



How Title V and Public Health Programs Can Leverage Medicaid and CHIP Resources

Cathy Coppes, BA
Kathryn Dolan, RDH, MEd

MSDA Webinar #3

Wednesday, August 31, 2011; 1:00 EDT

Session Objectives

All participants will have a heightened awareness and knowledge of:

- How Medicaid can partner with the Title V Maternal Child Health program to improve oral health for Medicaid and low income residents.
- Medicaid policy changes in Iowa that support oral health in the Title V Maternal Child Health program.
- The elements of a successful business model for school-based dental programs that include Medicaid beneficiaries.

Cathy Coppes, BA

Iowa Medicaid Policy Specialist

**How Title V Programs Can Leverage
Medicaid and CHIP Resources**

What is Title V?

- 1935 - Title V of the Social Security Act established the Maternal Child Health (MCH) Program to help ensure the health of mothers and children
- Health Resources Service Administration (HRSA), Maternal and Child Health Bureau administers Title V

Title V Funding

- States receive funding from federal Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB)
- “Block Grant” funding format
- A Block Grant is a large sum of money from the Federal government to a state or region with only general requirements of how it is to be spent.

What is Medicaid?

- 1965 – Title XIX of the Social Security Act established Medicaid to provide medical assistance for:
 - low income families with children
 - the aged, blind and disabled.
- The Centers for Medicare and Medicaid Services (CMS) administers the Title XIX Medicaid program

Medicaid Funding

- Federal-State “match” funding format
- Each state must have a “Plan” approved by CMS
- Plan must include payment for services under the **Early Periodic Screening, Diagnosis, and Treatment Services (EPSDT) Program**
- EPSDT program targets children under age 21
- EPSDT services are mandatory Medicaid services

The Title V Program

Maternal and Child Health Pyramid of Health Services

Reprinted from Understanding Title V of the Social Security Act, US Department of Health and Human Services, Maternal and Child Health Bureau.

Available at <http://ftp.hrsa.gov/mchb/titlevtoday/UnderstandingTitleV.pdf>
(last accessed December 11, 2008)

The conceptual framework for the services of the Title V Maternal and Child Health Block Grant is envisioned as a pyramid with four tiers of services and levels of funding that provide comprehensive services for mothers and children. The pyramid also displays the uniqueness of the MCH Block Grant, which is the only Federal program that consistently provides services at all levels of the pyramid.

DIRECT HEALTH CARE SERVICES

(gap filling)

Basic health services and health services for Children with Special Health Care Needs (CSHCN).

ENABLING SERVICES

Transportation, translations, outreach, respite care, health education, family support services, purchase of health insurance, case management coordination with Medicaid, WIC, and Education.

POPULATION-BASED SERVICES

Newborn screening, lead screening, immunization, sudden infant death syndrome counseling, oral health, injury prevention, nutrition, and outreach/public education.

