



# **New Hampshire Oral Health Coalition**

## **June 13, 2013**

Board Meeting

May 7, 2013

Michael Monopoli, DMD, MPH, MS  
Director of Policy and Programs

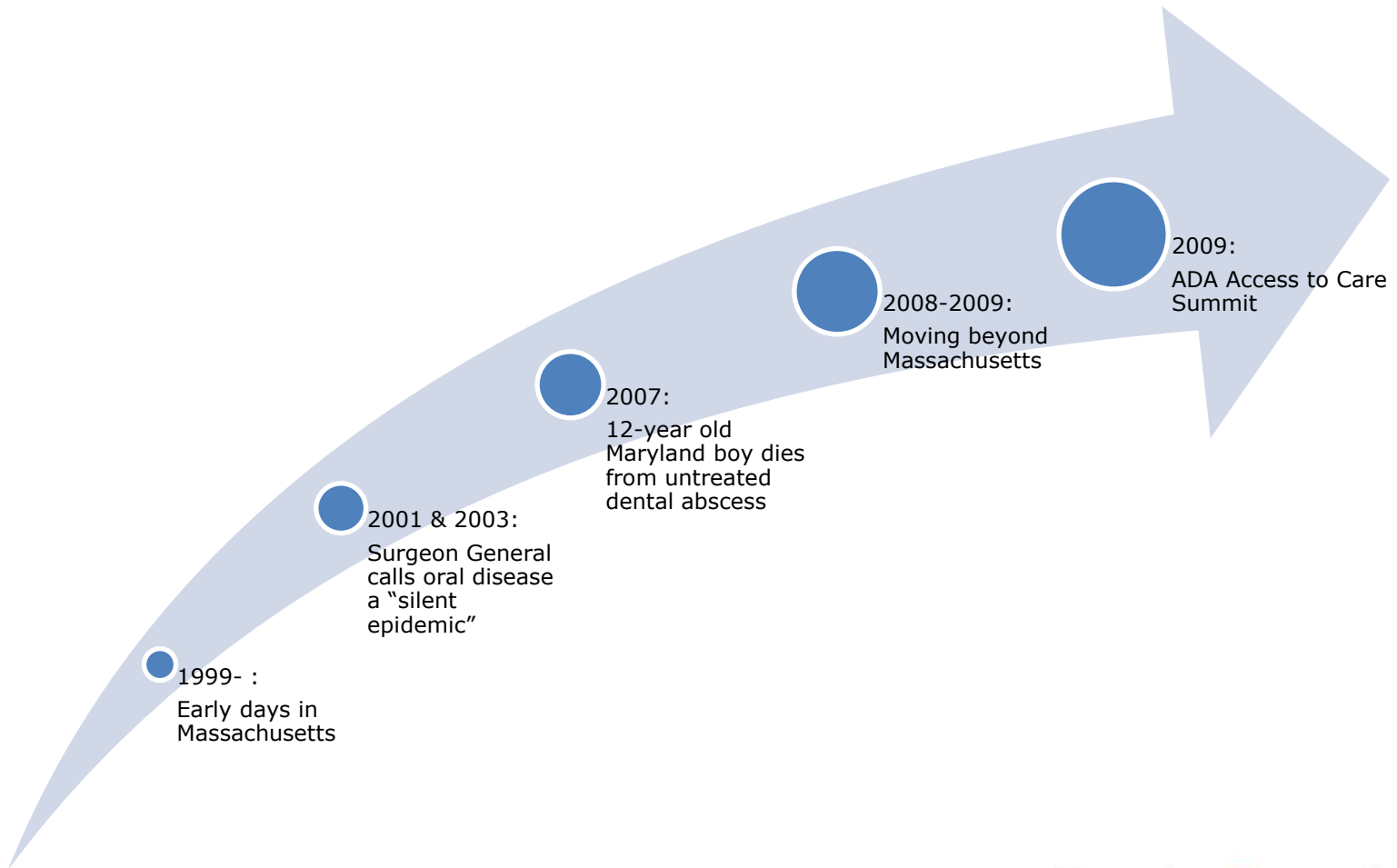
# Agenda

- 1. Describe DentaQuest**
- 2. The Affordable Care Act**
- 3. Quality**
- 4. Discussion**

