



**2012 MSDA National Medicaid and CHIP
Oral Health Symposium**

June 24th – 26th, 2012

Session 11

*Managing Quality Programs: Traditional Programs
versus Managed Care*

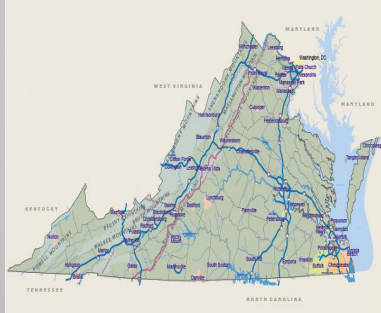
What's Happening in States

Angela Littrell (AR); Dan Plain (VA); and Bob Birdwell, DDS (AZ)

Virginia

Dan Plain

Virginia



- State Population:
-8,096,062
- Medicaid & CHIP:
-961,094
- Eligible for Dental:
-653,000
- Mostly children under 21
- Limited adult benefits

Virginia

Pre 2005 - Multiple Service Delivery Models

- FFS/Multiple MCO Delivery
- Few providers (600+) and few taking new patients
- Eligibility changes and MCO switching
- 29% utilization
- Multiple payers
- Rigorous administrative requirements
- Provider and MCO frustration
- No quality focus

Virginia

Impetus for change:

- In 2005 VA Dental Association, Medicaid Agency and Agency Director, Governor, MCOs, and General Assembly interests converged to address issues in the Medicaid program

Virginia

Changes in program included:

- –Focus on children's health
- –Carved out of MCOs
- –Single dental TPA payer reimbursed PM/PM fee
- –Medicaid assumes risk
- –Improved fee schedule with provider input on rates
- –Expanded Utilization Management, Network Development, QI, Provider Relations and Member Outreach
- –Dental Advisory Committee consisting of dentists to provide advice on program
- –Quality focus

Quality

Utilization Review

- SFC and DBA collaborate on a UR strategy that promotes high quality, cost effective care delivery.
- Focus on industry standard of care
- Built-in flexibility to reflect dynamic nature of dentistry

Quality

Audits and Prepayment Review

- DBA Recommendations
- SFC Professional Staff including Dental Consultant Available to Providers, Members, Advocates
- Monitor mobile dentistry and broken appointments to maximize delivery of care in a quality setting

Quality

Credentialing

- SFC is particular about the quality of the providers in the network
- Held to standards of care
- Rigorous re-credentialing process every three years
- Data driven

Quality

- Dental Advisory Committee-Composed of approximate 20 dentists and interested parties who meet twice yearly to advise SFC on issues ranging from policy implementation and changes to standards of care and best practices
- CMS Oral Health TAG Calls-Virginia to Chair

Quality Targets

- Improve Access
- Improve Utilization
- Sealants
 - QI Work Group
 - DentaQuest/Preventistry
 - Move beyond national trends

Quality Results 2012

- Network of providers approaching 1700 with 80% accepting new patients
- Includes safety net providers (FQHCs, RHCs, Health Departments) and private practitioners
- Utilization up from 29% to 56%
- 97% provider and member satisfaction
- Dedicated sealant program
- Able to manage quality more effectively
- Recognized by CMS

