Meeting the Mark:
Developing a Competitive Response

Session 6

Andy Oreffice
Benevis

Session Sponsored by UnitedHealthcare
Learning Objective(s)

Participants will gain knowledge in:

• A dental provider’s perspective into Value Based Purchasing

• Ideas to potentially reward providers for improving the oral health of the community instead of purely payments for services performed
Disclosure and Conflict of Interest Declaration

✓ I declare that I have a financial interest/arrangement or affiliation with the corporate organization offering financial support or grant monies for this continuing dental education program, or I do have a financial interest in any commercial product(s) or service(s) I will discuss in the presentation.

✓ Financial interest in my employer, Benevis.
Moving to Alignment of Incentives

Today

Provider

State & Payor

Tomorrow

Provider

• Prevention
• Lower Costs

State & Payor

• Prevention
• Lower Costs

Everyone’s incentives become quality, lower costs and improved oral health
Aligning Incentives is a Key Part of Value Based Purchasing - VBP

The National Business Coalition on Health provides the following in their definition of VBP. Value based purchasing:

- Is a demand side strategy to measure, report, and reward excellence in health care delivery.
- Involves actions that take into consideration access, price, quality, efficiency and alignment of incentives.
- Rewards effective health care services and high performing health care providers with enhanced payments through differential reimbursements, and increased market share through purchaser, payer, and/or consumer selection.
- Is an external motivator for providers to lead the re-engineering of health care delivery.
- Is necessary for clinical quality improvement, but not sufficient.
Moving to Aligned Incentives Will Force Providers to Think Differently
Quality First Before Value Is Rewarded

- The shared savings concept we will discuss will be gated by the achievement of targets.
- Results which are better than the network average for the metric are counted as achieved.
- Eligibility for incentive pay is then determined by the percentage of targets achieved.
What Are We Measuring Against?

- Some suggested current measures but there are more quality measures that can be tested...

<table>
<thead>
<tr>
<th>Measure</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of children under age 21 seen in the prior year who receive at least one dental visit in the current year</td>
<td>HEDIS</td>
</tr>
<tr>
<td>Percent of children seen under age 21 who receive a cleaning</td>
<td>“PDENT” – CHIPRA Core Set - modified</td>
</tr>
<tr>
<td>Percent of children under age 21 who receive fluoride</td>
<td>“PDENT” – CHIPRA Core Set</td>
</tr>
<tr>
<td>Percent of children seen ages 6 to 9 who receive at least one sealant on a permanent first molar</td>
<td>“SEAL” – CHIPRA Core Set; DQA</td>
</tr>
<tr>
<td>Percent of children seen ages 10 to 14 who receive at least one sealant on a permanent first or second molar</td>
<td>DQA</td>
</tr>
<tr>
<td>Ratio of preventive codes to restorative codes</td>
<td>Focus on preventive maintenance</td>
</tr>
</tbody>
</table>
Low Cost, High Quality Providers Are Rewarded

• When a provider generates cost savings, those savings are split:

A provider who has $10 lower costs has the opportunity earn an incentive of $5
Low Cost, High Quality Providers Are Rewarded

- From that incentive pool of $5 the ultimate incentive payout is calculated using the quality metrics:
High Cost Providers Are Penalized

- When a provider generates higher costs, those incremental costs are split:

A provider who has $10 higher costs will be required to refund $5
Will These Approaches Increase Costs?

- Risk sharing brings balance when applied the same way as shared savings.

- Overall costs will decrease if metric qualifiers are not applied to risk sharing paybacks.
Challenges

- Time & Resources
- Provider Resistance
- Priorities
- First Mover
With Aligned Incentives, All Stakeholders Win

Patients

States

Taxpayers

Payors

Providers
Questions
References

Andy Oreffice joined Benevis in 2006 and serves as the company’s Sr. Vice President of Compliance and Government Relations. In this role, Andy is a member of the executive management team, is the Chief Compliance Officer and is responsible for Federal and State Government Relations. Andy has a diverse corporate and entrepreneurial leadership background which includes being a founding partner in a successful physical and occupational therapy company with eight locations. He also was a founder of what is now an international program which mentors coaches in order to impact children’s lives. Andy serves on the board of MetroTech, Inc. and is the President of the Atlanta chapter of Legatus. He earned his BS in Industrial Management from Purdue University and holds an MBA from the W.P. Carey School of Business at Arizona State University. Andy lives in Roswell, GA with his wife Jamie and their four children.
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Developing a Competitive Response

Session 6

Krishna Aravamudhan, B.D.S., M.S.
American Dental Association

Session Sponsored by UnitedHealthcare®
Disclosure and Conflict of Interest Declaration

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Learning Objective(s)

Participants will gain knowledge in:

• Screening, Enrollment and Credentialing in Medicaid

• Challenges for Dentists

• Addressing through the response

• The ADA-CAQH Strategic Alliance

• Questions
Medicaid and CHIP Managed Care

Medicaid and Children's Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions Related to Third Party Liability

- Screening & Enrollment
- Credentialing
- Revalidation
Screening and Enrollment

438.602(b)(1): The State must *screen and enroll*, and periodically revalidate, all network *providers* of MCOs, PIHPs, and PAHPs, in accordance with the requirements of part 455, subparts B and E of this chapter.

