



Policy and Program Considerations for an Adult Dental Benefit

New Hampshire Medicaid



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Medicaid | Medicare | CHIP Services Dental Association

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Who We Are

Directors, managers and staff of state Medicaid and Children's Health Insurance Program (CHIP) Oral Health Programs.

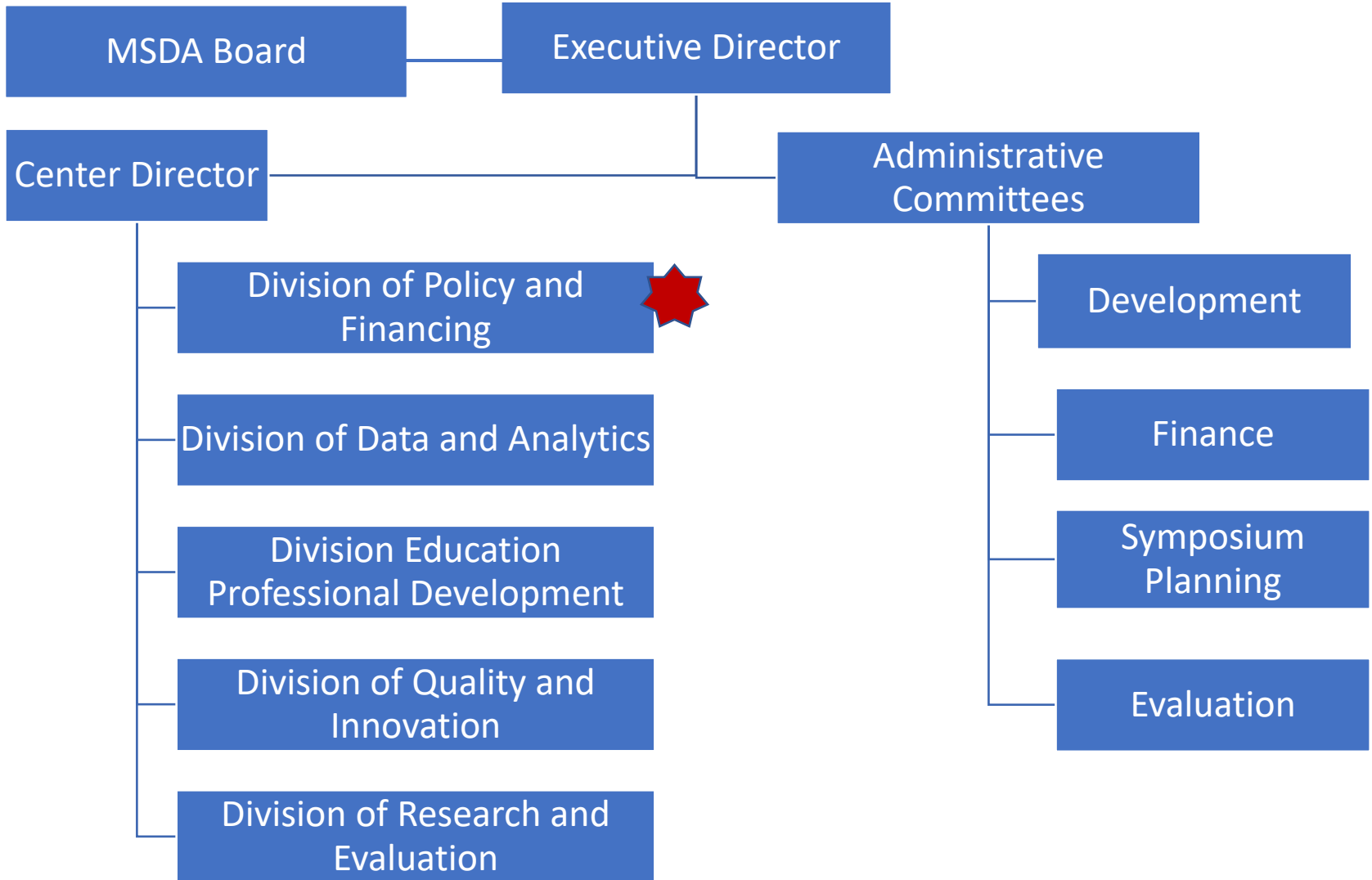
Individuals, groups, and dental program vendors who collaborate with MSDA and share our interest in advancing Medicaid, Medicare and CHIP oral health policy and programs

Vision

Optimal oral health for all Medicaid, Medicare and Children's Health Insurance Program (CHIP) beneficiaries.

