Program Administration and Management

Session 4

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Description

The administration and management of Medicaid and CHIP dental programs have changed vastly over the last few years. Several kinds of models exist and new ones are emerging. States are contracting with Managed Care Organizations (MCO) that, either directly or indirectly, manage their dental programs. In some cases, Dental Benefits Administrators (DBA) or Administrative Service Organizations (ASO) administer and manage their dental programs. Each of these models has nuances that potentially affect utilization management, claims processing, data and information management systems, quality of care, and performance monitoring, among other tasks. This session will discuss these distinctions and address how they may vary when risk sharing is involved.
Session Objectives

Participants will gain knowledge and skill in:

• the differences between the Managed Care Organization (MCO) model and the Dental Benefits Administrator model; and

• How these models potentially affect utilization management, claims processing, data and information management systems, quality of care, and performance monitoring, among other tasks.
Nancy Gurzick, RDH, MA

Michigan Medicaid
The New Environment Of Contracts

- Managed Care Organizations (MCO)
- Dental Benefits Administrators (DBA)
- Administrative Service Organizations (ASO)
- Integrated Care Programs
Federal Requirements For Contracts:

- State Plan authority (Section 1932 (a))
- Waiver authority (Section 1915 (a) and (b))
- Waiver authority (Section 1115)

- States must comply with the federal regulations that govern managed care delivery systems. These regulations include requirements for:
  - A quality program
  - Appeal and grievance rights
  - Reasonable access to providers
  - The right to change managed care plans, among others.
State Requirements

• All contractual personal services require Civil Service approval (CS-138)
• Statement of Work
  – Goals and Objectives
  – Tasks/Activities
  – Timelines
  – Staffing/Roles and Responsibilities
  – Outcomes/Deliverables.
• On-line vendor registration
• Evaluation requirements
Components of a Contract

- Definitions
- General Provisions
- Eligibility
- Enrollment and Disenrollment
- Contractor Responsibilities
- Department Responsibilities
Administrators/Management

- Assignments/Delegations
- Compliance with Civil Rights
- Confidentiality
- Contract inclusiveness/amendment
- Liability Insurance
Data Collection/Reporting

• Reimbursement Mechanisms
• Public Health Reporting
• Encounter Reporting
• Release of report data
• Grievance reporting
• Member Satisfaction Survey
Healthy Kids Dental

• Dental Benefits Administrator (DBA)
  – Delta Dental
• Scope of Services
• Provider benefits
• Beneficiary benefits
• Reimbursement structure
MIChild

- Managed Care Organization (SCHIP)
  - Delta Dental
  - Golden Dental
- Scope of Services
- Provider benefits
- Beneficiary benefits
- Reimbursement structure
Healthy Michigan Plan

- Michigan’s Medicaid expansion program
- Scope of Services
- Provider benefits
- Beneficiary benefits
- Reimbursement structure
- MDCH Contracts with 13 Health Care Plans
- 13 Health Care Plans contract with dental vendors
Integrated Care Project

• MDCH has a Memorandum of Understanding (MOU) with the CMS for the new MI Health Link demonstration program to integrate care for individuals dully eligible for Medicare and Medicaid.

• Managed care/Prepaid Inpatient Health Plans (PIHP)

• Care Coordination
Children’s Special Health Care Services (CSHCS)

• Scope of Services
  – General dental
  – Specialty dentistry

• Authorized providers

• Reimbursement structure
Claims/Management of Information Systems

- Claims payment
- Capitation rate setting
- Third party liability
- Encounter data
Quality/Performance

- Performance outcome standards
- Quality of care analysis
- Access analysis
- Improvement strategies
- Improvement implementation
David Weeks, JD

TennCare
It is always best if your program can work cooperatively with Federal and State agencies, but if that isn’t happening:

**GOAL**: draft contract language that will allow your program to manage our providers without relying on any other Federal or state agency.
Sample Issues for your MCO/P.A. contracts

• Actual info v Index card approach?
• If we don’t manage the network how do we handle lawsuits by providers against the DBM?
• How do we handle excluding providers and re-admitting providers to program?
• How do we handle compliance issues like HIPAA breaches and discrimination complaints? What role for DBM v State?
Sample Issues for your MCO/P.A. contracts (con’t)

• What provisions should your MCO contract contain, which are required to be included in the provider’s agreement with the MCO?