- Network providers who order, refer or render covered services
- Network providers are not required to participate in the FFS program.
- State may rely on the results of screening conducted by Medicare contractors or other State Medicaid agencies
- States can require managed care plans or a third party to conduct the screening process
- Rating period for contracts starting on or after July 1, 2018
Credentialing

§ 438.206 (b) (6) Availability of services. Demonstrates that its network providers are credentialed as required by § 438.214.

§ 438.214 (b) (1) (2) Provider selection. Each State must establish a uniform credentialing and re-credentialing policy (...), and requires each MCO, PIHP and PAHP to follow those policies. Each MCO, PIHP, and PAHP must follow a documented process for credentialing and re-credentialing of network providers.
Revalidation

§ 455.414 Revalidation of enrollment. The State Medicaid agency must revalidate the enrollment of all providers regardless of provider type at least every 5 years.
Submit data for screening

Enroll with State as a participating Provider

Submit data for credentialing

Enroll with MCO as a network provider

Revalidate with State/Fiscal intermediary

Re-attest credentialing data
Increase in Network Participation

- Dentists are participating with more plans.
- Many plans re-credential every 3 years, some as often as every 120 days.
- Most plans do not (yet) offer electronic on-boarding of dentists.
- Most plans credential in-house, some use credentialing vendors.

Source: NetMinder, March 2017
Challenges

Dentist Credentialing Challenges

- Each payer requires a separate form.
- Varied data submission channels, often manual
- No standardized format or questions among payer forms.

Dental Plan Credentialing Challenges

- Plans must contact dentists directly to assist with forms.
- Dentist abrasion from redundant plan requests.
- Manual processes mean higher costs and more data errors.
State Responses

Average length of time it takes for a dental professional who submits a completed Medicaid provider application to become enrolled in the program: **6 – 8 weeks**

“Process takes a minimum of 90 working days unless expedited and that is seldom. Some are as long as a year.”

“The length of time required can be up to 4 weeks depending on if there are forms that may be required to be sent by traditional mail and the limitation of the three people who work contracts.”

-- 2015 MSDA National Profile: www.nationalprofile.com
Administrative Simplification?

S & E: Agreement between state and dentist
- Professional licensure
- Criminal background checks
- Site visits
- Federal database checks
- Disclosures
- Provider assignment to risk level to determine scope of screening activity

Credentialing: Agreement between MCO and dentist
- Proof of identity
- Education & training
- Professional licensure
- DEA
- Board certification
- Work history
- Criminal background check
- Sanctions
- NPDB
- Malpractice Insurance
- Disclosures
2. Enrollment and Credentialing

The Medicaid dentist credentialing process is often laborious and time consuming. **A state-supported common credentialing entity for use across all contractors is ideal.** Facilitating a transparent and efficient (online) credentialing process is important for attracting more dentists to a Medicaid program and growing an effective network.

Consider encouraging your state to include contract clauses requiring contractors to:

2.1 Adopt standardized criteria and common credentialing entities for credentialing dentists.

2.2 Ensure that all credentialing/re-credentialing applications are processed within thirty (30) calendar days of receipt of a completed application.
Strategic Alliance

• Opportunity to streamline the administrative burden for all dentists.
• Accelerate dentist adoption of a single electronic solution for credentialing and other data needs.
• Streamline the dental plan credentialing process.
• Create a best-in-class solution for the dental industry to efficiently collect dentist data.
• Preserve and augment the ADA commitment to all of our members.

The result: The ADA® credentialing solution, powered by CAQH ProView®
CAQH

Launched in 2002 and became the healthcare industry standard for a universal provider credentialing application

Over 1.4M providers

standard and allied using CAQH ProView

15 years experience

as the default solution for healthcare credentialing

Over 900 healthcare organizations

are receiving provider data from CAQH ProView
CAQH Solutions

Solutions for Provider Data:

• **CAQH ProView®** is the industry standard for provider data collection and distribution.

• **DirectAssure®** increases the accuracy of provider directories.

• **VeriFide™** streamlines credentialing by standardizing and automating PSV.

• **SanctionsTrack®** delivers comprehensive, multi-state information on provider licensure disciplinary actions.

• **EnrollHub®** reduces costly paper checks with provider enrollment for EFT and ERA.