Mission

To improve Medicaid, Medicare, and CHIP oral health programs by collaborating with key stakeholders, sharing resources and disseminating innovative strategies.



Adult Medicaid Dental Benefit in a Value Based Environment

- Target Population in New Hampshire
 - 39,000 Traditional Adults
 - 51,000 Expansion Adults
- Why do you want an adult dental benefit?
- Do you know your need?
- Do you know your supply verses your demand?
- What are goals?
 - Access—Have your defined it?
 - Utilization—What is your projected utilization?
 - Provider Network—Have you determined what constitutes network adequacy?
- How are you going to measure progress?
- Do you have measurable objectives to assess progress toward goals?
- Have you established a financial model that addresses need?

Environmental Changes

Traditional

- Best Practices
- Direct FFS

2010 ACA

- Medicaid Expansion
- Innovation
- Managed Care
- Accountable Care

2009 CHIPRA

- Accountability
- Quality
- Triple Aim
- Measurement

2018

Value-Based Health Care

Emerging Administrative Models

Traditional FFS Model verses...

- Managed Care
- Accountable Care
- Value Based Care
- Carve-In
- Carve-Out
- Risk
- Value verses Volume
- Setting a budget: Cost Levers
- Reimbursement models:
 - FFS/Pm-PM;
 - Pay for Performance
 - Provider Incentives
 - Beneficiary Incentives
- Preventive Plan
- Comprehensive Plan
- Limited—Emergency

Emerging Payment Models

- Fee for Service (FFS)
- Alternative Payment Methodology (APM)
- Prospective Payment System (PPS)
- Per Member Per Month (PMPM)
- Encounter or Cost based Payments
- Bundled Payments
- Global Payments
- Capitation
- Value-based Purchasing (VBP) or Pricing (VBP)
- Pay 4 Performance (P4P)
- Actuarial Projections

MSDA National Profile of State Medicaid and CHIP Oral Health Programs

www.msdanationalprofile.org

The screenshot shows the homepage of the MSDA National Profile of State Medicaid and CHIP Oral Health Programs website. The header features the MSDA logo (Medicaid | Medicare | CHIP Services | Dental Association) on the left and a user greeting 'Welcome, Mary Foley | Logout' on the right. A navigation bar below the header contains links for Home, 2017 Profile, About, Resources, Methodology, and Main Site. The main content area has a light blue background with a white grid pattern. On the left, a large heading reads 'Welcome to the MSDA National Profile of State Medicaid and CHIP Oral Health Programs', followed by a paragraph describing the resource. A purple button labeled 'View the 2017 Profile' is positioned below the text. On the right, a white box titled 'Profile Sections' contains a bulleted list of links: General, Benefits, Policy, Administration - coming soon, and Management - coming soon.

MSDA
MEDICAID | MEDICARE | CHIP
SERVICES | DENTAL ASSOCIATION

Welcome, **Mary Foley** | Logout

Home | 2017 Profile | About | Resources | Methodology | Main Site

Welcome to the MSDA National Profile of State Medicaid and CHIP Oral Health Programs

MSDA surveys all 50 state (and DC) Medicaid and CHIP Oral Health Programs and publishes this resource of national, regional and state program information and data. The collection includes specific program characteristics, policies, administrative practices, provider networks, benefit and payment structures and other key areas of interest.