• What records access language should be included {free, what agencies or agents}?

• Should we hold MCO responsible if pays for non-medically necessary services, instead of just providers?

• What specific PI requirements, especially dedicated staffing, should we require from the MCO?
Sample Issues for your MCO/P.A. contracts (cont)

- Who keeps recoveries for F A O?
- What Definitions of PI terms should be included?
- How do we handle investigation reporting and coordinating?
- Should MCO require provider subcontract approval?
- What FCA certification language should be required?
- How can we separate Conditions of Participation v. Conditions of payment?
Conclusion

• REMEMBER YOUR GOAL
• It is always best if your program can work cooperatively with Federal and State agencies but if that isn’t happening:

  – Draft contract language that allows you to act without action from any other federal or state agency to manage our providers
Nance Orsbon

Delta Dental South Dakota
Vice President of Provider Services
Disclaimer

Delta Dental of South Dakota is the acting Dental Benefit Administrator for the State of South Dakota Medicaid dental program. The Medicaid data used in this presentation was resourced from the South Dakota Department of Social Services.
South Dakota Medicaid Program

One of the Largest Healthcare Insurers in South Dakota

Great Faces  Great Places
Geographic/Population

Source: U.S. Census Bureau
Census 2010 Summary File 1
population by census tract
Native American Population
FY13 Enrollment

Average Monthly Enrollment 116,128
Over 140,000 unduplicated individual during FY13

• Nearly 1 of every 7 persons in any given month will have health coverage through Medicaid or CHIP.

• 1 of every 3 persons under the age of 19 in South Dakota has health coverage through Medicaid or CHIP.

• 50 percent of the children born in South Dakota will be on Medicaid or CHIP during the first year of their life.
State Medicaid Budget

- Medicaid budget is a large part of South Dakota’s state government spending
- South Dakota Medicaid expenditures were $841.5 million in FY13
- South Dakota Medicaid *dental budget* 2.29%
- SFY14 blended Federal Medical Assistance Percentage (FMAP) is 53.54% federal/ 46.46% general
- Indian Health Service (IHS) FMAP is 100% federal
State Of South Dakota
Office of Medical Services

One Dental Benefit Administrator
Original Contract Model: **DBM**
Contractor Assumes “Full Financial Risk”

- **Capitated Rate** from State -> Contractor (PBPM or PMPM)
- **Fee-for-Service** from Contractor -> Provider
- Developed Provider Network (Recruitment, Enrollment and Credentialing)

Risk 1996-2006
Original Contract Model: DBM
Contractor Assumes “Full Financial Risk”

Risk 1996-2006

- Established Provider Reimbursement Schedule
- Developed and Managed Call Center
- Developed and Implemented Quality Assurance / Program Integrity
Administrative Changes

- Medicaid Assumes Risk
- Medicaid Manages Provider Enrollment /Fee Schedules
- Contractor Develops Network
Data Exchange for Claims Processing

Eligibility (HIPAA 834)
Provider Enrollment
Coordination of Benefits
IHS Payment

Provider Enrollment
Claims Paid (HIPAA 837)
Adult Maximum Paid
Medicaid / CHIP Coverage

Children under 21 (EPSDT)

Adults ($1000 Annual Maximum)

- Pregnancy Service (Limited)
- Special Needs Population
Provider Types and Payment Structures

• Private Dental Clinics (Fee-for-Service)
• Mobile Dental Units (Fee-for-Service)
• Federally Qualified Health Centers
  (Perspective Payment System-per visit rate)
• Indian Health Service (Variable)
  – State / Medicaid Contractor
  – Federal IHS Contractor
Quality Improvement and Program Integrity