INFRASTRUCTURE-BUILDING SERVICES

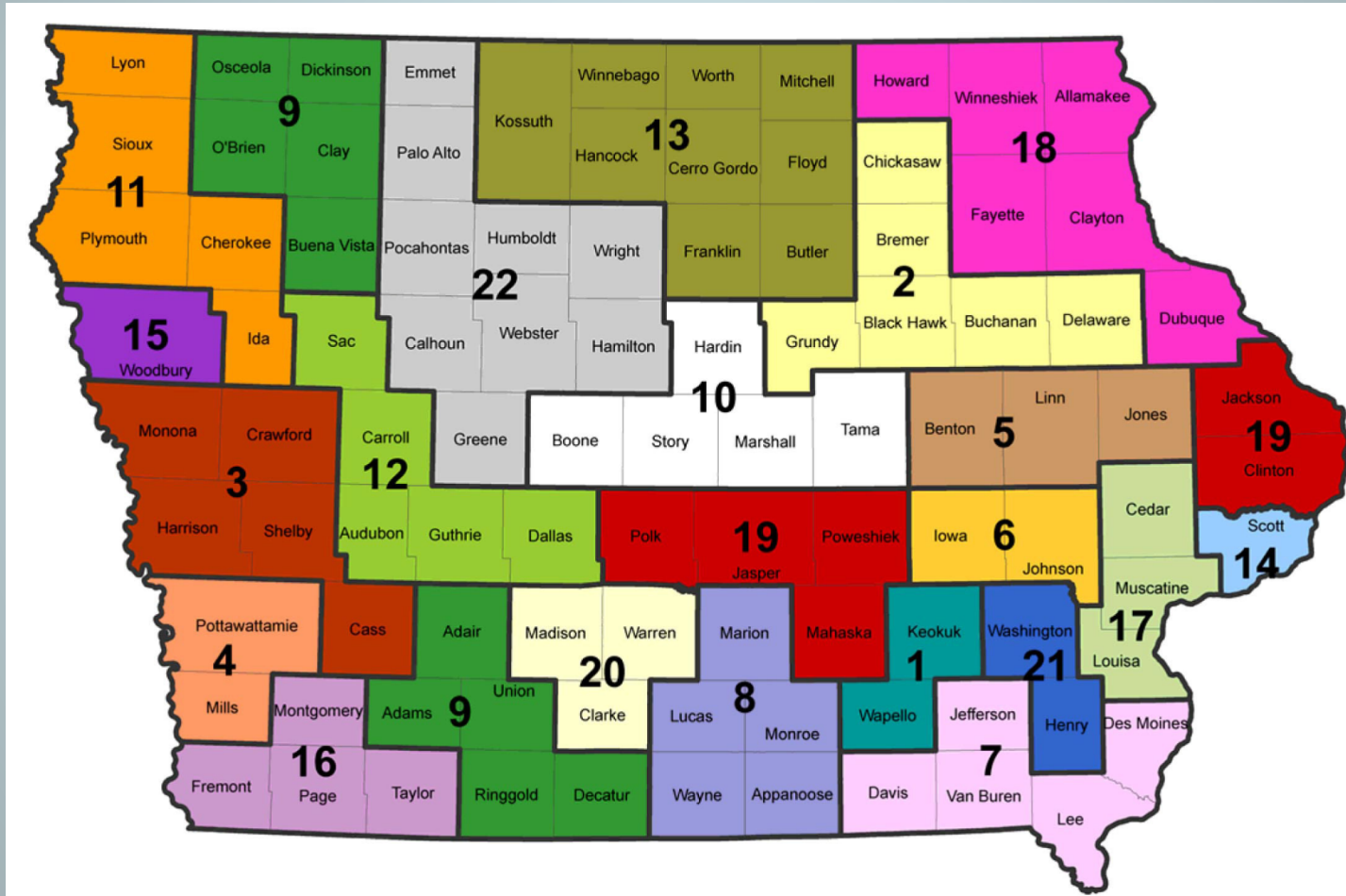
Needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, systems of care, and information systems.

Quit Smoking For Them!

Iowa Title V MCH Program

- Iowa Department of Public Health (IDPH), Bureau of Family Health is responsible for administration of the MCH program
- IDPH contracts with public and private agencies for Title V MCH services
- Agencies include county public health departments, visiting nurse associations, community action programs and a hospital organization

Iowa Title V Regions



Problem # 1 - Screening

- The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) child health benefit of the Medicaid program requires screening, vision, hearing and dental services for children.
- FFY 1992 – Only 14% of Iowa children received any EPSDT screening

Solution - Screening

- EPSDT Outreach and Care Coordination Services
 - Services were transferred from Department of Health Services (DHS) to IDPH and the Title V agencies
 - Interagency Agreement facilitated this

Problem # 2 – Dental Disease Became More Visible

- 1992 - Iowa Medicaid adopted the American Academy of Pediatric Dentistry (AAPD) periodicity guidelines for dental visits for the EPSDT program
- Dental disease became more visible

Problem # 3 - Funding

- Limited Medicaid funding
- Medicaid was asked to pay for oral screenings provided by the dental hygienist in Title V agencies
- “Administrative Rules” did not allow reimbursement for this service

Solution – Dental Disease and Funding Issues

- Policy changes within Iowa Medicaid Program
 - Exception to Policy
 - Administrative Rules Change

Solution – “Exception to Policy”

- Allows consideration for an item or service not otherwise covered
- 1998 – First exception to policy authorized to allow reimbursement for oral health screenings to a Title V MCH agency
- http://www.dhs.state.ia.us/dhs/appeals/exceptions_policy.html

Solution – “Administrative Rule” Change

- Iowa Administrative Code:

http://www.dhs.state.ia.us/PolicyAnalysis/PolicyManualPages/Manual_Documents/Rules/441-1.pdf

- 441-78.18(8) Payment shall be made for dental services provided by a dental hygienist employed by or under contract with a screening center.

