Medicaid and CHIP

A Basic Course for Program Administrators and Policy Makers

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Acknowledgements

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Session Objectives

• Describe the role of Medicaid/CHIP dental program managers

• Raise awareness and increase knowledge of:
  – The Medicaid Program
  – The Children's Health Insurance Program
  – CHIPRA 2009 and Healthcare Reform
  – Dental Service Models
    Private; safety-net; FQHC; school-based; other public health
  – Program Payer Models
    Fee for service; managed care; encounter/prospective
Role of the Medicaid & CHIP Dental Program Managers

• Policy Development & Review
• Program Effectiveness
• Quality Assurance
• Program Integrity Review
• Community Liaison
• Enrollee Assistance
What is Medicaid?
Key Message: Oral health is integral to overall health

Supports a broad spectrum of oral health activities

Goals:
- Emphasize oral health promotion/disease prevention
- Increase access to care
- Enhance oral health workforce
- Eliminate oral health disparities
Federal Partners
National Rationale

• Centers for Medicaid and Medicare Services
  – Oral Health Goals for State Medicaid Programs

• Centers for Disease Control and Prevention
  – Healthy People 2020 National Oral Health Objectives

• Health Resources and Services Administration
  – Maternal and Child Health Bureau Title V Performance Measures

• Administration for Children and Families
  – Office of Head Start Program Performance Standards
What is Medicaid?
Medicaid

• Federal *Entitlement* Program
• Established in 1965
• Social Security Act
• Title XIX
• Purpose to provide federal health insurance to elderly and poor families.
Medicaid

• Federal – State partnership
• Shared financing responsibility
  – Matching funds
  – Formula driven
• State flexibility in administration
• States must designate one state agency to:
  – Administer program
  – Serve as point of contact for CMS
  – Pay claims
  – Assure availability of funds
OBRA ‘89

• Omnibus Budget Reconciliation Act of 1989
• Legislation which authorized the EPSDT Program
• https://www.cms.gov/MedicaidEarlyPeriodicScrn/
EPSDT
Early Periodic Screening, Diagnosis and Treatment

• Child health program
• Individuals under age 21
• Includes periodic screening, vision, dental, and hearing
• Requires any medically necessary health care service be provided to an EPSDT recipient
What is the Children’s Health Insurance Program (CHIP)?
State Children’s Health Insurance Program (SCHIP)

- Passed by Congress and signed into law in August, 1997
- Provided enhanced Federal matching funds to states over 10 year period
- Unlike Medicaid - not an *Entitlement* Program
- Purpose to cover uninsured children (age 0-18)
- Eligibility, administration and coverage different than Medicaid
2009 Reauthorization-CHIPRA

- CHIPRA changed the program name to CHIP
- New Name: Children’s Health Insurance Program
CHIPRA Dental

- Dental benefits were optional under CHIP until CHIPRA (CHIP Reauthorization Act of 2009)
- New Dental Provisions include:
  - Dental coverage guarantee
  - Dental wrap-around option
  - New parent education
  - Information for beneficiaries on IKN website
  - GAO Study on dental access and providers
  - Reporting of dental services (Annual report: CMS-416)
  - Additional dental sealant question
Infrastructure

Federal, Regional and State Roles and Responsibilities
Federal

Role and Responsibility
Federal Program

- Responsible for Medicare, Medicaid and CHIP
- Re-organized in 2010
  - Old: Center for Medicaid and State Operations
  - New: Center for Medicaid, CHIP and Survey & Certification
- Policy development
- State oversight and accountability
- Data collection and review
- Provides formula for FMAP
Federal Medical Assistance Percentage (FMAP)

• Federal/State funding match program
• Federal “share” made available based on state payment
• Varies by state
• State’s per capita income/national per capita income
• Minimum FMAP is 50%
• Maximum FMAP is 83%
• Highest FY 2010 FMAP was 75.67% (MS)
Federal Regions

Federal Regions

REGION I: Connecticut, Massachusetts, New Hampshire, Rhode Island, Vermont. Regional Capitol: Boston

REGION II: New York, New Jersey, Puerto Rico, Virgin Island. Regional Capitol: New York City

REGION III: Delaware, Maryland, Pennsylvania, Virginia, West Virginia, District of Columbia. Regional Capitol: Philadelphia

REGION IV: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, Tennessee. Regional Capitol: Atlanta

REGION V: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin. Regional Capitol: Chicago

REGION VI: Arkansas, Louisiana, New Mexico, Oklahoma, Texas. Regional Capitol: Dallas-Fort Worth

REGION VII: Iowa, Kansas, Missouri, Nebraska. Regional Capitol: Kansas City

REGION VIII: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming. Regional Capitol: Denver