[View the 2017 Profile](#)

Profile Sections

- [General](#)
- [Benefits](#)
- [Policy](#)
- Administration - coming soon
- Management - coming soon

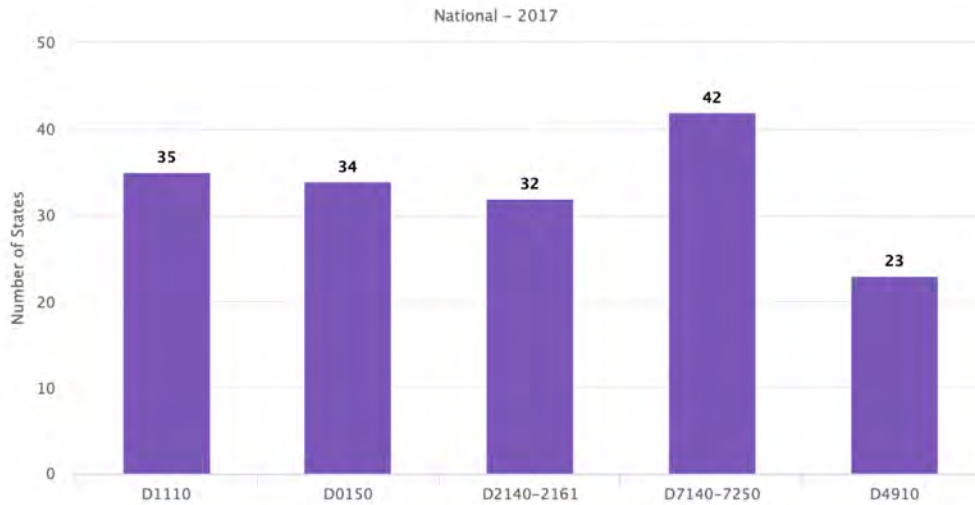
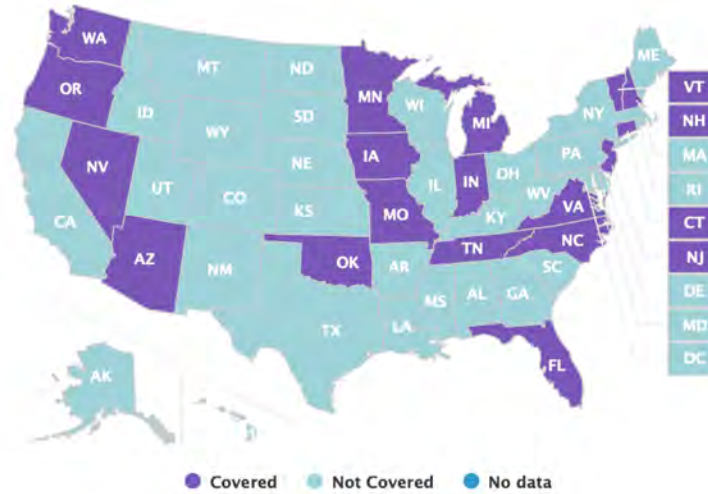
What's Inside?

★ Key Area of Interest

D1354 - Silver Diamine Fluoride Coverage

This map shows states which cover *D1354 - Silver Diamine Fluoride*.

[View details](#)



★ Key Area of Interest

Number of States Covering Five Common Medicaid Adult Dental Benefits

This chart shows the number of states covering common Medicaid dental benefits.

[View details](#)



2017 National: Benefits

[Glossary](#)
[National Report](#)
[Regional Report](#)
[State Report](#)

 Profile Year: [2017](#)
[General](#)
[Benefits](#)
[Policy](#)

Dental Codes

[Medicaid](#)
[CHIP Only](#)

Survey Question:

For each of the CDT CODES / BENEFITS listed below, please indicate if each service was covered and list any benefit limitations.

Dental Categories & Codes	Numeric values represent number of states covering service(s).								
	Coverage	No Response	Not Covered	Covered	Adults	Children	Medicaid Expansion	Special Populations	Pregnant Women
D0100-D0999 Diagnostic/Exam/Screen									
D0120 - Periodic Oral Evaluation		0	0	51	29	51	15	18	31
D0140 - Limited Oral Evaluation, Problem Focused		0	2	49	40	48	18	18	34
D0145 - Oral Exam- Child under 3		0	10	41	0	40	0	2	0
D0150 - Comprehensive Exam		0	1	50	33	49	19	19	32
D0190 - Oral Screening		0	37	14	5	14	4	4	5
D0191 - Oral Assessment		0	37	14	8	15	5	5	7
D0411 - Hb A1c Screening for Diabetes		0	49	2	2	2	1	1	2
D0601-0603 - Dental Caries Risk Assessment		0	43	8	0	8	0	2	0
D1000-D1999 Preventive									