Arizona

Robert Birdwell, DDS

Welcome to Arizona



Bob Birdwell, DDS

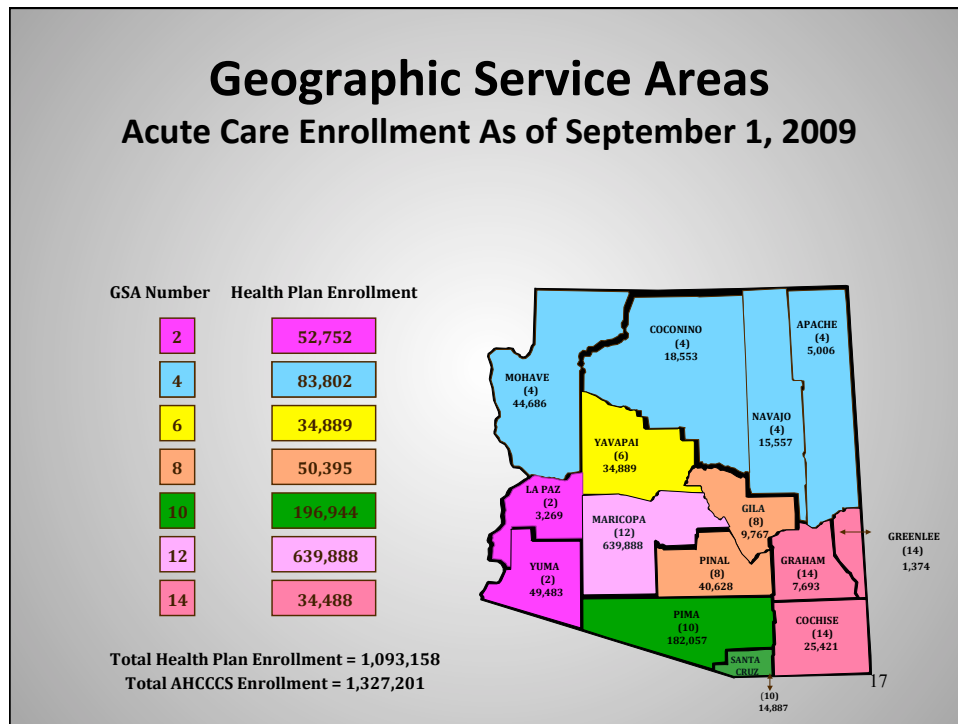
Medicaid Managed Care Striving for Quality

- Objectives
 - Description of Arizona's Medicaid Program:
"Carved-In" to Managed Care
 - Arizona Health Care Cost Containment System (AHCCCS)
 - Description of AHCCCS Dental Program
 - Requiring and Measuring Quality by Contracted Health Plans (MCO/HP)-Results
 - Advantages
 - Disadvantages

Arizona's Model

Arizona Health Care Cost Containment System

- AHCCCS
 - **Acute Care Program**: traditional Medicaid members
 - 9 contracted health plans (MCO/HP)
 - At least two in every county
 - **ALTCS**: Arizona Long Term Care System
 - 9 program contractors
 - **Fee For Service**
 - AHCCCS American Indian Health Program (AHIP)



Dental Program Highlights

Contracted provider networks

- Health Plan credentialing process for *registered* providers
- **Not** an every willing provider state
- Comprehensive dental benefits for children
 - Title XIX and XXI identical
- **No capitation** at the provider level
- Provider fees negotiated by MCOs
- Some MCOs have provider waiting lists
 - 3574 licensed dentists in Arizona
 - 1663 *registered* AHCCCS dental providers

Oral Health Program Quality

- **Recognition** of program shortfalls by the state
- Create a **solution** that “has teeth”
 - Holds MCOs **accountable**
 - Sanctions imposed by AHCCCS if necessary
 - Program **sustainability/longevity**
- AHCCCS Performance Improvement Project (PIP)
 - Required significant, **measureable** outcomes
 - All contracted health plans had to meet minimum performance standard (MPS)

Children’s Oral Health Performance Improvement Project

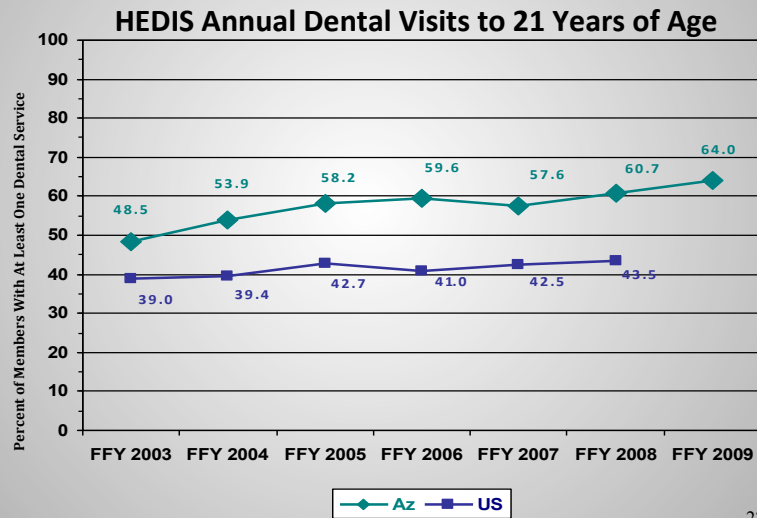
- Implemented 2003-baseline measurement CYE 02
- Purpose: Increase rate of annual dental visits
- Focus: Children age 3 through 8
- Long-range goal: 57% of AHCCCS members < 21 years of age receive annual dental visit (HP 2010)
- HEDIS Methodology: continuously enrolled
- Remeasurement in ‘05, ‘06, ‘07, and ‘08
- Transitioned into mandated performance measures for children ages 2 - 20