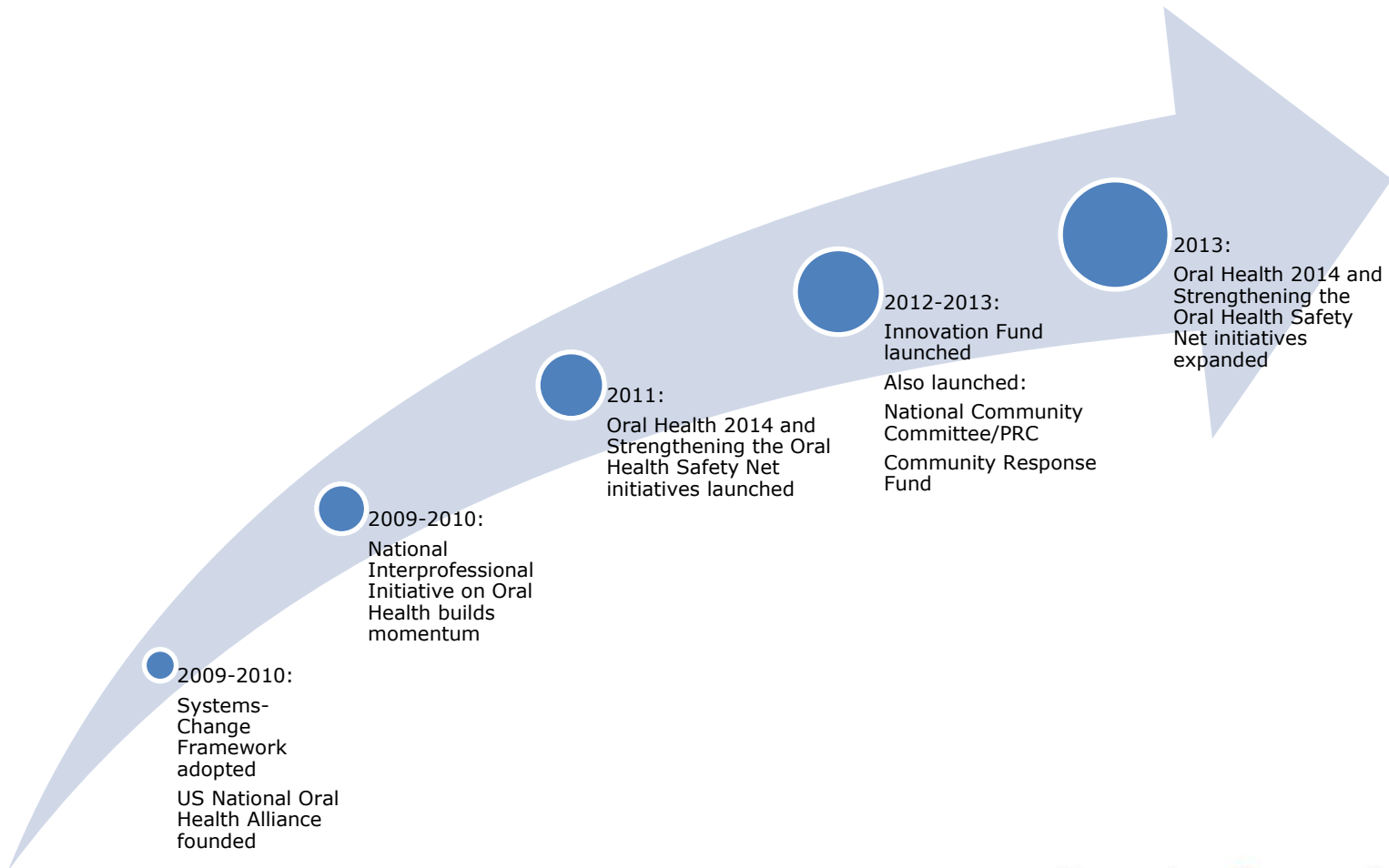


**To Improve the Oral Health  
of All**

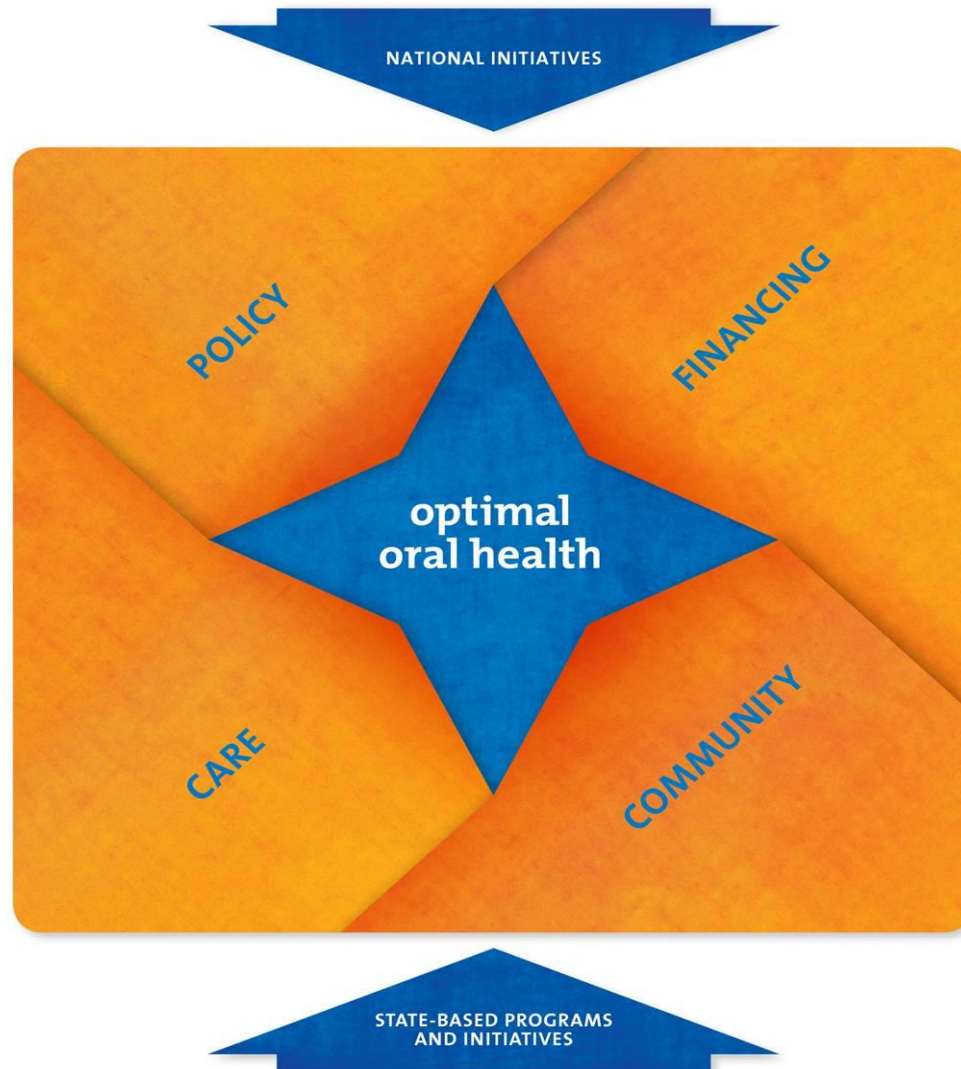
# Building a National Movement for Oral Health 1999-2009