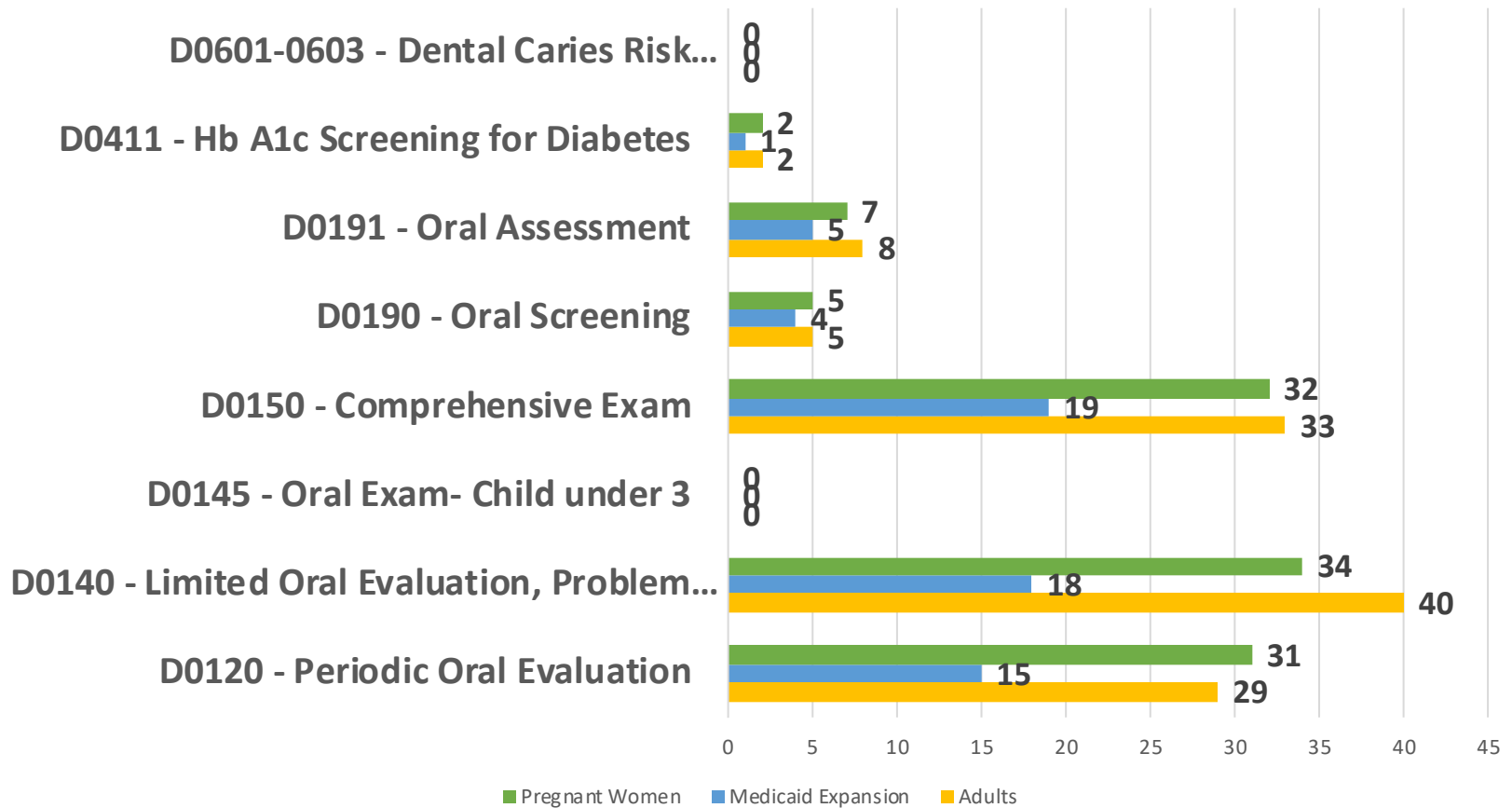
2017 National Profile—Adult Dental Benefit