- Claims System Edits
- In-house Consultant Review
- District Pre and Post Treatment Review
- Coordination of Benefits
- Contract Compliance Review
- Provider Data Analysis
Program Integrity

Contractor

Division of Medical Services

Federal Audits

Medicaid Fraud Control Unit

Recoveries and Fraud Investigations

South Dakota State Board of Dentistry
Additional Shared Data Reports

Access to Care
Utilization of Service
416 Data
Cost Containment
Tracking of OR Services
Contractor Quality Improvement Programs
Aimed at Improving Process and Outcomes

1999
Medicaid Call Center

2002
Access to Baby and Child Dentistry

2008
Caring For Smiles
Collaborations
For Improving Outcome and Quality Measures

1997 Provider Continuing Education Certificate

1999 South Dakota Donated Dental Services

2002 South Dakota Oral Health Coalition

2004 Loan Repayment Program

2004 Mobile Dental Units

2005 Partners for Prevention
Collaborations
For Improving Outcome and Quality Measures

2008 USD Dental Hygiene Dental Clinic

2008 Mobile Program Expansion

2009 Cavity Free in 2-0-1-3

2012 Circle of Smiles – CMS Innovation Grant

2013 Rosebud Dental Days
South Dakota

Great Faces, Great Places
Jerry W. Caudill, DMD, FAGD, MAGD
Kentucky State Dental Director

Avesis- Kentucky
Disclaimer

Avesis is the acting Dental Benefit Administrator for the Kentucky Medicaid dental program. The information provided herein is based on our experience working in several state Medicaid programs.
Program Administration and Management

Jerry W. Caudill, DMD, FAGD, MAGD
Kentucky State Dental Director
Avesis Incorporated
What is a Dental Plan Administrator?

- Company/contractor that administers dental benefits either directly with a state or indirectly with a MCO.
Administrator Relationship to the State

• With partner permission, we may collaborate with the state, but remain answerable only to the MCO.

• If the state requests data, that request is vetted through our MCOs.
  – We provide the requested dental data to the MCO who will then decide what information will be shared vs. what they may consider proprietary.
Our Key Roles

• We manage the provider networks
• Kentucky is one of the “Any Willing Provider” states
  – Any willing provider (AWP) laws are laws that require managed care organizations to grant network participation to health care providers willing to join and meet network requirements.
  – However, we can under some conditions, terminate a provider, without cause, if they have violated any of our contract provisions.
Our Key Roles

• With most of our partners we contract directly with the dental providers in building out the network.
• With others, the MCO may contract with the providers themselves.
• We are delegated for dental provider credentialing.
Our Key Roles

• As part of our network management we are responsible to meet the state mandated goals concerning prompt payment, authorization turn around time, network adequacy, and access to care.

• Just as there are possible penalties from the state to the MCO for not meeting these goals, there can be penalties passed down from the MCO the dental plan administrator.
OUR KEY ROLES

• What do these penalties look like?
  – If goals are not met, the administrator may be put on a Corrective Action Plan (CAP)
  – If the mandated goals are still not achieved there are financial penalties that kick in at various levels or time periods.
Quality Assurance

• Along with network management comes QA
• As such, we provide regular on-site office visits to all offices with a checklist of Quality of Care issues to be assessed.
• These may include items as simple as “is a signed HIPAA form in the chart” to life and death issues such as “is spore testing of the office autoclave being done”.

Quality Assurance

• Our office audits include three areas of review:
  – Review of a sampling of patient charts
  – Facility evaluation
  – Customer Service records regarding any patient complaints

• We utilize all office visits for training and recommendations for improvement
Claims, Prior Authorizations, and Appeals

• We provide claims processing and payment.
• In Kentucky, Avesis pays providers weekly.
• Provide investigation of complaints and grievances.
• Defend appeals of service denials that may escalate to the State Fair Hearing level by providing expert testimony.
Provider Support

• Quarterly Newsletters and FAX blasts
  – New changes in state regulations or their interpretations
  – Hints and tips for submission of claims, prior authorizations and appeals
  – Changes in submission requirements