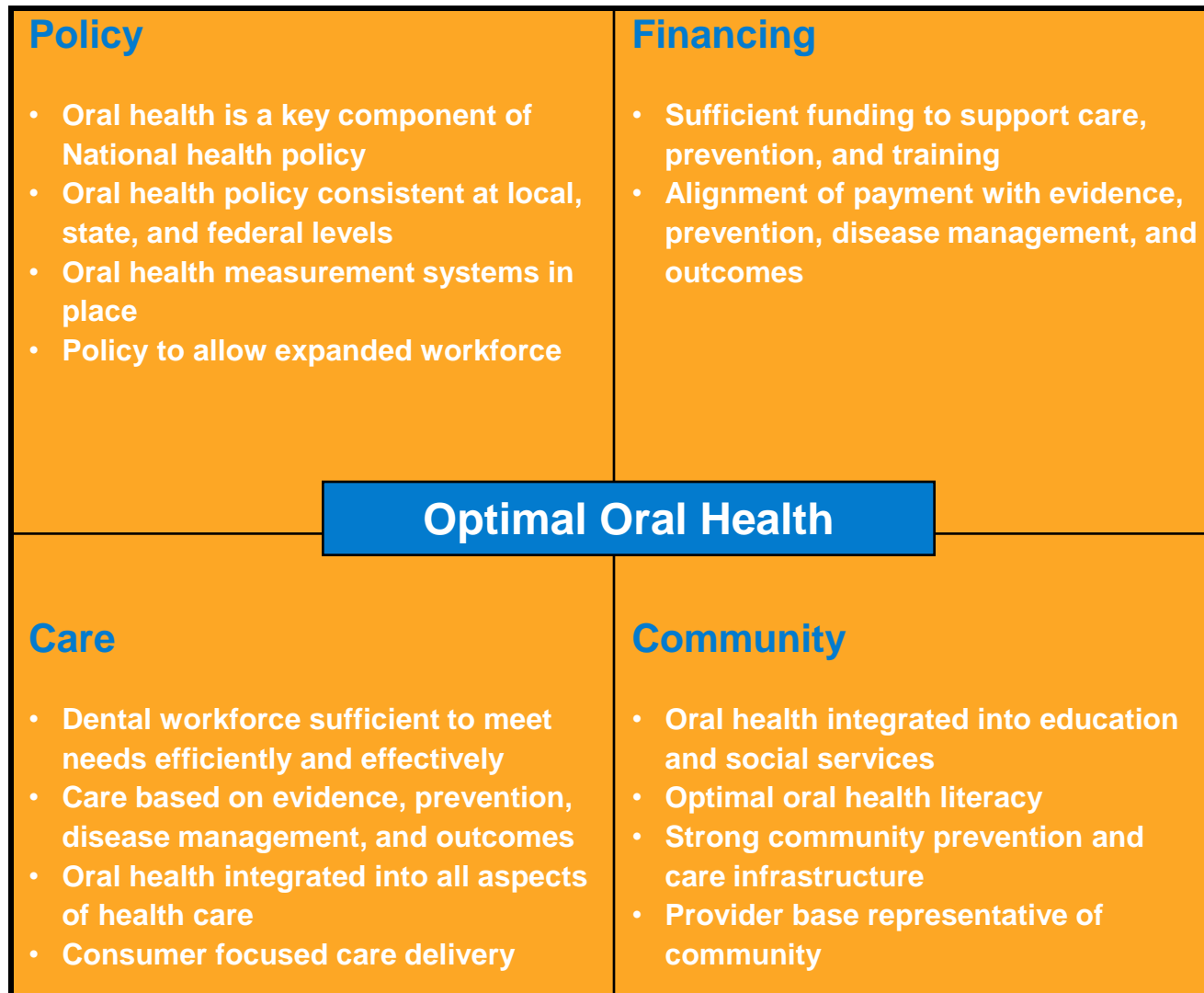
# Building a National Movement for Oral Health 2009-2013



# Systems Change Approach



# Systems Change Approach



GRANTS

Initiatives Map

Our Goals

Grants Database

Grant Seekers

Home » Grants

## 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:

Programs	State	Year
<input type="checkbox"/> Community Response Fund	<input type="checkbox"/> AL	<input type="checkbox"/> 2012
<input type="checkbox"/> Community Water Fluoridation Initiative	<input type="checkbox"/> AZ	<input type="checkbox"/> 2011
<input type="checkbox"/> Demonstration Fund for Oral Health	<input type="checkbox"/> CA	<input type="checkbox"/> 2010
<input type="checkbox"/> Disease Prevention Campaign	<input type="checkbox"/> CO	
<input type="checkbox"/> National Community Committee	<input type="checkbox"/> DC	
<input type="checkbox"/> National Interprofessional Initiative on Oral Health	<input type="checkbox"/> FL	
<input type="checkbox"/> Oral Health 2014	<input type="checkbox"/> GA	

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

YEAR	ORGANIZATION	AMOUNT	STATE	PROGRAM AREA
No search results found.				

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## U.S. National Oral Health Alliance



