2011 MSDA National Medicaid and CHIP Oral Health Symposium
June 27th-28th, 2011 Washington DC

Session 3: New Horizons
Cathy Coppes, Kathryn Dolan, RDH, Med,
Greg Folse DDS
Session Objectives

• To identify the elements of a successful business model for school-based dental programs that include Medicaid beneficiaries
Kathryn Dolan, RDH, MEd
History of the Program

• 2004 – Tufts piloted the “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 adults programs for the developmentally disabled
Problem

- 2003 MA Third Grade Survey
- 2004 MA Head Start Survey
- 2008 MA Third Grade 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
Program Infrastructure

• 298 community-based sites
• 9 portable dental units
• Tuft’s Staff
  – 9 RDH, 3 CDA, 6 DA, 2 OA, 2 Billing Coordinators
  – Staff work at the top of their license
• Target
  – Children with limited access to oral health care
  – CSHCN and adults with intellectual disabilities
Business Model

- Use AxiUm patient management system for billing; but hard copy documentation in field
- 1 FTE Billing Coordinator for 12 providers
- *Services* covered include:
  - Prophy – 5,156 in FY’ 2010
  - Fluoride – 9,097 in FY’ 2010
  - Sealants – 4,278 in FY’ 2010
  - Behavior Management Fee – 2,844 in FY’ 2010
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
- Up to 6 weeks for MassHealth payment
Business Model *continued*

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Impact

2009-2010 School Year

• 9,718 patients served
• 8,893 are children
• 2,019 are CSHCN
• 825 are adults with intellectual disabilities
• 6,987 billed to MassHealth
<table>
<thead>
<tr>
<th>Year</th>
<th>Patients</th>
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<tr>
<td>FY’ 05 (pilot)</td>
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<td>17</td>
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<tr>
<td>FY’ 06</td>
<td>1,409</td>
<td>42</td>
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<tr>
<td>FY’ 07</td>
<td>4,283</td>
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<tr>
<td>FY’ 08</td>
<td>7,852</td>
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<tr>
<td>FY’ 09</td>
<td>8,545</td>
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<tr>
<td>FY’ 10</td>
<td>9,718</td>
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</table>
Challenges

Enrollment – Number One Issue

• 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

• 40% of the children with dental disease need services beyond scope of school based program

• A need for more dentists in community to accept MassHealth

• Community Health Center dental clinics have long waiting lists
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 Consequences

• Increased involvement of Tufts dental students in school-based program and ultimately with Medicaid beneficiaries

• Establishment of permanent school-based 3 chair clinic that operates 5 days a week in this low-income school

• A pilot program with WIC utilizing a CDA for administering fluoride varnish, anticipatory guidance and referral information
## Wrap Up

<table>
<thead>
<tr>
<th>OLD Model</th>
<th>New Model</th>
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<tbody>
<tr>
<td>• 1977 – 2004</td>
<td>• 2005 – Present</td>
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<tr>
<td>• Tufts dental hygienists</td>
<td>• Dentists, RDH’s, CDA’s, DA’s, Students, OA’s and Billers</td>
</tr>
<tr>
<td>• Screenings, oral health education and referral services</td>
<td>• Comprehensive OH Services</td>
</tr>
<tr>
<td>• CSHCN and adults with intellectual disabilities</td>
<td>• Children, CSHCN and adults</td>
</tr>
<tr>
<td>• Schools and adult day programs</td>
<td>• Head Start, preschools, schools, WIC, and adult day programs</td>
</tr>
<tr>
<td>• Dependant on state OOH budget</td>
<td>• Sustainable by billing public and private</td>
</tr>
</tbody>
</table>
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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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