• We support and are present at MCO provider meetings held throughout the state for providers and their staffs.
Provider Support

• Provider Relations Representatives
  – In Kentucky, we have five PRR field staff for our provider networks. These representatives are available to answer non-clinical questions, provider orientation and training, investigate why a claim or prior authorization was denied, give guidance on best practices.....
  – For clinically related questions, I am personally accessible by all providers. I freely give my email and cell phone information to all providers I meet.
Fraud, Waste, & Abuse

- FWA, Program Integrity, and Quality Assurance are a major part of plan administration
  - review Medicaid provider activities, audit claims, identify overpayments, and educate providers and others on Medicaid program integrity issues
  - We proactively have software filters in place, based upon state guidelines, to prevent inappropriate billing.
Fraud, Waste, & Abuse

• We also do data mining utilizing our internally developed Dashboard where each state director can analyze possible utilization abuse, either overutilization or underutilization, and identify outliers.
  – Example: we have seen providers doing large numbers of interproximal restorations while taking no radiographs.
Fraud, Waste, & Abuse

• Once a possible outlier is identified
  – We look for a legitimate explanation, so we may:
    • Request additional information via a phone call
    • Request chart copies
    • Send a Provider Relations Representative for an on-site visit to investigate
    • I may do a personal on-site visit
      – Example: Large number of root canals in one GP office

• If not legitimate, we move to the next step
Fraud, Waste, & Abuse

• Based upon “individualized” agreement with our partners, we will bring the MCO into the loop at various stages of our investigation.

• Again, we work for the MCO’s and will seek their direction which may include:
  – State Dental Director may have a heart to heart talk with the provider
  – May place the provider on a CAP
  – Could consider terminating the provider
  – Refer the provider to OIG, DEA, Board of Dentistry, all of the above. Often the MCO’s internal fraud investigation team will look at our findings and then refer the case as they determine.
Our Experience

• While many MCO’s are experts at managing medical care issues, they allow us to be the experts in dental administration.

• Medicaid dentistry is different. The primary emphasis on children means that our review of claims data is focused on frequencies of many routine services rather than expensive services such as crowns and implants.
Our Experience

• Positive relationships with our dentists. We provide comprehensive customer service to our providers as they are also our important customers.

• We provide a communication interface between our network dental providers and our MCO partners.
Nancy Gurzick is the Dental Policy Specialist for the Michigan Department of Community Health. Nancy’s background includes Clinical Dental Hygiene and Dental Hygiene Education. As the Dental Policy Specialist, she is responsible for research, development, implementation, and monitoring of Medicaid policy, and general dental program oversight. She serves as liaison to the Oral Health Director in the Public Health Administration for public health functions. She also works in collaboration with the Michigan Department of Community Health Managed Care Division and Delta Dental of Michigan in the implementation of the MIChild and Healthy Kids Dental Programs.
Nance Orsbon

Nance Orsbon, Vice President of Professional Service, has over 36 years of service with Delta Dental of South Dakota. In addition to Professional Services, she oversees the Indian Health Service Contract (1979) and is the Project Manager of the Medicaid Dental Contract with the State of South Dakota (1996). Nance has served on the Delta Dental Plan Association Dental Policy Committee and Professional Relations Committee as well as on the Board of Director’s for MSDA and she is currently serving on MSDA’s the Planning Committee.
Jerry Caudill

- Dr. Caudill is a Fellow and Master of the Academy of General Dentistry and is the Kentucky State Dental Director for Avesis Incorporated. Dr. Caudill is experienced as a commercial and government dental claims consultant and reviewer. He is a Board examiner for the Council of Interstate Testing Agencies (CITA Board) which covers 46 different jurisdictions. He has been the National Dental Director of a multi-state dental group which included over 120 offices. Dr. Caudill is a former adjunct faculty member for the University of Kentucky, College of Dentistry. He is an Advisor to the Academy of General Dentistry National Taskforce on Corporate Dentistry and 2012 President of the North Carolina AGD. Dr. Caudill is a member of and held office in numerous dental organizations.
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