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

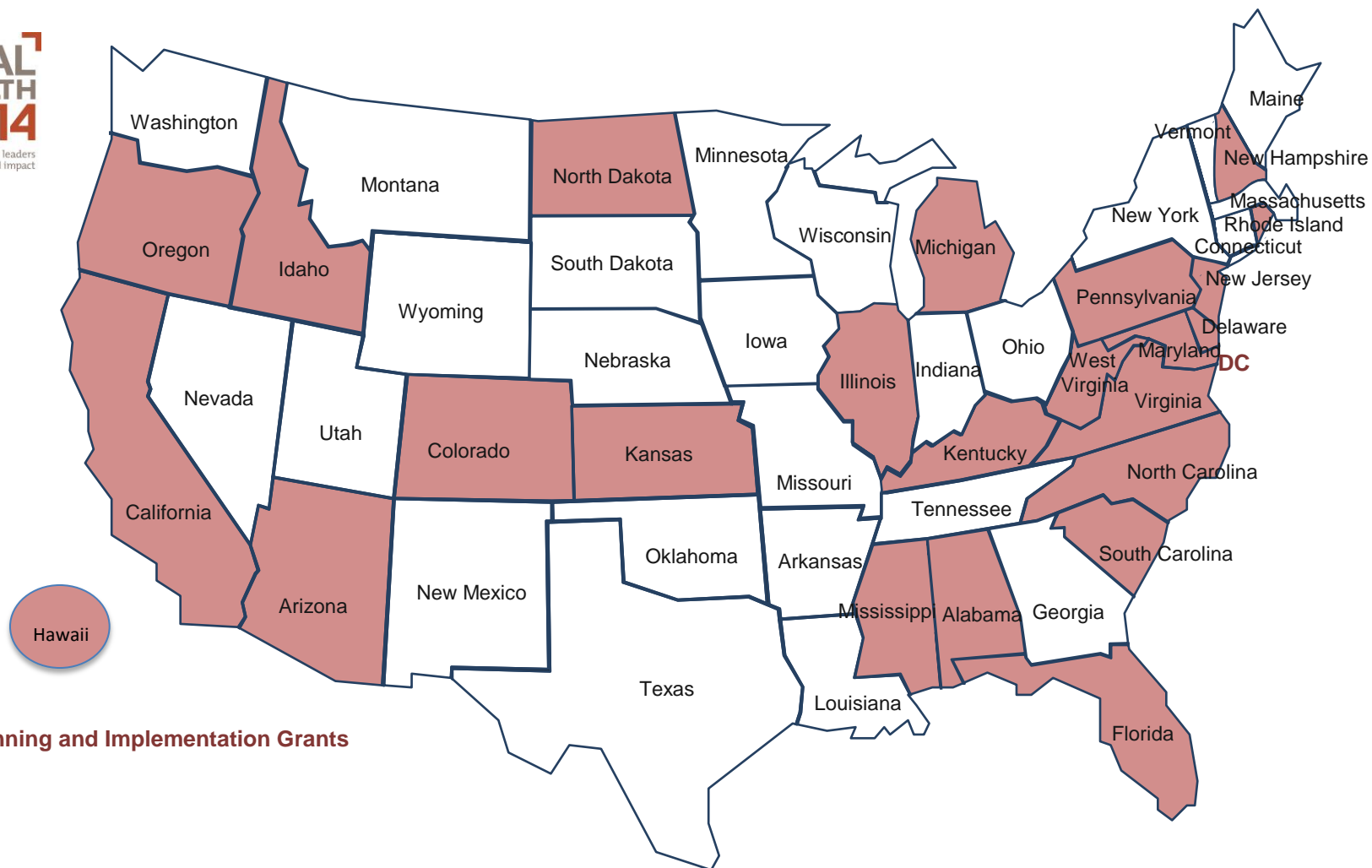
- Medical and Dental Collaboration
- Prevention and Public Health Infrastructure
- Oral Health Literacy
- Metrics for Improving Oral Health
- Financing Models
- Strengthening the Dental Care Delivery System



## Oral Health 2014

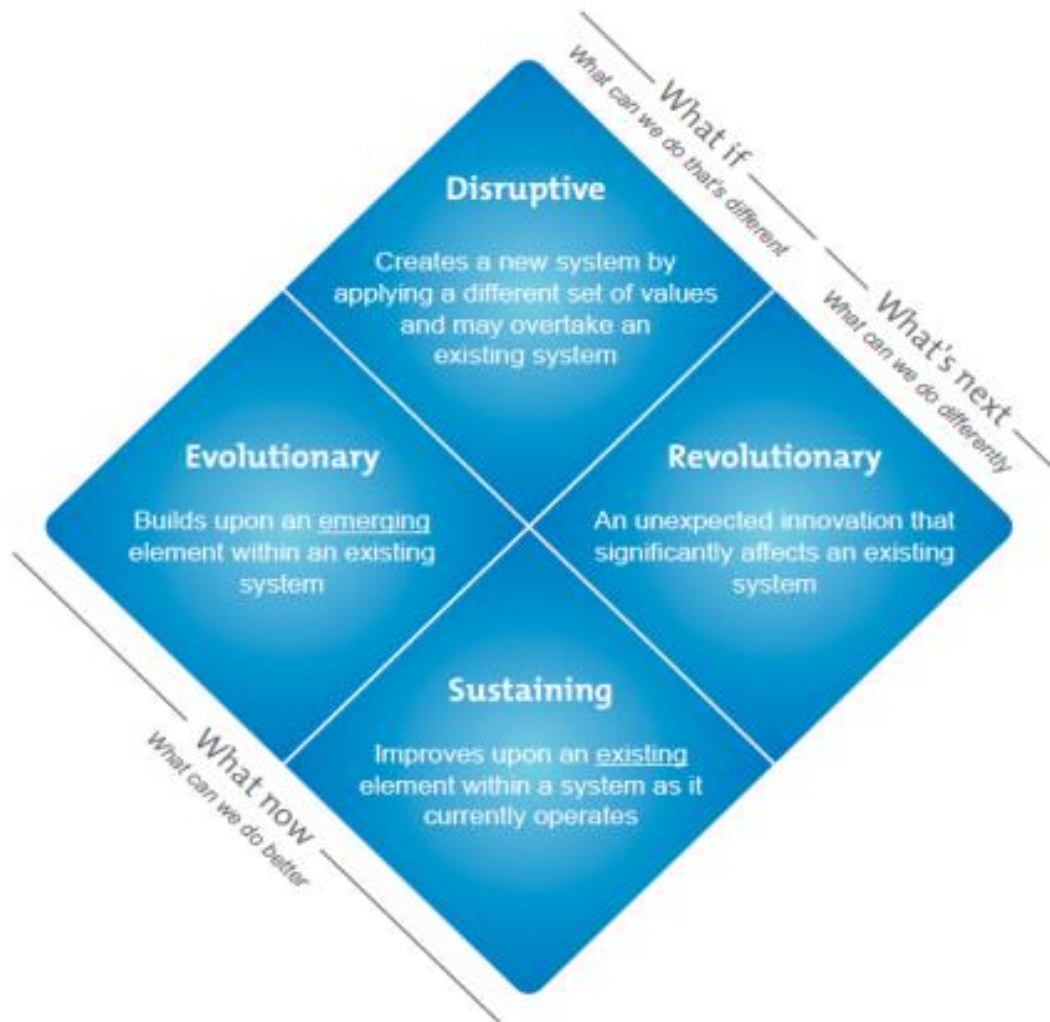


Launched in 2011, the DentaQuest Foundation's multi-year Oral Health 2014 Initiative is supporting local leaders for national impact to improve the oral health of all.



