering providers</td>
<td>11,239</td>
<td>12,911</td>
<td>1,672</td>
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<tr>
<td><strong>Safety Net Clinics</strong></td>
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<tr>
<td>Safety Net Clinics</td>
<td>532</td>
<td>556</td>
<td>24</td>
</tr>
</tbody>
</table>

California Department of Health Care Services. California’s Medi-Cal 2020 Demonstration Waiver Quarterly Reports.

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