Number States Covering Diagnostic Services

Dental Categories & Codes	Adults	Medicaid Expansion	Pregnant Women
<u>D0100-D0999 Diagnostic/Exam/Screen</u>			
<u>D0120 - Periodic Oral Evaluation</u>	29	15	31
<u>D0140 - Limited Oral Evaluation, Problem</u>	40	18	34
<u>D0145 - Oral Exam- Child under 3</u>	0	0	0
<u>D0150 - Comprehensive Exam</u>	33	19	32
<u>D0190 - Oral Screening</u>	5	4	5
<u>D0191 - Oral Assessment</u>	8	5	7
<u>D0411 - Hb A1c Screening for Diabetes</u>	2	1	2
<u>D0601-0603 - Dental Caries Risk Assessme</u>	0	0	0

2017 National Profile—Adult Dental Benefit

Number States Covering Diagnostic Services



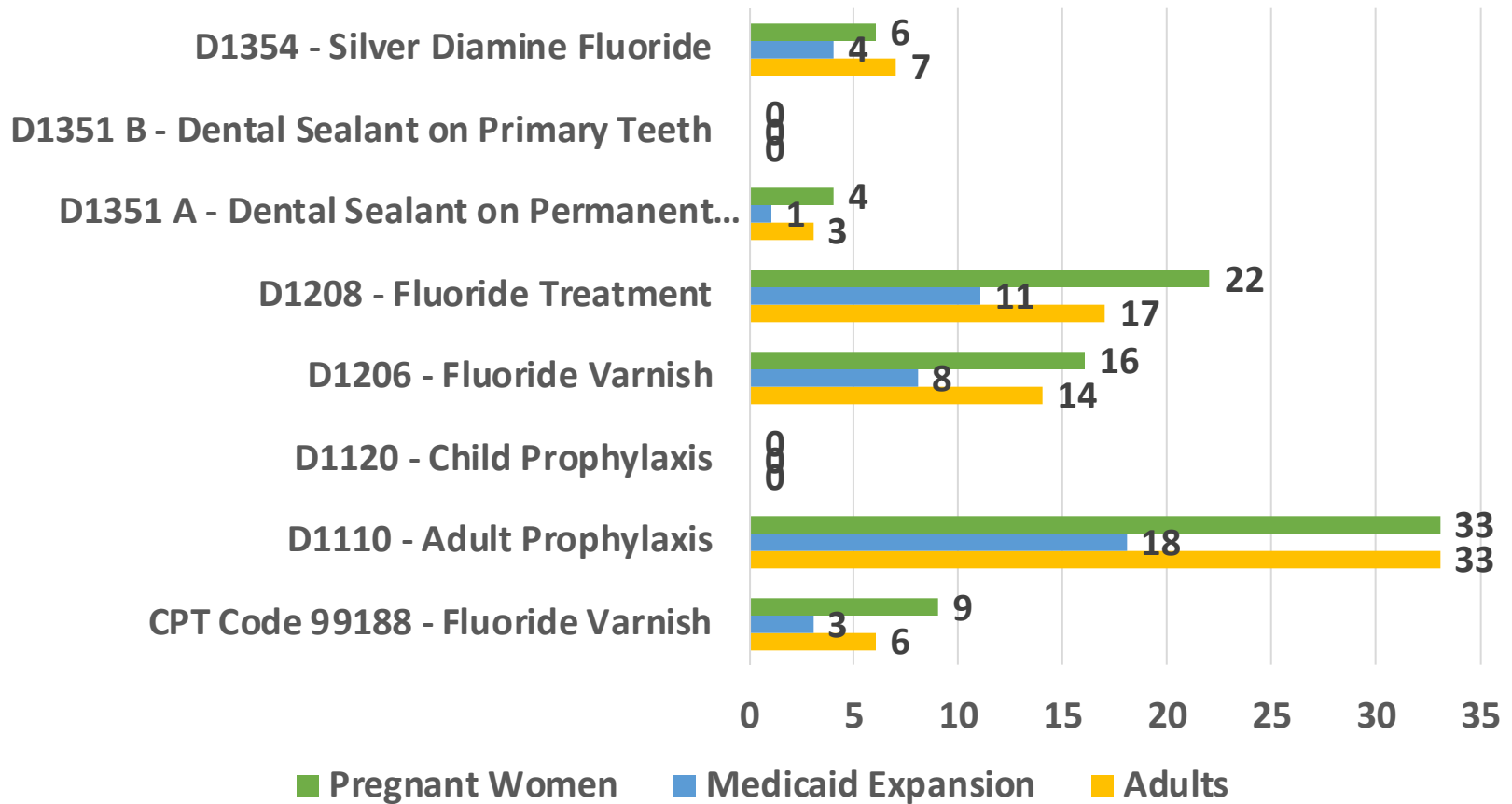
2017 National Profile—Adult Dental Benefit