**Planning and Implementation Grants**

# Innovation Model for Systems Change



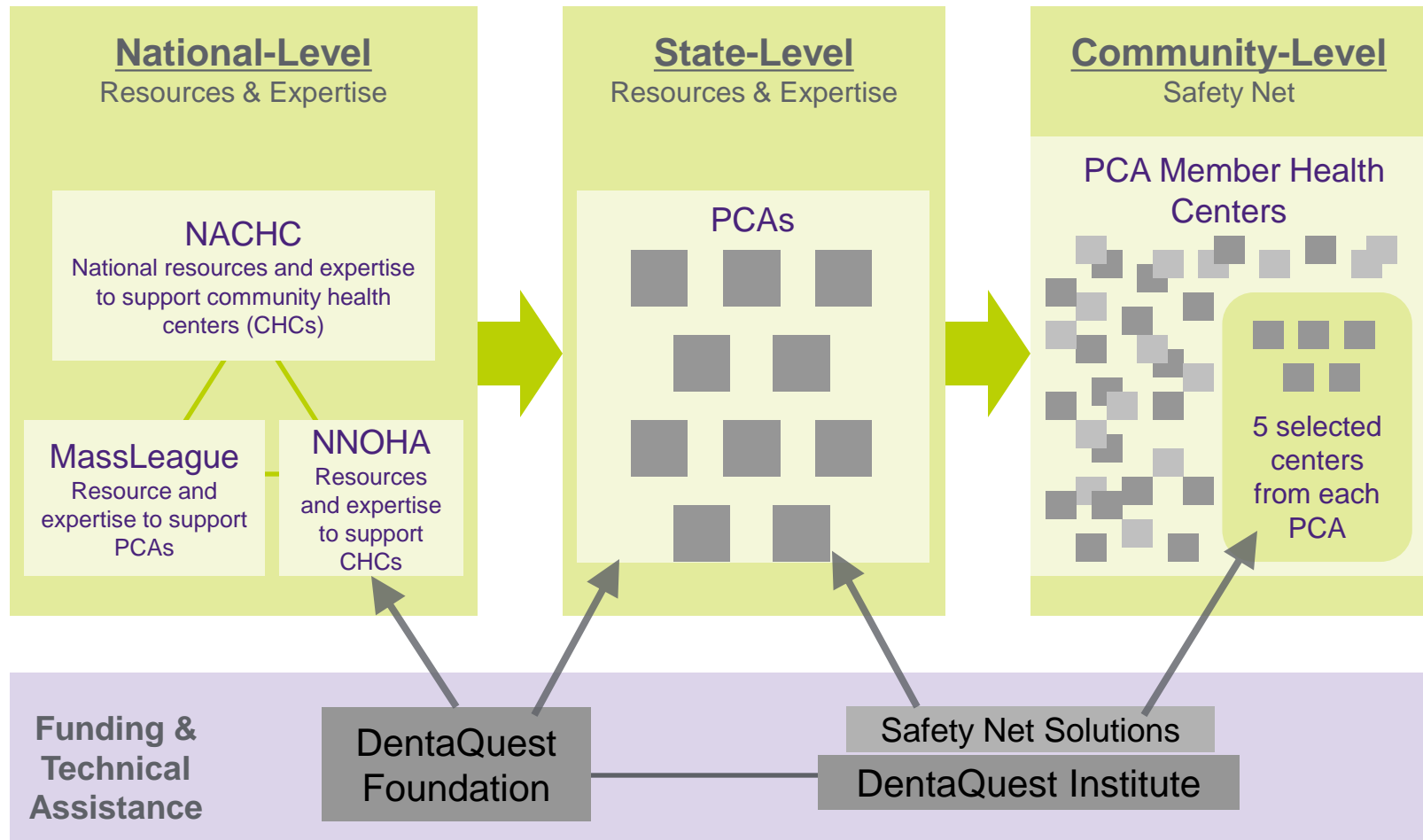
# Strengthening the Oral Health Safety Net



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





# 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**

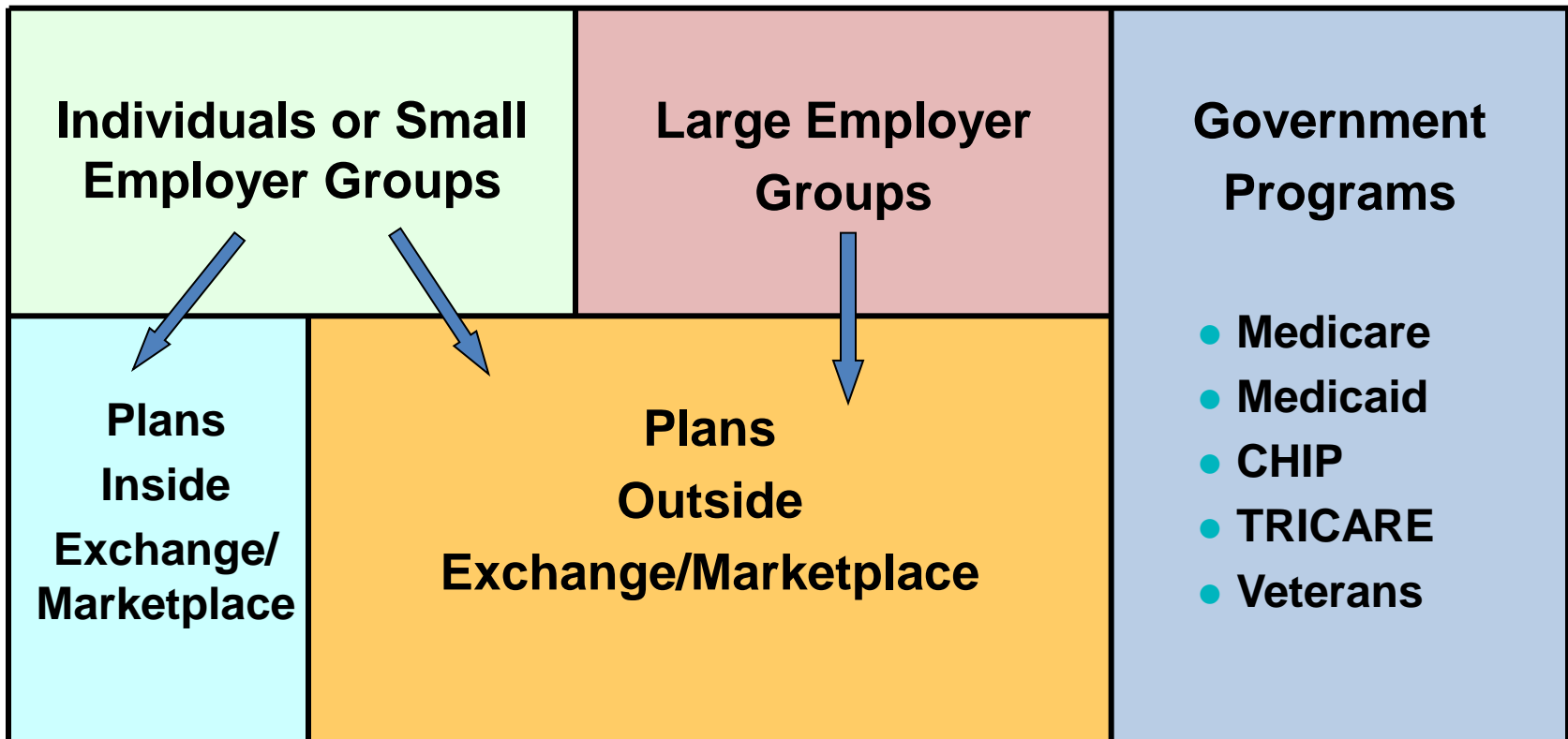
- Many are already in place (e.g., coverage for dependents to age 26)

