Agenda

1. Describe DentaQuest
2. The Affordable Care Act
3. Quality
4. Discussion
To Improve the Oral Health of All

1999:
Early days in Massachusetts

2001 & 2003:
Surgeon General calls oral disease a "silent epidemic"

2007:
12-year old Maryland boy dies from untreated dental abscess

2008-2009:
Moving beyond Massachusetts

2009:
ADA Access to Care Summit
Building a National Movement for Oral Health 2009-2013

2009-2010:
- Systems-Change Framework adopted
- US National Oral Health Alliance founded

2009-2010:
- National Interprofessional Initiative on Oral Health builds momentum

2011:
- Oral Health 2014 and Strengthening the Oral Health Safety Net initiatives launched

2012-2013:
- Innovation Fund launched
  - Also launched: National Community Committee/PRC Community Response Fund

2013:
- Oral Health 2014 and Strengthening the Oral Health Safety Net initiatives expanded
Systems Change Approach

optimal oral health

POLICY
FINANCING
CARE
COMMUNITY

NATIONAL INITIATIVES
STATE-BASED PROGRAMS AND INITIATIVES
# Systems Change Approach

<table>
<thead>
<tr>
<th>Policy</th>
<th>Financing</th>
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<tbody>
<tr>
<td>• Oral health is a key component of National health policy</td>
<td>• Sufficient funding to support care, prevention, and training</td>
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<tr>
<td>• Oral health policy consistent at local, state, and federal levels</td>
<td>• Alignment of payment with evidence, prevention, disease management, and outcomes</td>
</tr>
<tr>
<td>• Oral health measurement systems in place</td>
<td></td>
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<tr>
<td>• Policy to allow expanded workforce</td>
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</table>

**Optimal Oral Health**

<table>
<thead>
<tr>
<th>Care</th>
<th>Community</th>
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<tbody>
<tr>
<td>• Dental workforce sufficient to meet needs efficiently and effectively</td>
<td>• Oral health integrated into education and social services</td>
</tr>
<tr>
<td>• Care based on evidence, prevention, disease management, and outcomes</td>
<td>• Optimal oral health literacy</td>
</tr>
<tr>
<td>• Oral health integrated into all aspects of health care</td>
<td>• Strong community prevention and care infrastructure</td>
</tr>
<tr>
<td>• Consumer focused care delivery</td>
<td>• Provider base representative of community</td>
</tr>
</tbody>
</table>
Search for Grants

Find past grants easily. Use the search bar and checkbox filters either separately or together.

Or search by Program, State, and Year:

Click on the name of the grant for a brief summary.

No search results found.

www.dentaquestfoundation.org/grants/search
The U.S. National Oral Health Alliance provides the platform for a diverse network of stakeholders to forge common ground in order to harness opportunities and create viable solutions for improved oral health through prevention and treatment for vulnerable populations across our country.
Six Priority Areas

• Medical and Dental Collaboration
• Prevention and Public Health Infrastructure
• Oral Health Literacy
• Metrics for Improving Oral Health
• Financing Models
• Strengthening the Dental Care Delivery System
Launched in 2011, the DentaQuest Foundation’s multi-year Oral Health 2014 Initiative is supporting local leaders for national impact to improve the oral health of all.
Innovation Model for Systems Change

- **Disruptive**: Creates a new system by applying a different set of values and may overtake an existing system.
- **Evolutionary**: Builds upon an emerging element within an existing system.
- **Revolutionary**: An unexpected innovation that significantly affects an existing system.
- **Sustaining**: Improves upon an existing element within a system as it currently operates.
A strong oral health safety net system is vital to meet current and future demand for oral health prevention, education and treatment for underinsured and underserved children and adults.
Strengthening the Oral Health Safety Net

Key Players

National-Level
Resources & Expertise

NACHC
National resources and expertise to support community health centers (CHCs)

MassLeague
Resource and expertise to support PCAs

NNOHA
Resources and expertise to support CHCs

State-Level
Resources & Expertise

PCAs

Community-Level
Safety Net

PCA Member Health Centers

5 selected centers from each PCA

Funding & Technical Assistance

DentaQuest Foundation

Safety Net Solutions
DentaQuest Institute
Results: Interprofessional Agreement
Community Response Fund