REGION IX: Arizona, California, Hawaii, Nevada. Regional Capitol: San Francisco

Regional Office Role

• Provide Technical Assistance
• Review State Plan Amendments (SPA)
• Perform Quarterly Site Visits
  – Policy Review
  – State Plan Amendments
  – Waiver Review
  – Finance Issues
State Program

Medicaid and CHIP

• Administration
• Eligibility
• Financing
• Coverage
• Provider Network
• Evaluation
State Financing

- Economic environment
- State Budgets
- Medicaid spending is the largest or second largest item in virtually every State budget
- 2009 American Recovery & Reinvestment Act changed the spending formulas
Administration

- Single state agency
- Varies by state
- Education
- Transportation
- Data collection and management
- Reporting
- Policy development
Administrative Activities

• Inform eligible children of EPSDT services
• Establish dental periodicity schedules
• Report EPSDT performance annually to CMS
  – CMS-416 Report
Basic Program Requirements

- Medical or remedial services
- Amount, duration, and scope of services
- Comparability of services
- State-wideness for services
- Payer of last resort
- Exceptions to payer of last resort:
  - Title V agencies
  - School health services (IEP/IFSP)
  - Some WIC products
Program Requirements

• Freedom of Choice
  – Beneficiaries can select care from any qualified provider willing to furnish a service

• Any Willing Provider and Free Choice of Provider
  – Qualified provider must be allowed to participate
  – States may request a waiver to limit providers
  – Impact to beneficiaries is limited freedom of choice
Eligibility
Basic Eligibility Requirements

• Financial
  – Income and resources

• Non-financial
  – State residence
  – Citizen or qualified alien
  – Social Security Number
  – Assignment of rights to medical support and payment
Other Eligibility Criteria

• Target populations
  – Low-income
  – Disabled
  – Aged
  – Blind
  – Pregnant women
  – Children
  – Single parents

• Varies by state
  – States have discretion and control over their programs
Coverage

• Mandatory
  – EPSDT

• Optional
  – Adult Dental and Dentures
Dental Service Providers

- 440.100 – Dental services – diagnostic, preventive or corrective procedures provided by or under the supervision of a dentist;

- 440.60 – Medicaid or other remedial care provided by licensed practitioners – medical care or any other type of remedial services, other than physician’s services, provided by licensed practitioners within the scope of practice as defined under State law.

- 440.50 – Physicians’ services and medical and surgical services of a dentist – services provided by a doctor of dental medicine or dental surgery if the services are: 1) considered physician services if furnished by a physician; 2) may be furnished by a physician or a dentist under state law and 3) are furnished by a dentist who is authorized to furnish the services in the State.
Provider Networks

- Private
- Safety-net
  - Federally-Qualified Health Centers (FQHC)
  - Hospitals
  - Public Dental clinics
- Dental and dental hygiene schools
- Other non-dental providers
- School-based health centers
- School-based oral health programs
- Title V sponsored programs
Payer Models

• Fee for Service
• Managed Care
• Cost-based Reimbursement
  – FQHC Encounter Rates
  – Title V Agencies
Medicaid State Plans

• Federal requirement
• Serves as a contract with CMS
• Includes:
  – Mandatory provisions
  – Optional provisions
• State Plan “Amendments”
  – Required by CMS when changes occur to Plan
  – Coverage or reimbursement for services
Cost Sharing

• Cost sharing: [Co-payments]
  – Allows states to require recipients to “share” costs
• Maximum allowable charge
• Exclusions from cost sharing
  – Children under age 18
  – Pregnant women
  – Institutionalized individuals
  – Emergency services
  – Family planning services
• No provider may deny services on client inability to pay
Waiver Options

- Available to states
- Provide flexibility to state programs
- Used to demonstrate innovative approaches to healthcare reform
  - Allows freedom of choice of providers
  - Must be available *statewide*
  - Services must be *comparable* to usual services
Data and Reporting

- Form CMS-416
- Annual EPSDT Participation Report
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<td>5,788,099</td>
<td>2,149</td>
<td>120,153</td>
<td>1,001,926</td>
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<td>446,755</td>
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<td>5,379</td>
<td>55,877</td>
<td>107,494</td>
<td>115,295</td>
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<td>13. Total Eligibles Enrolled in Managed Care</td>
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<td>1,494,539</td>
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<td>4,967,081</td>
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<td>14. Total Number of Screening Blood Lead Tests</td>
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<td>121,725</td>
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# FORM CMS-416: ANNUAL EPSDT PARTICIPATION REPORT