**Several new annual fees (e.g., PhRMA, insurers, medical devices) help fund the ACA**

# Despite Challenges, ACA Moves Forward

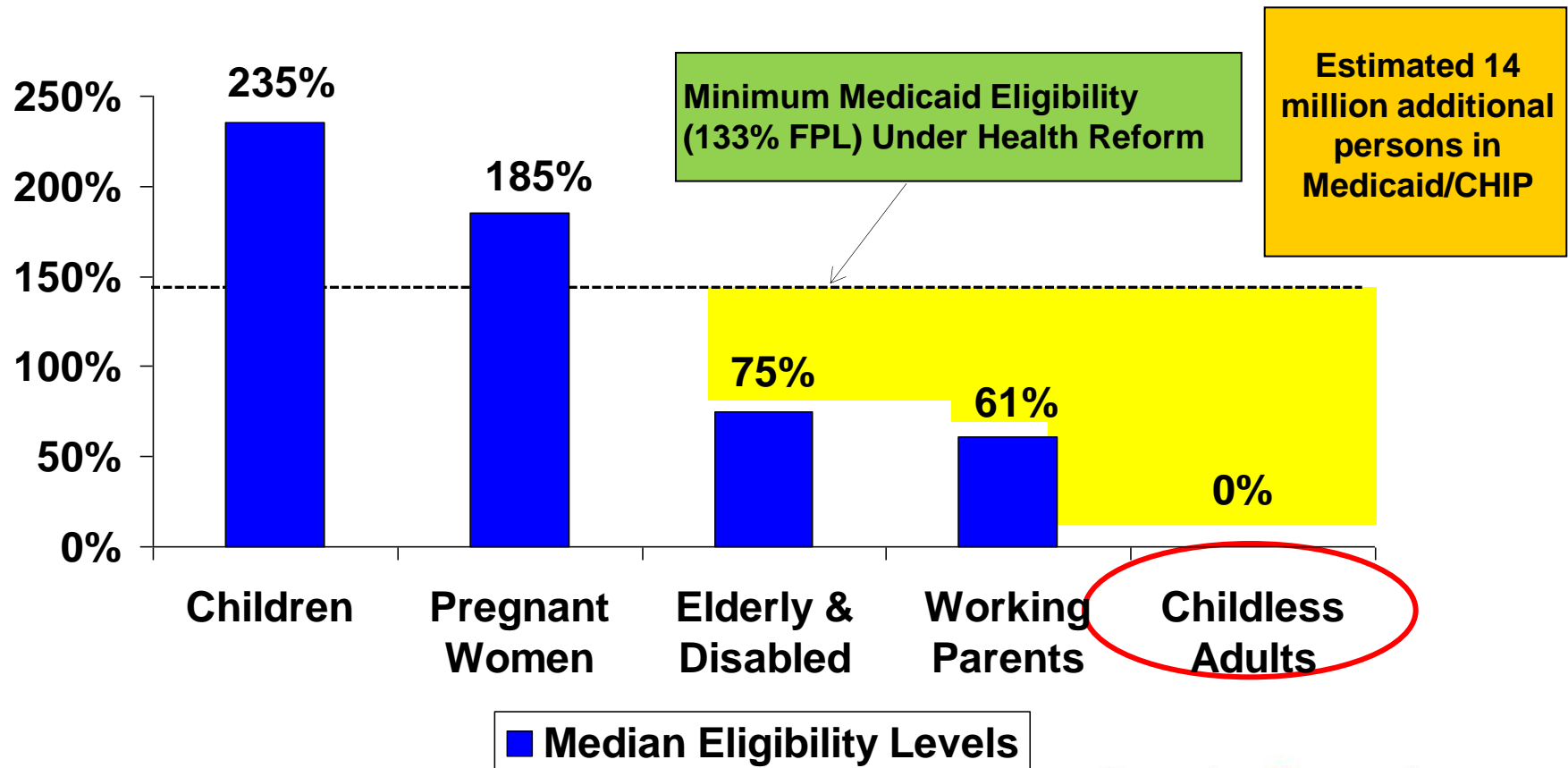
- **Supreme Court upholds majority of ACA**
  - Individual mandate is validated
  - Medicaid expansion is now optional for states
- **ACA will be implemented**
  - Timeline still in place...but, now is very compressed
- **Political resistance to ACA still exists in a number of states, and is impacting 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