Solution for Coordination of Benefits:

• **COB Smart®** identifies health plan members with overlapping coverage.
CAQH ProView

- Participating Organizations
  - Health Plans
  - Hospitals/Entities
  - Govt. & State Agencies

- Data Collection:
  - Demographics
  - Licenses and other identifiers (including NPI)
  - Education, training and specialties
  - Practice details
  - Billing information
  - Hospital credentials
  - Malpractice liability insurance
  - Work history and references
  - Disclosure questions
  - Images of supporting documents

- Submit Roster
- Extract Data File

- Alerts, Prompts, and Notifications
- Attested Dentists' Data sent back to ADA National Database
- Data from My ADA Prepopulates CAQH ProView profile
- Access CAQH ProView Via Single Sign On
- My ADA Dentist Profile

- Dentist Enters ADA Website
Demographic Data
Professional Licensure Data

**PROFESSIONAL IDS**

* Required fields are indicated with a red asterisk. All other fields are optional.

Please add a license number for each of the practice states you listed on the Personal Information screen. If you are no longer practicing in a state, please select "No" for the question, "Do you currently practice in this state?". Where applicable, also add DEA and CDS numbers for each of your practice states.

**Professional License**

- **License State**: LA
  - **Do you currently practice in this state?**
    - Yes
    - No
- **License Number**: 5469
  - **License Type**: (Select)
- **License Status**: Active
- **Issue Date**: 5/17/2003
- **Expiration Date**: 12/20/2017
Education and Training Data
Practice Hours and Locations
After Successful Review, Dentists Must Attest to Their Data
Benefits

Benefits to Dentists:
- Free to all dentists; ADA members and non-members.
- Single “provider profile” to share with authorized plans.
- Robust security features protect data.
- Electronic data and document images captured through direct upload, eliminating paper.

Benefits to Dental Plans:
- Receive the most complete, up-to-date self-reported provider information available.
- Dentists automatically reminded to refresh data to avoid re-credentialing cycle problems.
- Real-time system validation for some fields (e.g., USPS).
Standard Form

States that either mandate or encourage use for credentialing in the commercial space:

- 12 states and the District of Columbia have adopted the CAQH provider credentialing application.
- 25 states have voluntarily deployed the CAQH provider credentialing application.
- CAQH ProView supports 13 unique state forms.
Texas Medicaid (Medical)

• Single source for all credentialing information - CAQH
  • Providers in an area of the state who wishes to participate in the network of several health plans in that area then the provider information need only be collected once and is then shared with all of the plans.

• Single re-credentialing date.
  • When a physician must be re-credentialed, the doctor will be re-credentialed once—for all of the participating plans.
Tennessee Medicaid

- TennCare, the Tennessee Medicaid program, partnered with CAQH to allow for centralized collection of individual provider information using CAQH ProView®.
  - Began in 2012 by requiring medical providers to use CAQH; required all provider types to use CAQH ProView® as of March 2015.

- Moved to this process to minimize the administrative burden on providers, health plans and TennCare.

- All new and existing providers are required to register electronically from TennCare through CAQH ProView®.

- TennCare also utilizes CAQH’s SanctionsTrack®
  - SanctionsTrack® delivers comprehensive, multi-state information on provider licensure disciplinary actions.
Questions
References

• American Dental Association website: www.ada.org/credentialing.
• CAQH ProView website: https://www.caqh.org/solutions/caqh-proview.
• Center for Medicaid and CHIP Services, Center for Program Integrity. Medicaid and CHIP Managed Care Final Rule: Program Integrity (CMS-2390-F). file:///H:/Credentialing%20101/MSDA/program-integrity-Medicaid-Provider-Enrollment.pdf
• Division of TennCare, Provider Registration website. Accessed May 2018. https://www.tn.gov/tenncare/providers/provider-registration.html
• TennCare Provider Registration/Re-validation FAQs. August 14, 2015. https://www.tn.gov/content/dam/tn/tenncare/documents/ProviderRegistrationFAQs.pdf
• Single or Multi-Specialty Provider Registration/Re-validation FAQs. https://www.tn.gov/content/dam/tn/tenncare/documents/SingleMultiSpecialtyProviderRegistrationFAQs.pdf
Contact Information

Krishna Aravamudhan, B.D.S., M.S.
Senior Director, Center for Dental Benefits, Coding and Quality

Dr. Krishna Aravamudhan has been employed by the American Dental Association (ADA) for 17 years and, since 2014, in the position of director for the Council on Dental Benefit Programs, directing and overseeing all of the program activities of the Center for Dental Benefits, Coding and Quality. It is in this position that she oversees the ADA’s Credentialing Service powered by ProView, the work of the Dental Quality Alliance, the CDT Code and third party payment programs.

In the past she has also served as the Associate Director of the ADA’s Center for Evidence Based Dentistry where she led the development of clinical guidelines and managed the EBD Website and critical summaries.

Dr. Aravamudhan graduated from the Bangalore University, India with her dental degree and followed it with a Master of Science from the University of Alabama at Birmingham School of Dentistry.
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