The Community Response Fund supports requests for urgent needs to preserve clinical capacity to provide access to care for underserved populations in safety net clinics or community programs. Grants through the Community Response Fund are focused requests to support specific equipment or staff that are necessary to maintain access to care.
The New Dental Environment – The Affordable Care Act and Other Health Reforms
Affordable Care Act (ACA): The Basics

- Requires most U.S. citizens/legal residents to have insurance by 2014
  - 29 million Americans eligible for coverage
  - Individual mandate to purchase qualified health insurance

- Includes substantial Medicaid expansion
  - 100% federally funded for “newly eligible” for first three years; gradually decreases to 90% in 2020 and subsequent years

- Creates Health Benefits Exchanges (Marketplaces) for individuals to purchase coverage
  - Separate Marketplaces/Exchanges for small businesses (SHOP)
Affordable Care Act (ACA): The Basics (cont’d)

Requires health plans to offer *Essential Health Benefits* which provides a minimum level of coverage in the individual and small group markets

- 10 mandatory categories of coverage, including pediatric dental & vision

Institutes insurance market reforms on how insurers offer/administer coverage

- Many are already in place (e.g., coverage for dependents to age 26)

Several new annual fees (e.g., PhRMA, insurers, medical devices) help fund the ACA
Despite Challenges, ACA Moves Forward

- **Supreme Court upholds majority of ACA**
  - Individual mandate is validated
  - Medicaid expansion is now optional for states

- **ACA will be implemented**
  - Timeline still in place…but, now is very compressed

- **Political resistance to ACA still exists in a number of states, and is impacting implementation**
Health Coverage in 2014

Note: Children’s dental/vision mandated in all individual and small group plans outside the Exchange/Marketplace.
Medicaid Expansion Compared to 2013 Medicaid/CHIP Median Eligibility Levels

Minimum Medicaid Eligibility (133% FPL) Under Health Reform

Estimated 14 million additional persons in Medicaid/CHIP

Source: Kaiser Commission on Medicaid and the Uninsured; Sept., 2010; October, 2012
Medicaid Expansion: NE States

Notes: Income levels for Working Parents are slightly higher than Jobless Parents; Eligibility rules in effect as of January 1, 2013
ME: submitted waiver to CMS to reduce eligibility to 100%; waiver is pending
RI: parents covered under RIteCare & RIteShare waiver program
VT: Parents eligible for VT Health Access Plan; state also offers subsidized coverage to adults up to 300% FPL through Catamount Program

Source: Kaiser Commission on Medicaid & the Uninsured; Affordable Care Act
Medicaid Expansion: Where the States Stand
(as of May 9, 2013)

Source: America’s Health Insurance Plans

Note: KY shown as “Expanding” due to Gov. Beshear’s May 8, 2013 announcement. VA. shown as “Leaning No”
Health Insurance Exchanges/Marketplaces: Individual & SHOP

**Exchange/Marketplace Models**
- Federally Facilitated
- Partnership
- State-Based

**Core Functions**
- Select & manage health plans
- Approve price, network & plan quality ratings
- Operate call center & provide enrollee information
- Determine eligibility for coverage & subsidies
- Present benefit plan options
- Establish Navigator program
- Certify persons exempt from coverage mandate
State Marketplace Decisions

Insurance Exchange Operational Model

- **State Run (18)**: States that operate their own exchange.
- **Partnership (7)**: States that have partnerships with the federal government.
- **Federal (26)**: States that are managed by the federal government.