Problem # 4 - Billing

- No CDT code for oral screening
- Local codes were used initially because this time period was pre-HIPAA regulation
 - Local code(s) was established for screenings
- Claim format the needed to be determined
 - CMS 1500 claim format allows for use of modifiers
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Problem # 4 – Billing (continued)

- HIPAA Regulation mandated changes
- Required to use next most appropriate code for exams
 - CDT code for dental examinations
- Then, the **HCPCS modifier** became available
 - “DA” was the modifier
 - This modifier addressed the oral health assessment by a licensed health professional other than a dentist used for screening
 - Currently used today

CDT Codes Currently Allowed

- **D0150 DA – Initial oral screening**
- **D0120 DA – Periodic oral screening**
- D0145 - Screening and counseling under 3
- D1110 – Adult prophylaxis
- D1120 – Child prophylaxis
- D1206 – Fluoride varnish
- D1310 – Tobacco counseling
- D1320 – Oral hygiene instruction
- D1351 - Sealants

Medicaid Policy Role

- Interagency agreement for EPSDT outreach, screening, and care coordination
- Exception to Policy review
- Administrative Rules change
- Billing and reimbursement issues
- Facilitate programming changes to the Medicaid claims payment system
- Provider manual changes

Wrap Up

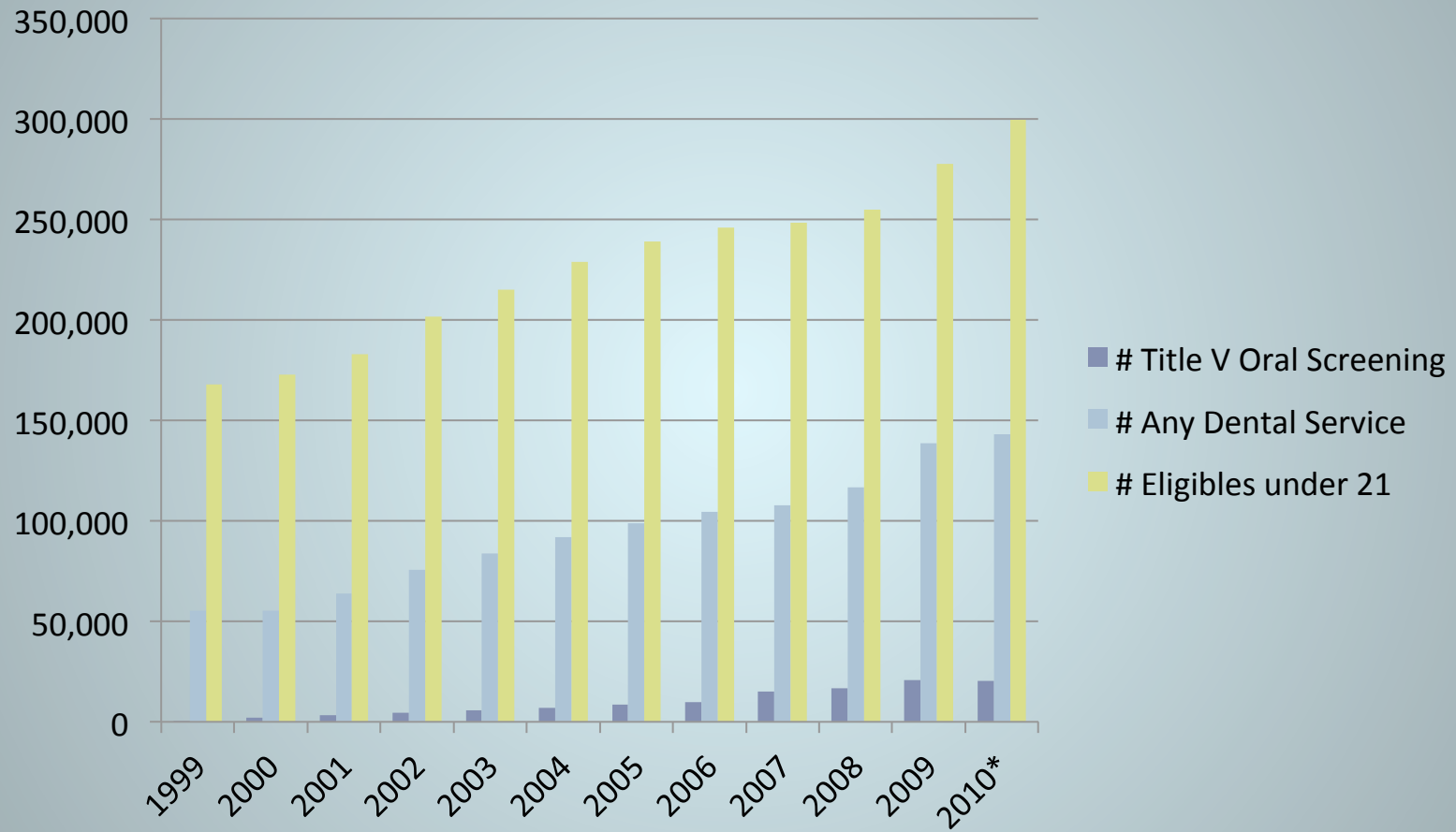
Old Model

- Care coordination and outreach at local DHS offices
- EPSDT screening by nurses
- Low dentist visits

New Model

- Care coordination and outreach by Title V agencies
- Oral health screening by dental hygienists
- Medicaid reimbursement under regular Medicaid policy
- Increased dental access

Impact



Impact

FFY	# Eligibles under 21	# Any Dental Service	%	# Title V Oral Screening	%
1999	167,855	55,256	32%	517	0.03%
2000	172,815	55,364	32%	1,910	1.1%
2001	182,821	63,714	34%	3,164	1.7%
2002	201,753	75,830	37%	4,372	2.1%
2003	214,933	83,622	38%	5,764	2.6%
2004	228,738	91,871	40%	7,114	3.1%
2005	239,068	98,875	41%	8,582	3.5%
2006	245,785	104,473	42%	9,990	4.0%
2007	248,169	107,631	43%	14,887	5.9%
2008	255,061	116,785	45%	16,522	6.4%
2009	277,541	138,593	49%	20,572	7.4%
2010*	299,743	143,242	47%	20,496	6.8%

Partners

- Iowa Medicaid Policy Specialist
- Title V agency Director
- State Dental Director, IDPH Oral Health Bureau
- University of Iowa Pediatric Dental Faculty
- Iowa Dental Association Executive Board
