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

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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)
Geographic Service Areas
Acute Care Enrollment As of September 1, 2009

<table>
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<tr>
<th>GSA Number</th>
<th>Health Plan Enrollment</th>
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<tr>
<td>2</td>
<td>52,752</td>
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<tr>
<td>4</td>
<td>83,802</td>
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Total Health Plan Enrollment = 1,093,158
Total AHCCCS Enrollment = 1,327,201

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**

**HEDIS Annual Dental Visits to 21 Years of Age**

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<thead>
<tr>
<th>FFY</th>
<th>Az</th>
<th>US</th>
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<td>48.5</td>
<td>39.0</td>
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<tr>
<td>2004</td>
<td>53.9</td>
<td>39.4</td>
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<tr>
<td>2005</td>
<td>58.2</td>
<td>42.7</td>
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<td>2006</td>
<td>59.6</td>
<td>41.0</td>
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<tr>
<td>2007</td>
<td>57.6</td>
<td>42.5</td>
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<tr>
<td>2008</td>
<td>60.7</td>
<td>53.1</td>
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<tr>
<td>2009</td>
<td>64.0</td>
<td>58.0</td>
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*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.*
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