Source: The Advisory Board Company, March 27, 2013
## State Benchmarks

<table>
<thead>
<tr>
<th>State</th>
<th>Benchmark</th>
<th>Plan Type</th>
<th>Ped. Dental</th>
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<tbody>
<tr>
<td>CT</td>
<td>ConnectiCare, HMO</td>
<td>Commercial HMO</td>
<td>CHIP</td>
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<tr>
<td>MA</td>
<td>BCBS of MA-HMO Blue</td>
<td>Small Group Plan</td>
<td>CHIP</td>
</tr>
<tr>
<td>ME</td>
<td>Anthem (BCBS ME), Blue Choice PPO</td>
<td>Small Group Plan</td>
<td>FEDVIP</td>
</tr>
<tr>
<td>NH</td>
<td>Anthem BCBS, Matthew Thornton Blue, HMO</td>
<td>Small Group Plan</td>
<td>FEDVIP</td>
</tr>
<tr>
<td>RI</td>
<td>BCBS of RI – Vantage Blue PPO</td>
<td>Small Group Plan</td>
<td>FEDVIP</td>
</tr>
<tr>
<td>VT</td>
<td>The VT Health Plan (BCBS of VT) – BlueCare, HMO</td>
<td>Commercial HMO</td>
<td>CHIP</td>
</tr>
</tbody>
</table>

Source: Kaiser State Health Facts, as of Jan. 3, 2013
Options for Offering Dental Benefits

- **Embedded** – dental benefit is integrated as part of a Qualified Health Plan’s (QHP) medical product. One rate for the medical/dental product.

- **Bundled** – dental benefit is co-offered with the medical benefit by the same or affiliated insurer/carrier. Two separate rates – one for medical and one for dental.

- **Stand-Alone** – dental benefit is offered separately from the QHP’s medical product by a Qualified Dental Plan (QDP).
Pediatric Dental Coverage: Inside/Outside Marketplace

- **Inside** Marketplace:
  - If a stand-alone dental plan is offered inside the Marketplace, a health plan can omit the pediatric dental benefit. Inside the Marketplace, there is no requirement that pediatric dental be “purchased”

- **Outside** of Marketplace:
  - Health plans must include pediatric dental benefit in individual & small group markets unless the plan is “reasonably assured” that an individual has purchased a Marketplace-certified stand alone dental plan. Outside of Marketplace, pediatric dental is a “mandated purchase”
ACA Implementation Timeline

The clock is ticking…

- April-early June, 2013: Issuers submit applications to CMS for certification review
- May-August 2013: CMS reviews plan applications; revisions made and reviewed
- September 2013: CMS notifies issuers of certification decisions
- October 2013: Exchange enrollment begins
- January 1, 2014: Benefits are effective
Quality, Standards of Care and Outcomes – The Era of Accountability
4 Cornerstones of Value Driven Health Care

Introduced by the Bush Administration HHS Sec Leavitt

1. Measure & Publish Quality Information
   To make confident decisions about their health care providers and treatment options, consumers need quality of care information.

2. Measure & Publish Price Information
   To make confident decisions about their health care providers and treatment options, consumers need price information.

3. Promote Quality & Efficiency of Care
   All parties should participate in arrangements that reward both those who offer and those who purchase high-quality, competitively-priced health care… including pay-for-performance methods for reimbursement.

4. Interoperable Health Information Technology
   Has the potential to create greater efficiency in health care delivery.

Congress Mandates Quality Improvement

The Children’s Health Insurance Plan Reauthorization Act of 2009 (CHIPRA), mandates that quality assessment programs be implemented to assess and improve the quality of care for children that receive oral health care under the Medicaid and CHIPRA programs.

In 2008 CMS proposed to the American Dental Association (ADA) that a Dental Quality Alliance be established to develop performance measures for oral health care and that the ADA take a leadership role in its formation.
Dental Quality Alliance Members

DENTAL PROFESSIONAL ORGANIZATIONS

- Academy of General Dentistry
- American Academy of Oral & Maxillofacial Pathology
- American Academy of Oral & Maxillofacial Radiology
- American Academy of Pediatric Dentistry
- American Academy of Periodontology
- American Association of Endodontists
- American Association of Oral and Maxillofacial Surgeons
- American Association of Orthodontists
- American Association of Public Health Dentistry
- American College of Prosthodontists
- American Dental Association’s Board of Trustees
- American Dental Hygienists’ Association
- Council on Access, Prevention, and Interprofessional Relationships (ADA)
- Council on Dental Benefit Programs (ADA)
- Council on Dental Practice (ADA)
- Council on Government Affairs (ADA)

GOVERNMENT AGENCIES

- Agency for Healthcare Research and Quality
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- Health Resources and Services Administration
- Medicaid and SCHIP Dental Association

DENTAL PLAN ASSOCIATIONS

- America’s Health Insurance Plans
- Delta Dental Plan Association
- National Association of Dental Plans

OTHER MEMBERS

- American Dental Education Association
- American Medical Association
- The Joint Commission
- National Network for Oral Health Access
- Public Member
- DentaQuest

http://www.ada.org/5105.aspx
Measure Sets

The Dental Quality Alliance Measure Sets can be found on this page.