# Medicaid Expansion: NE States

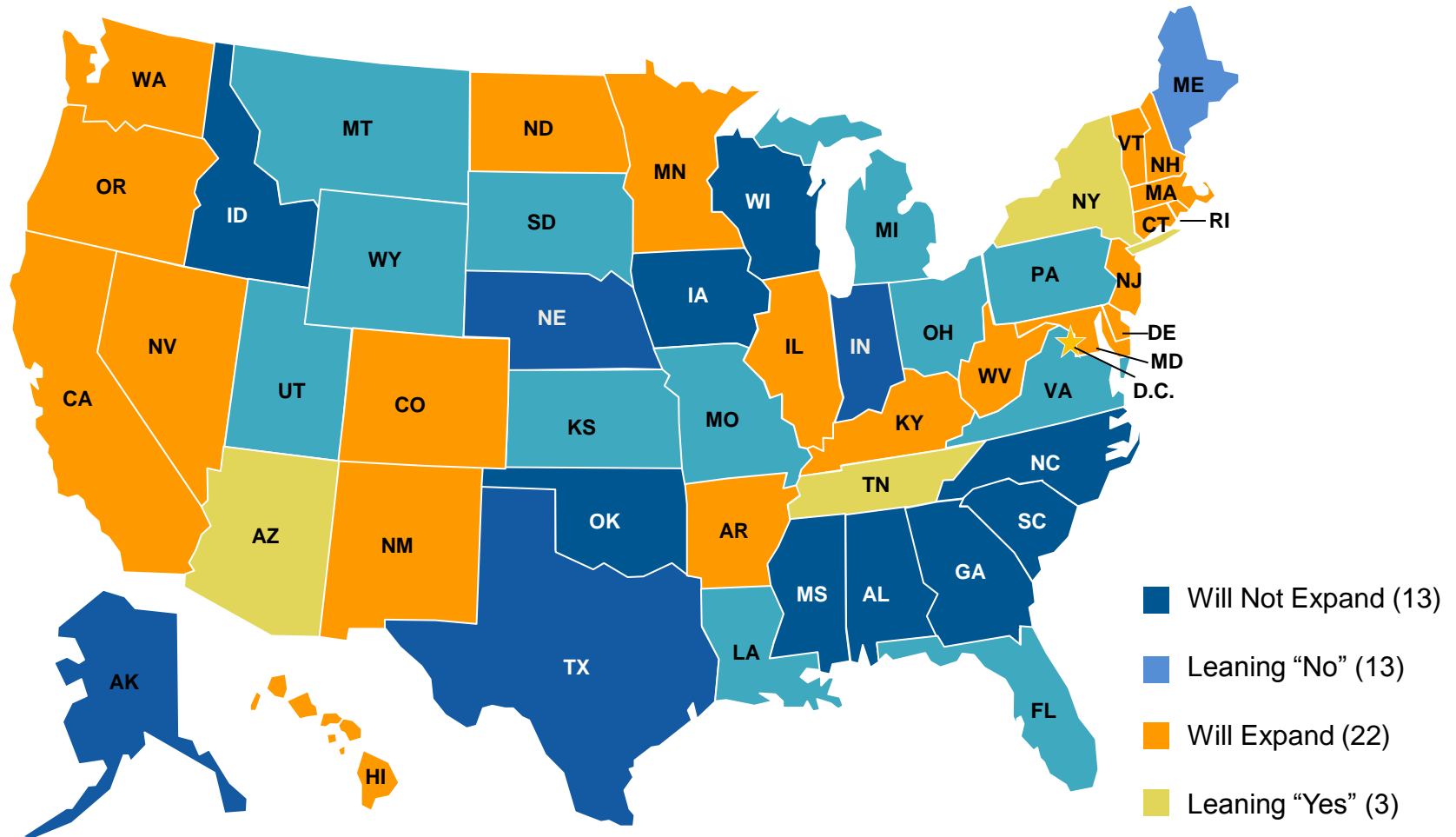


Notes: Income levels for Working Parents are slightly higher than Jobless Parents; Eligibility rules in effect as of January 1, 2013  
ME: submitted waiver to CMS to reduce eligibility to 100%; waiver is pending  
RI: parents covered under RItCare & RItShare waiver program  
VT: Parents eligible for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



# 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

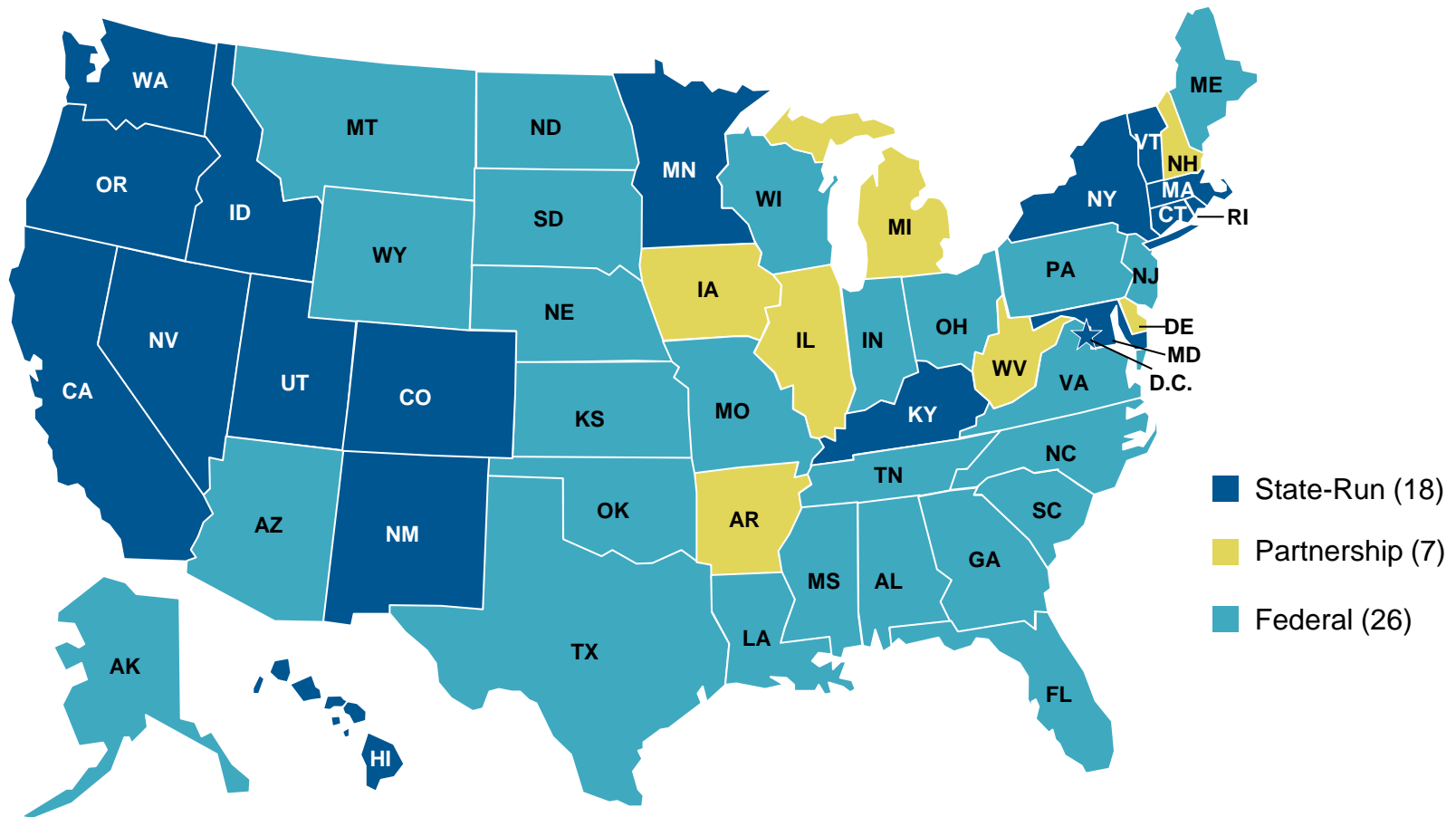
- Federally Facilitated
- Partnership
- State-Based