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<th>State</th>
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<tr>
<td>1a. Total Individuals Eligible for EPSDT</td>
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<td>1b. Total Individuals Eligible for EPSDT for 90 Continuous Days</td>
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<td>1c. Total Individuals Eligible under a CHIP Medicaid Expansion</td>
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<td>2a. Number of Years in Age Group</td>
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<td>2b. Annualized State Periodicity Schedule</td>
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<td>3a. Total Months of Eligibility</td>
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<td>3b. Average Period of Eligibility</td>
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<td>4. Expected Number of Screenings per Eligible</td>
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<td>5. Expected Number of Screenings</td>
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<td>6. Total Screens Received</td>
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<td>7. SCREENING RATIO</td>
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* Includes 12-month visit

Note: "CN" = Categorically Needy, "MN" = Medically Needy
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<td>8. Total Eligibles Who Should Receive at Least One Initial or Periodic Screen</td>
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<td>9. Total Eligibles Receiving at Least One Initial or Periodic Screen</td>
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<td>10. PARTICIPANT RATIO</td>
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<td>11. Total Eligibles Referred for Corrective Treatment</td>
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<td>12a. Total Eligibles Receiving Any Dental Services</td>
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<td>12b. Total Eligibles Receiving Preventive Dental Services</td>
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<td>12c. Total Eligibles Receiving Dental Treatment Services</td>
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<td>12d. Total Eligibles Receiving a Sealant on a Permanent Molar</td>
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<td>12e. Total Eligibles Receiving Dental Diagnostic Services</td>
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<td>12f. Total Eligibles Receiving Oral Health Services By a Non-Dentist</td>
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<td>12g. Total Eligibles Receiving Any Dental Or Oral Health Service</td>
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<td>CN MN</td>
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</tbody>
</table>

* includes 12-month visit  
Note: “CN” = Categorically Needy, “MN” = Medically needy
Oral Health Goals

• To increase the rate of children ages 1-20 enrolled in Medicaid or CHIP who receive any preventive dental service by 10 percentage points over a 5-year period; and

• To increase the rate of children ages 6-9 enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar tooth by 10 percentage points over a 5-year period.
  
  – This goal will be phased in during year 2 or 3 of the initiative.
Other CMS Activities

• Establishment of Dental Quality Alliance (DQA)
  – American Dental Association (ADA) lead agency
  – Develop child quality performance measures

• CMS Oral Health Strategy

• Oral Health Technical Advisory Group (OTAG)
  – Solicit input from state Medicaid and CHIP oral health experts
  – Strengthen federal-state oral health partnerships
Evidenced Based Practice

- Fluoride varnish
- Dental sealants
- School-based dental sealant programs
Future Activities

• Promote importance of routine oral healthcare
• Expand policies related to preventive services
• Focus on *quality programs and services*
• Develop and utilize *performance measures*
• Align Medicaid and CHIP program policies and reimbursement practices with state practice acts
• Open discussions regarding:
  • Workforce expansion
  • Non-traditional providers
  • New delivery sites/settings
Patient Protection and Affordable Care Act (PPACA)

- State Exchanges
- Required pediatric dental benefit in essential benefits package
- Definition: Pediatric services, including oral and vision care.
- *Bright Futures*
  - AAP
  - Guidance
- Pediatric dental benefit is yet undefined
  - AAPD Periodicity Schedules
Congratulations!
You’ve completed the MSDA Webinar
Medicaid and CHIP

Thank you~
Contact Information

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Christine Farrell, RDH, MPA

Christine Farrell, RDH, MPA is the Oral Health Director of the Oral Health Program at the Michigan Department of Community Health. Ms. Farrell holds both a Baccalaureate Degree in Dental Hygiene and a Masters Degree in Public Administration from the University of Michigan.

As the Oral Health Director, Ms. Farrell is responsible for the oversight of Michigan’s Statewide dental sealant program, community water fluoridation program, HRSA and CDC cooperative agreements.

Prior to this appointment, Ms. Farrell served as the Medicaid Policy Specialist for 22 years overseeing Medicaid policy for the Michigan Medicaid Program. In this capacity, she oversaw policy, budget and operations for a number of Medicaid programs. She has expertise in Medicaid and CHIP policy, financing and administration that includes oral health, FQHCs, health clinics and school-based health centers along with other ancillary programs.

Ms. Farrell also serves as a key advisor to the MSDA; and has offered her expertise to CDC, HRSA and CMS.
Join Us!

2011 MSDA National Medicaid and CHIP Oral Health Symposium

June 27th-28th, 2011

Washington Marriott Wardman Park

Washington DC 20008

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Email: mfoley@medicaiddental.org