Number States Covering Preventive Services

Dental Categories & Codes	Adults	Medicaid Expansion	Pregnant Women
<u>D1000-D1999 Preventive</u>			
<u>CPT Code 99188 - Fluoride Varnish</u>	6	3	9
<u>D1110 - Adult Prophylaxis</u>	33	18	33
<u>D1120 - Child Prophylaxis</u>	0	0	0
<u>D1206 - Fluoride Varnish</u>	14	8	16
<u>D1208 - Fluoride Treatment</u>	17	11	22
<u>D1351 A - Dental Sealant on Permanent Teeth</u>	3	1	4
<u>D1351 B - Dental Sealant on Primary Teeth</u>	0	0	0
<u>D1354 - Silver Diamine Fluoride</u>	7	4	6

2017 National Profile—Adult Dental Benefit

Number States Covering Preventive Services



2017 National Profile—Adult Dental Benefit

Number States Covering Restorative and Endodontic Services

Dental Categories & Codes	Adults	Medicaid Expansion	Pregnant Women
<u>D2000-D2999 Restorative</u>			
<u>D2140-2161 - Amalgam Restorations</u>	32	16	33
<u>D2330-2394 - Composite Restorations</u>	31	15	31
<u>D2930-2954 - Crowns</u>	21	12	24
<u>D3000-D3999 Endodontics</u>			
<u>D3310 - Endodontic Treatment - Anterior T</u>	24	13	25
<u>D3320 - Endodontic Treatment - Bicuspid</u>	18	11	21
<u>D3330 Endodontic Treatment - Molar Toot</u>	16	10	20

2017 National Profile—Adult Dental Benefit

Number States Covering Periodontal Services

Dental Categories & Codes	Adults	Medicaid Expansion	Pregnant Women
<u>D4000-D4999 Periodontics</u>			
<u>D4341-4342 - Scaling & Root Planing</u>	26	12	31
<u>D4346 - Scaling w/General Inflammation</u>	14	7	16
<u>D4355 - Full Mouth Debridement</u>	23	8	27
<u>D4381 - Localized Anti-Microbial Therapy</u>	4	4	5
<u>D4910- Periodontal Maintenance</u>	20	9	22

2017 National Profile—Adult Dental Benefit

Number States Covering Prosthodontic, Implant and Oral Surgery Services

Dental Categories & Codes	Adults	Medicaid Expansion	Pregnant Women
<u>D5000-D5899 Prosthodontics</u>			
<u>D5110 - Maxillary Complete (Upper)</u>	30	17	29
<u>D5120 - Mandibular Complete (Lower)</u>	29	16	28
<u>D5211-5281 - Any Partial Denture</u>	30	15	29
<u>D6000-D6199 Implant Services</u>			
<u>D6000-6199 - Implant Services</u>	8	5	8
<u>D7000-D7999 Oral Surgery</u>			
<u>D7140-7250 - Tooth Extractions</u>	41	17	32

2017 New England Landscape—Adult Dental

Number States Covering Diagnostic Benefits

Dental Categories & Codes	Adults	Medicaid Expansion	Pregnant Women
<u>D0100-D0999 Diagnostic/Exam/Screen</u>			
<u>D0120 - Periodic Oral Evaluation</u>	4	3	3
<u>D0140 - Limited Oral Evaluation, Problem Focused</u>	6	4	5
<u>D0145 - Oral Exam- Child under 3</u>	0	0	0
<u>D0150 - Comprehensive Exam</u>	4	3	3
<u>D0190 - Oral Screening</u>	1	1	0
<u>D0191 - Oral Assessment</u>	1	1	0
<u>D0411 - Hb A1c Screening for Diabetes</u>	0	0	0
<u>D0601-0603 - Dental Caries Risk Assessment</u>	0	0	0

