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


DIRECT HEALTH CARE SERVICES
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.

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.
Iowa Title V MCH Program

• Iowa Department of Public Heath (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:
  

- 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
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

- Title V Oral Screening
- Any Dental Service
- Eligibles under 21

Chart showing the impact from 1999 to 2010, with bars indicating the number of individuals for each category.
## Impact

<table>
<thead>
<tr>
<th>FFY</th>
<th># Eligibles under 21</th>
<th># Any Dental Service</th>
<th>%</th>
<th># Title V Oral Screening</th>
<th>%</th>
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<tbody>
<tr>
<td>1999</td>
<td>167,855</td>
<td>55,256</td>
<td>32%</td>
<td>517</td>
<td>0.03%</td>
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<tr>
<td>2000</td>
<td>172,815</td>
<td>55,364</td>
<td>32%</td>
<td>1,910</td>
<td>1.1%</td>
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<tr>
<td>2001</td>
<td>182,821</td>
<td>63,714</td>
<td>34%</td>
<td>3,164</td>
<td>1.7%</td>
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<tr>
<td>2002</td>
<td>201,753</td>
<td>75,830</td>
<td>37%</td>
<td>4,372</td>
<td>2.1%</td>
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<tr>
<td>2003</td>
<td>214,933</td>
<td>83,622</td>
<td>38%</td>
<td>5,764</td>
<td>2.6%</td>
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<tr>
<td>2004</td>
<td>228,738</td>
<td>91,871</td>
<td>40%</td>
<td>7,114</td>
<td>3.1%</td>
</tr>
<tr>
<td>2005</td>
<td>239,068</td>
<td>98,875</td>
<td>41%</td>
<td>8,582</td>
<td>3.5%</td>
</tr>
<tr>
<td>2006</td>
<td>245,785</td>
<td>104,473</td>
<td>42%</td>
<td>9,990</td>
<td>4.0%</td>
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<tr>
<td>2007</td>
<td>248,169</td>
<td>107,631</td>
<td>43%</td>
<td>14,887</td>
<td>5.9%</td>
</tr>
<tr>
<td>2008</td>
<td>255,061</td>
<td>116,785</td>
<td>45%</td>
<td>16,522</td>
<td>6.4%</td>
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<tr>
<td>2009</td>
<td>277,541</td>
<td>138,593</td>
<td>49%</td>
<td>20,572</td>
<td>7.4%</td>
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<tr>
<td>2010*</td>
<td>299,743</td>
<td>143,242</td>
<td>47%</td>
<td>20,496</td>
<td>6.8%</td>
</tr>
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</table>
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
  o 19,000 kindergarten students (1 in 4) dental disease
  o 29,000 3rd grade students (40%) had dental disease
  o Only 45% 3rd grade students had sealants
    o 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

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

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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

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