2013 MSDA National Medicaid and CHIP Oral Health Symposium
June 3rd- 4th, 2013 Washington DC

Provider Payments and Program Transparency
Allen Finkelstein
• Changes in Medicaid program design are taking place across the states.

• These changes are affecting providers and payers; and newer innovative models are emerging.

• The ACA provides opportunities for states to test these new models.

• This session will highlight these new models and address how some states are responding.
“We don’t need to think more, we need to think differently”

Albert Einstein
Health Care Integration

Dental Home

Health Home

Medical Home

Behavioral Home

Finkelstein/ 2010
The concept of merging a dental home and a medical home to create a health home is being discussed as a model for the future. What’s more, data on the willingness of dentists to screen for medical conditions are being gathered at the same time pediatricians are learning to provide fluoride varnish for their patients.

Michael Glick, editor JADA

volume 141, April, 2010
Era of Accountability

FROM VOLUME

Provider Centric
Blind Reimbursement
Episodic Fragmented Care
Inpatient-Focused
Individuals
Disease and Treatment

TO VALUE

FOCUS
COMPENSATION
PATIENT FLOW
DELIVERY SETTING
APPROACH
OBJECTIVE

Patient Centric/Consumer
Value-based Reimbursement
Continuous/Coordinated
Ambulatory/Office/Home
Population Based
Health/Wellness Prevention
Data Analysis Criteria: Florida Hospital Admissions

- Florida Medicaid Data (not including Medicaid HMOs) for 12 months (July 2006 - June 2007)
- Medicaid-eligible Children 6 years of age or under
- Hospital Admissions billed at discharge for any of the following codes (even if not primary diagnosis):
  - ICD 522.5 Dental Abscess without Sinusitis
  - ICD 522.7 Dental Abscess with Sinusitis
  - ICD 682.0 Facial Cellulitis

**Results:**

- Number of Admissions = 196
- Average Stay = 3.7 days per admission
- Total Expenditures for All Admissions: $1,076,229.28
- Mean Expenditure per Admission: $5490.97
- Mean Expenditure per Day: $1484.04

The inpatient costs were for Hospital Admissions billed at discharge for any of the 3 ICD Codes (even if not primary diagnosis).

Source: Florida Agency for Health Care Administration: via Deepa Ranka, MS; Elizabeth Shenkman, PhD; & Frank Catalonotto, DMD, University of Florida & Sandy Halperin, DDS, Florida Department of Health
“Early Preventive Dental Visits: Effects on Subsequent Utilization and Costs”

• The investigation studied North Carolina children who were enrolled continuously in Medicaid from birth for a 5 year period
• Age of first preventive dental encounter had a positive effect on dental-related expenditures
• Average dental-related cost being less for children who received earlier preventive care
• Average dentally related costs per child according to age at first preventive visit:
  – Before Age 1: $262
  – Age 1-2: $339
  – Age 2-3: $449
  – Age 3-4: $492
  – Age 4-5: $546

**Rite Smiles Health Home Model**

**Rite Smiles** began in 2006 as the first statewide dental plan in the nation for young children with Medicaid coverage.

- The Goal of Rite Smiles Program was to increase access to dental care services and promote good oral health. Improving dental health outcomes in children will result in a decrease in costly restorative procedures, emergency and operating room utilization.

- All children with Medicaid coverage who were born after May 1, 2000 are eligible for Rite Smiles and are automatically enrolled.

- The concept of healthy children maintaining this status in a true Health Home model has permitted the program to expand its enrollment each year.