- Iowa Dental Board of Dental Examiners

Kathryn Dolan, RDH, MEd
Director of Tufts Community Dental Programs

**How Public Health Programs Can
Leverage Medicaid and CHIP
Resources**

Oral Health Across the Commonwealth Program

- 2004 – Tufts piloted a program called “Oral Health Across the Commonwealth” (OHAC) program
 - Preventive dental services
- 2005 – Partnership with Commonwealth Mobile Oral Health Services (CMOHS)
 - Comprehensive services
- Program Sites:
 - Head Start, preschool, school-based programs and day programs for adults with intellectual disabilities

Problem

- 2003 MA Third Grade Survey
- 2004 MA Head Start Survey
- 2008 MA Statewide Survey
 - 19,000 kindergarten students (1 in 4) dental disease
 - 29,000 3rd grade students (40%) had dental disease
 - Only 45% 3rd grade students had sealants
 - Placed Massachusetts below Healthy People 2010 objective

Partners

- MassHealth Dental Program
- Commonwealth Oral Health Services
- MA Head Start Association
- Tufts Community Dental Program
- Region 1 Head Start Oral Health Consultant
- State Dental Director, MA Department of Public Health, Office of Oral Health
- MA Dental Society

Medicaid Involvement

- 2004 – Received grant funding from MassHealth Access Program (MAP)
 - \$1M year for dental infrastructure
 - Tuition reimbursement program
- Purpose: to improve dental infrastructure in areas of low dental access
- Initial purchase of 7 portable dental units
- Tufts Community Dental Program became safety net provider for MassHealth children
- 2005 – additional expansion funds

OHAC Program Infrastructure

- 233 community-based sites
- Target
 - Children with limited access to oral health care
 - CSHCN and adults with intellectual disabilities
- Tuft' s Staff
 - 1 Dentist, 10 RDH, 3 CDA, 6 DA, 2 OA, 2 Billing Coordinators
 - *Staff work at the top of their license*

Business Model

- Use AxiUm patient management system for billing; but hard copy documentation in field
- 1 FTE Billing Coordinator for 14 providers
- *Services* covered include:
 - Prophylaxis – 5,284 in FY' 2011
 - Fluoride – 12,361 in FY' 2011
 - Sealants – 6,215 in FY' 2011
 - Behavior Management – 2,576 in FY' 2011

Business Model *continued*

- Providers submit encounter forms weekly to Billing Coordinator
- Services then entered into AxiUm
- AxiUm submits claims electronically to MassHealth via clearing house
- 4 to 6 weeks for MassHealth payment