**Measure Set #1: Dental Caries in Children: Prevention & Disease Management** (programmatic measures)

- Utilization of Services
- Oral Evaluation
- Sealants in 6-9 years
- Sealants in 10-14 years
- Topical Fluoride Intensity
- Preventive Services
- Treatment Services
- Usual Source of Services
- Care Continuity
- PMPM Cost

Below are the detailed specifications for the DQA measures. These specifications are in draft form and open for comment until June 15, 2013. Please send comments to aravamudhank@ada.org. The DQA will finalize these specifications in July 2013.

**General Resources**

1. Measure User Guide PDF (posted on 4/15/2013)

**Utilization of Services**

Description: Percentage of all enrolled children who received at least one dental service within the reporting year.

Draft: Utilization of Services Specifications PDF (posted on 5/31/2013)
Quality of Care

The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

This prescript contains just two concepts: measurement and knowledge.

Medicare: A Strategy for Quality Assurance. IOM, 1990, p.21
Programmatic Measures

Initially measures will be reported at the benefit plan level. Similar to HEDIS, rolls up performance of providers. In order for benefit plan administrator to improve its score it will have to work with providers to improve their performance.

Where will these measures likely be reported to the public? CMS for Medicare and Medicaid Programs, Healthcare Exchanges, State-based All Payers Claims Databases.
All-Payer Claims Database

The definition developed by NAHDO and RAPHIC—is:

databases, created by state mandate, that typically include data derived from medical claims, pharmacy claims, eligibility files, provider files, and dental claims from private and public payers.

In states without a legislative mandate, there may be voluntary reporting of these data.
## Inpatient Prospective Payment System (IPPS) Provider Summary for the Top 100 Diagnosis-Related Groups (DRGs)

### DRG Definition

<table>
<thead>
<tr>
<th>DRG Code</th>
<th>DRG Definition</th>
<th>Provider Id</th>
<th>Provider Name</th>
<th>Provider Street Address</th>
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</thead>
<tbody>
<tr>
<td>039</td>
<td>EXTRACRANIAL PROCEDURES WO CC/MCC</td>
<td>10001</td>
<td>SOUTHEAST ALABAMA MEDICAL CENTER</td>
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<td>057</td>
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<td>177</td>
<td>RESPIRATORY INFECTIONS &amp; INFLAMATIONS W MCC</td>
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</tbody>
</table>

### Provider Details

<table>
<thead>
<tr>
<th>Provider State</th>
<th>Provider Zip Code</th>
<th>Hospital Referral Region Description</th>
<th>Total Discharges</th>
<th>Average Covered Charges</th>
<th>Average Total Payments</th>
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</thead>
<tbody>
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</table>
Hours before HHS Announced Website

“The Washington Post, which received the information in advance, already created some interactive tools online that might be more useful to patients than the CMS spreadsheets.”

MA All Payers Claims Database

Welcome to the Center for Health Information and Analysis Website

Our mission is to monitor the Massachusetts health care system and to provide reliable information and meaningful analysis for those seeking to improve health care quality, affordability, access, and outcomes.

Please be advised: CHIA is the successor agency to the Division of Health Care Finance and Policy. All content previously found on the Division’s website has been transferred here. Please update your Favorites and Bookmarks to reflect the new address.

Recent Reports

Massachusetts Acute Hospital Financial Performance Report for Fiscal Year 2012

The Fiscal Year 2012, Acute Hospital Financial Performance report provides a statewide analysis of acute hospitals' financial data. The report examines hospital profitability, liquidity, and capital structure ratios in order to monitor the financial status of acute hospitals. Presented are industry analyses and
Our World Is A Changing

We know how it is changing

• Very transparent process
• All the major professional association and trade groups are at the DQA and other tables

There will be an orderly, timely transition

• Medical plans and physician’s will be first
• Dental Plans will be next
• Dental providers will follow

But we need to begin preparing for the change
Questions?