**Rite Smiles Enrollment**

<table>
<thead>
<tr>
<th>Year</th>
<th>Enrollment</th>
</tr>
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<tbody>
<tr>
<td>2006</td>
<td>31,660</td>
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<tr>
<td>2007</td>
<td>35,502</td>
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<tr>
<td>2008</td>
<td>38,961</td>
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<tr>
<td>2009</td>
<td>45,684</td>
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<td>2010</td>
<td>51,514</td>
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<td>2011</td>
<td>56,762</td>
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</tbody>
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Rite Smiles

Visits /1,000

Prevention

Treatments

Year

2002 2003 2004 2005 2006 2007 2008 2009 2010

1 2010 are provisional estimates from claims paid through December 2010
Dental Visit Rates in 2010

- 46 percent for children five years and younger
- 64 percent for children six to eight
- 71 percent for children ages nine and 10.
• The percentage of children ages two years and younger who received any dental care increased by almost 600% from 2002 to 2010.

• Significant progress was also made among pre-school children three to five years with participation rates approaching 50%.

• Participation among the school aged children nine to ten years increased to over 70%.
“We don’t reward physicians and dentists for prevention... policymakers must take a more holistic approach to health care by integrating medical and dental care in simple ways, such as having a dental visit be part of a child’s immunization record or having physicians apply fluoride varnish.”

Dr. A Finkelstein, “Health Reform Proposals Enhance Children Dental Care”, Kaiser Health News, October 13, 2009
Goals of the NJ Smiles:

• Increase access to dental services for younger children
• Promote the development of good oral health behaviors
• Decrease the need for restorative, emergency and operating room dental care
• Decrease Medicaid expenditures for oral health care
• Age children into maintained health
• To achieve these goals a new oral health delivery system based on wellness has been developed for children 0 to 3 years 364 days of age.

• Children will be aged into the NJ Smiles Program as each year as the cohort becomes another year older.

• The State will continue to transfer Medicaid/CHIP eligible children into the NJ Smiles Program until all children under 21 are covered by the program.
• Participating dentists will receive increased fees for all children Ages 0 to 3 year 364 days for diagnostic and prevention procedures

• Additional quality incentives will be awarded for reduction in emergency room and operating room utilization

• Wellness incentive will be awarded based on procedures delivered on periodic follow-up visits

• **ALL CHILDREN WILL BE ASSIGNED TO A DENTAL HEALTH HOME**
• One of the strategies to be adopted by the Program is promoting early and regular preventive dental care along with more active engagement by primary care physicians with the **NJ Smiles Fluoride Varnish Program**.

![Map showing states with Medicaid funding for physician oral health screening and fluoride varnish](http://www.mchortalhealth.org/feedback/reimbursementcharts018.pdf)

• Physicians receive reimbursement for the application of fluoride varnish and a care management fee when the child has a dental visit
Dr. Allen Finkelstein

Dr. Allen Finkelstein, the Chief Executive Officer of Bedford HealthCare Solutions is the former Chief Dental Officer of AmeriChoice/United Health Group insuring over 3.5 million lives in dental government coverage. Dr. Finkelstein is a 1965 graduate of the University of Pittsburgh with a Bachelor of Science degree. In 1969, he graduated with honors from Temple University School of Dentistry in Philadelphia, Pennsylvania where he was awarded a Doctor of Dental Surgery degree. In 2009, Dr. Finkelstein was awarded a Doctor of Humane Letters degree from the A. T. Still University (Hon) and in 2011 was awarded the Dr. Harry Strusser Memorial Award from New York University, College of Dentistry.

Dr. Finkelstein is currently an adjunct Clinical Assistant Professor of Pediatric Dentistry at New York University, College of Dentistry, Senior Advisor for Oral Health Strategies adjunct facility member of the Arizona School of Dentistry and Oral Health AT Still University, a member of the Harvard University School of Dental Medicine Dean’s Advisory Board, a member of Drexel College of Medicine Student Advisory Board and a member of the Visitor’s Board of the Kornberg School of Dentistry at Temple University.

Dr Finkelstein testified before the Domestic Policy Subcommittee on and Government Reform in the United States House of Representatives on “Evaluating Pediatric Dental Care under Medicaid”.

He is a long time proponent of Integrated Dental and Medical Care and has lectured at dental and medical schools and conferences on the subject of Early Childhood Caries and the need for Medical/Dental Integration to achieve the establishment of a quality outcome based Health Home.