Impact

2010-2011 School Year

- 10,359 patients served
- 9,792 children
- 7,828 MassHealth beneficiaries
- 2,009 CSHCN
- 567 adults with intellectual disabilities

Impact *continued*

Fiscal Year	Production	Adjusted Production	Collections
• FY' 05	\$103,350	\$70,278	\$49,225
• FY' 06	\$210,718	\$143,288	\$135,892
• FY' 07	\$462,550	\$314,534	\$224,733
• FY' 08	\$600,147	\$408,010	\$335,175
• FY' 09	\$682,111	\$463,835	\$313,335
• FY' 10	\$749,730	\$509,816	\$419,597
• FY' 11	\$1,054,397	\$684,201	\$553,092

Challenges

- Collections as already noted
- Enrollment
 - Varies from 5% - 40% by school

Potential Solution

- Piloting a new position (August 2011)
 - “Oral Health Advocate”
 - Grant funding to seed position
 - Sustainable funding may become challenge

Challenges *continued*

Referral and Case Management

- Children with dental disease need services beyond scope of school based program
- A need for more dentists in community to accept MassHealth
- 61 community based low-income dental clinics

Challenges *continued*

- Concerns from Community Dentists
 - Meet with community dentists, school departments and partners to resolve issues
 - Establish referral policies with community dentists
 - Circle back to make sure that policies are working

Unexpected Outcomes

- Increased involvement of Tufts students in school-based programs
- Establishment of a school-based clinic in a low-income school
- A pilot Fluoride Varnish program with Women, Infants and Children (WIC)

Wrap Up

OLD Model

- 1977 – 2004
- Tufts dental hygienists
- Screenings, oral health education and referral services
- CSHCN and adults with intellectual disabilities
- Schools and adult day programs
- Dependant on state OOH budget

New Model

- 2005 – Present
- Dentists, RDH' s, CDA' s, DA' s, Students, OA' s and Billers
- Comprehensive OH Services
- Children, CSHCN and adults
- Head Start, preschools, schools, WIC, and adult day programs
- Sustainable by billing public and private

Contact Information

Cathy Coppes

Medicaid Policy Specialist

Iowa Medicaid Enterprise

100 Army Post Road

Des Moines, IA 50310

Email: ccoppes@dhs.state.ia.us

Telephone: (515)256-4650

Fax: (515)725-1360

Medicaid/SCHIP Dental Association

4411 Connecticut Ave NW, Unit 302

Washington DC 20008

Telephone: 202-248-2315

Email: mfoley@medicaiddental.org



Contact Information

Kathryn Dolan, RDH, MEd

Director, Tufts Community Dental Program

Asst. Professor, Dept. of Public Health and Community Service

Tufts University School of Dental Medicine

1 Kneeland Street

Boston, MA 02111

Telephone: 617 291-2217

Fax: 617 636-2965

Medicaid/SCHIP Dental Association

4411 Connecticut Ave NW, Unit 302

Washington DC 20008

Telephone: 202-248-2315

Email: mfoley@medicaiddental.org



Cathy Coppes

Cathy Coppes is the Medicaid Policy Specialist for the Iowa Department of Human Services. Ms. Coppes received a Baccalaureate Degree in Sociology from the University of Iowa. She has been employed by the Iowa Department of Human Services for 37 years, primarily working in social work positions. She has been in her current position for the past 13 years. Cathy's background in social work has enabled her to have a comprehensive understanding of oral health access issues and the problems families encounter. Cathy is also a member of the MSDA Board of Directors.

Kathryn M. Dolan RDH, MEd

Kathryn Dolan graduated from the Forsyth School for Dental Hygiene in 1977 , received her Bachelors in Science from the University of Massachusetts in 1979 and her Masters in Education from the University of Massachusetts 1990.

Ms. Dolan is the Director of the Tufts Community Dental Program and an Assistant Professor at the Tufts University School of Dental Medicine. She began her career in public health over 30 years ago establishing community based dental programs for children and adults with intellectual disabilities in the Boston area.

Ms. Dolan oversees the Oral Health Across the Commonwealth project which was selected by ASTDD as a Best Practice Approach for both coordinated school health programs and early childhood tooth decay.

THANK YOU



Medicaid SCHIP Dental Association
4411 Connecticut Ave. Suite 302
Washington DC 20008
508-322-0557
www.medicaidental.org