Children's Oral Health Performance Improvement Project

- CYE 2002: baseline **52.2%**
- CYE 2007: **64.5%** members received dental visit
 - Relative increase = 25.3% (ages 3 -8)
 - 90th percentile of all Medicaid programs (1-20 years)
 - All health plans showed significant and *sustained* improvements

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ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM



Note: In federal fiscal year 2007, AHCCCS began reporting annual dental services for children 2 to 21 years of age, rather than 4 to 21 years.

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2011 AHCCCS Performance Measures

- Minimum Performance Standard: 55 (goal 57%)
- Achieved CYE 2011: **64.7%**
- HEDIS 90th percentile (Medicaid): **64.1%**
- HEDIS Mean **47.5%**
- AZ CMS 416 FFY 2010 (90 day enrollment): 48.5%
 - **Performance Measure Description**
 AHCCCS measured the percentage of children and adolescents who:
 - were ages 2 through 21 years if eligible under Medicaid, or 2 through 19 years if eligible under KidsCare, at the end of the measurement period
 - were continuously enrolled with one Acute Care Contractor during the measurement period (one break in enrollment, not exceeding one member-month, was allowed), and
 - had at least one dental visit during the measurement year.

Advantages/Disadvantages

Advantages:

- Managed Care: an accepted cost-effective alternative for traditional (Medicaid) FFS programs
- Costs defined by RFP competitive model
- Carved-in: integrated with Medical programs
- Case management works for members and providers
- Both member and provider services available
- Members have choices
- Health plans may subcontract dental administration in multiple ways, like...

Disadvantages: Previous two speakers ...

Reality: each state and state programs are unique

Arkansas

Angela Littrell



Arkansas (SFY 2011)

- State Population
 - ☐ 2,915,918
- Total Medicaid Enrollees
 - ☐ 785,446
 - ☐ ACA – 250,000
- 75 Counties
- Bordering States
 - ☐ Mississippi
 - ☐ Missouri
 - ☐ Louisiana
 - ☐ Oklahoma
 - ☐ Tennessee
 - ☐ Texas

Arkansas

Dental Program – SFY 2011

Statistics

- Expenditures = \$112,125,263
- Number of beneficiaries who received a dental and/or oral service
- 38,032 Adults (21+) = \$17,973,039
- 223,576 Children (Medicaid and CHIP) = \$91,227,801

Delivery System

- Traditional Fee-for Service/Fiscal Agent

Administrative Managed Care Services/Contracts

- **ConnectCare**
 - Dental Care Coordination Services
 - Outreach and Education
- **Arkansas State Dental Association**
 - Prior Authorization Review and Dental Advisory Services
- **Green Dental Laboratory**
 - Denture Lab Contract

Arkansas

Dental Program Highlights

- **Provider Access**
 - SFY 2011 approximately 858 enrolled dental providers.
 - Dental provider workforce shortage that is impacting access to Medicaid dental providers/services for adults and rural areas.
- **Reimbursement Rates**
 - Medicaid dental reimbursement rates were increased up to 95% of the 2007 Delta Dental premier fees.
- **Adult Dental Program**
 - Established and added adult dental services in August 2009.
 - Denture Lab Contract to ensure standardized quality and cost containment.
 - Established policy to allow dentists to provide and bill patients for dentures with patient written consent if beneficiary does not want to obtain dentures through Medicaid Denture Lab.
- **Prior Authorization Changes**
 - Lengthy prior authorization review and approval process.
 - Eliminated prior authorization requirements for certain services.
 - Allow enrolled Medicaid dental providers to submit prior authorization requests electronically.

Arkansas Future Focus



- Cost Containment
- Retrospective Reviews
- Adult Dental benefits
- Develop Quality Measures
- Provider Network

Questions