## 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 Benchmarks

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

# 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**





# 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**

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# Measure Sets

## ➤ 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](mailto: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.*





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# 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.”

The Washington Post Politics Opinions Local Sports National World Business Tech

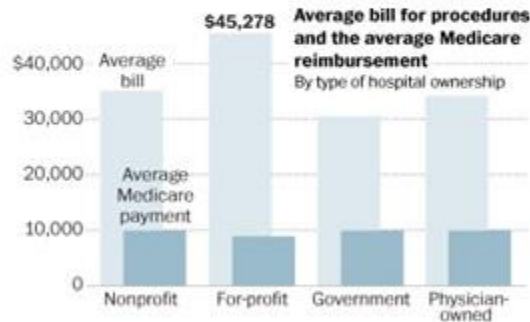
## NATIONAL

In the News Cleveland rescue Benghazi Capitals Jodi Arias Jeanne Cooper dies

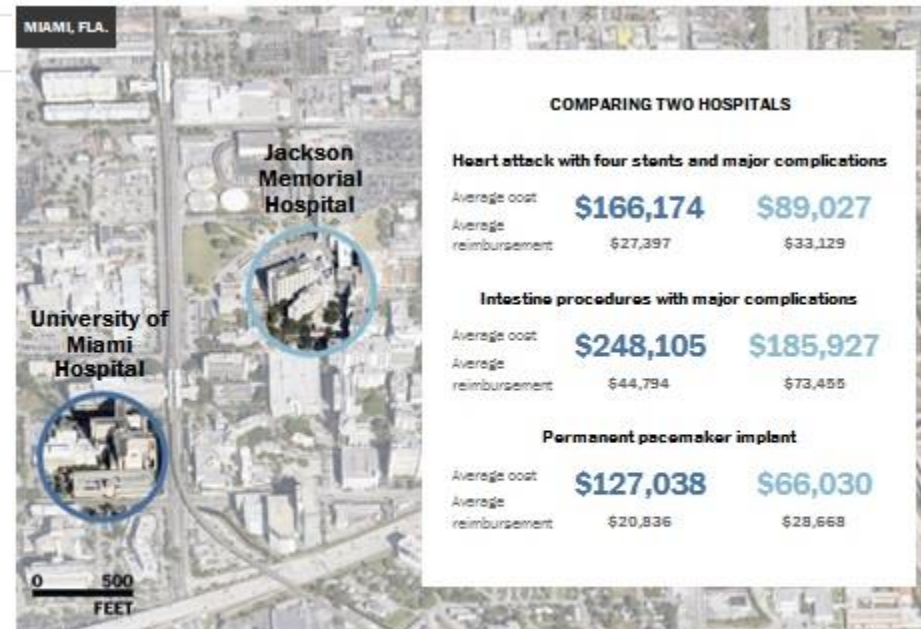
### Disparity in medical billing

By Wilson Andrews, Darla Cameron and Dan Keating, Published: May 8, 2013

For the first time, the government has released prices that hospitals charge for common inpatient procedures. Until now, these charges were competitive secrets in the industry. While the average bill for procedures across the United States varies widely by type of hospital, the Medicare reimbursement amount doesn't vary much.



The numbers reveal a tremendous, unexplained variation in cost of services. A Washington Post analysis of the data shows that, even on the same street, hospitals can vary by upwards of 300 percent in price for the same service. The average bill for procedures and the average Medicare reimbursement varies by hospital ownership. Two non-profit hospitals that sit on opposite sides of the same street in Miami have different average bill sizes and roughly similar average Medicare payments for the same diagnoses. [Read related article.](#)



#### How much do providers charge in your state?

Many common procedures are billed vastly different amounts across the country. Choose a state to see the average its health-care providers charge for these procedures.



# MA All Payers Claims Database

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http://www.mass.gov/chia/

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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

 **Áron Boros**  
Executive Director

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DYLAN**

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FROM HIS BEGINNING TO HIS  
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WHICH HAS BEEN CHOSEN BY THE NEW YORK  
PUBLIC LIBRARY AS ONE OF THE MOST  
IMPORTANT BOOKS OF THE YEAR

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

- Medical plans and physician's will be first
- Dental Plans will be next
- Dental providers will follow

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# Questions?