Reporting Requirements
Lessons Learned, and Do’s and Don’ts

Session 6

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Medicaid programs must comply with Federal and State reporting regulations. In recent years, State programs have been challenged to comply with these regulations as contracts with MCOs and other program administrators have fallen short of requiring contractors to supply necessary information and data. This session will highlight the reporting regulations, information and data requirements, recommendations for states developing contracts, and lessons learned.
Session Objectives

• Participants will gain knowledge and skill related to the lessons learned by state Medicaid programs when contracting for dental services.
Robert Thielen, DDS, MBA

National Dental Director
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Lesson Learned
Measurement/Accountability

• The Contractor (Plan) needs to establish accountability metrics to insure the Vendor demonstrates responsiveness to issues, transparency to elevate issues/resolutions to Plan level, flexibility to adapt to provider needs.
Lesson Learned

Delegation Oversight

• At the state level, Plan should not assume that administrating dental services means placing dental services on “auto pilot”. Plan should take an active role.
• Delegation of benefits to Vendor does not = Carve Out. Plan is responsible to regulators, providers for Vendor actions.
• Plan is responsible for sanction-able items from regulators (example: NOA letters). Does member communication from Vendor meet regulators guidelines?
• Establish monthly JOC (Joint Operating Committee) meetings between Plan and Vendor to discuss utilization, trends, issues.
Each Market is different. Plan should know demographics of member pool – Developmentally disabled, special needs, cultural disparities, etc

Does Plan understand how varied populations impact utilization costs (full mouth rehabilitations, ortho/orthognathic cases)?

Does the Plan/Vendor have adequate network of dental providers to meet the needs of members (orthodontists, ability to work with diverse populations, special needs individuals)?
Lesson Learned

National Strategy

• Integration of Dental Services with Medical and Behavioral Health
Lesson Learned

• Always have a provision that allows for ad hoc reporting to get stuff you miss during the contracting phase.
R. Mike Shirtcliff, DMD

Advantage Dental
Lesson Learned

When changes are necessary there needs to be enough lead time to implement.
Lessons Learned

Automated reports work best.
Take Away

Contracting agency needs to consider the profession’s needs or it will be harder for them to recruit qualified providers.
David Fischer

Oregon Medicaid
Lesson Learned

Healthcare transformation has direct impacts on contract reporting and oversight
Lesson Learned

Transformation impact on contracting takes time, agreement and great communication.
Lesson Learned

Transforming the system requires accurate data acquisition for reporting and review processes.
David Weeks, JD

TennCare
Lesson Learned

You must have good encounter data to manage the program.
Lesson Learned

For reporting, you must specify in the contract the type of things you will want information on.
Lesson Learned

Leave actual format to be negotiated with the provider based on their system design
Final Discussion
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