2017 New England Landscape—Adult Dental

Number States Covering Preventive Benefits

<u>D1000-D1999 Preventive</u>			
<u>CPT Code 99188 - Fluoride Varnish</u>	2	0	1
<u>D1110 - Adult Prophylaxis</u>	5	3	4
<u>D1120 - Child Prophylaxis</u>	0	0	0
<u>D1206 - Fluoride Varnish</u>	3	1	2
<u>D1208 - Fluoride Treatment</u>	4	3	3
<u>D1351 A - Dental Sealant on Permanent Teeth</u>	0	0	0
<u>D1351 B - Dental Sealant on Primary Teeth</u>	0	0	0
<u>D1354 - Silver Diamine Fluoride</u>	1	0	1

2017 New England Landscape—Adult Dental

Number States Covering Restorative and Endodontic Benefits

Dental Categories & Codes	Adults	Medicaid Expansion	Pregnant Women
<u>D2000-D2999 Restorative</u>			
<u>D2140-2161 - Amalgam Restorations</u>	5	2	4
<u>D2330-2394 - Composite Restorations</u>	4	1	3
<u>D2930-2954 - Crowns</u>	3	1	2
<u>D3000-D3999 Endodontics</u>			
<u>D3310 - Endodontic Treatment - Anterior Tooth</u>	4	1	3
<u>D3320 - Endodontic Treatment - Bicuspid Tooth</u>	3	1	3
<u>D3330 Endodontic Treatment - Molar Tooth</u>	3	1	3

2017 New England Landscape—Adult Dental

Number States Covering Periodontal Benefits

Dental Categories & Codes	Adults	Medicaid Expansion	Pregnant Women
<u>D4000-D4999 Periodontics</u>			
<u>D4341-4342 - Scaling & Root Planing</u>	3	1	3
<u>D4346 - Scaling w/General Inflammation</u>	2	1	2
<u>D4355 - Full Mouth Debridement</u>	2	0	2
<u>D4381 - Localized Anti-Microbial Therapy</u>	0	0	0
<u>D4910- Periodontal Maintenance</u>	1	0	1

2017 New England Landscape—Adult Dental
*Number States Covering
 Prosthodontic, Implant, and Oral Surgery Benefits*

Dental Categories & Codes	Adults	Medicaid Expansion	Pregnant Women
<u>D5000-D5899 Prosthodontics</u>			
<u>D5110 - Maxillary Complete (Upper)</u>	4	3	3
<u>D5120 - Mandibular Complete (Lower)</u>	4	3	3
<u>D5211-5281 - Any Partial Denture</u>	4	3	3
<u>D6000-D6199 Implant Services</u>			
<u>D6000-6199 - Implant Services</u>	1	1	1
<u>D7000-D7999 Oral Surgery</u>			
<u>D7140-7250 - Tooth Extractions</u>	6	3	3

2017 New England Landscape—Adult Dental

Number States Covering Adjunctive Benefits

Dental Categories & Codes	Adults	Medicaid Expansion	Pregnant Women
<u>D9000-D9999 Adjunctive</u>			
<u>D9110 - Palliative (Emergency) Treatment of Den</u>	5	3	3
<u>D9223 - Deep Sedation/General Anesthesia 15 m</u>	5	2	3
<u>D9230 - Inhalation of Nitrous Oxide/Analgesia</u>	4	1	2
<u>D9243 - IV Moderate/Conscious Sedation</u>	5	2	3
<u>D9920 - Behavior Management</u>	2	1	2
<u>D9991-9994 - Case Management Codes</u>	2	1	1

Managed Care

Managed Care is a health **care** delivery system organized to **manage** cost, utilization, and quality. ... By contracting with various types of MCOs to deliver Medicaid program health **care** services to their beneficiaries, states can reduce Medicaid program costs and better **manage** utilization of health services.

Accountable Care

Accountable Care Organization (ACO): A group of providers—potentially including physicians, hospitals, post-acute providers, and others—who are collectively responsible for the care outcomes of a patient population. ACOs enter into contracts that reward them for improving quality and lowering total costs for patients over time.

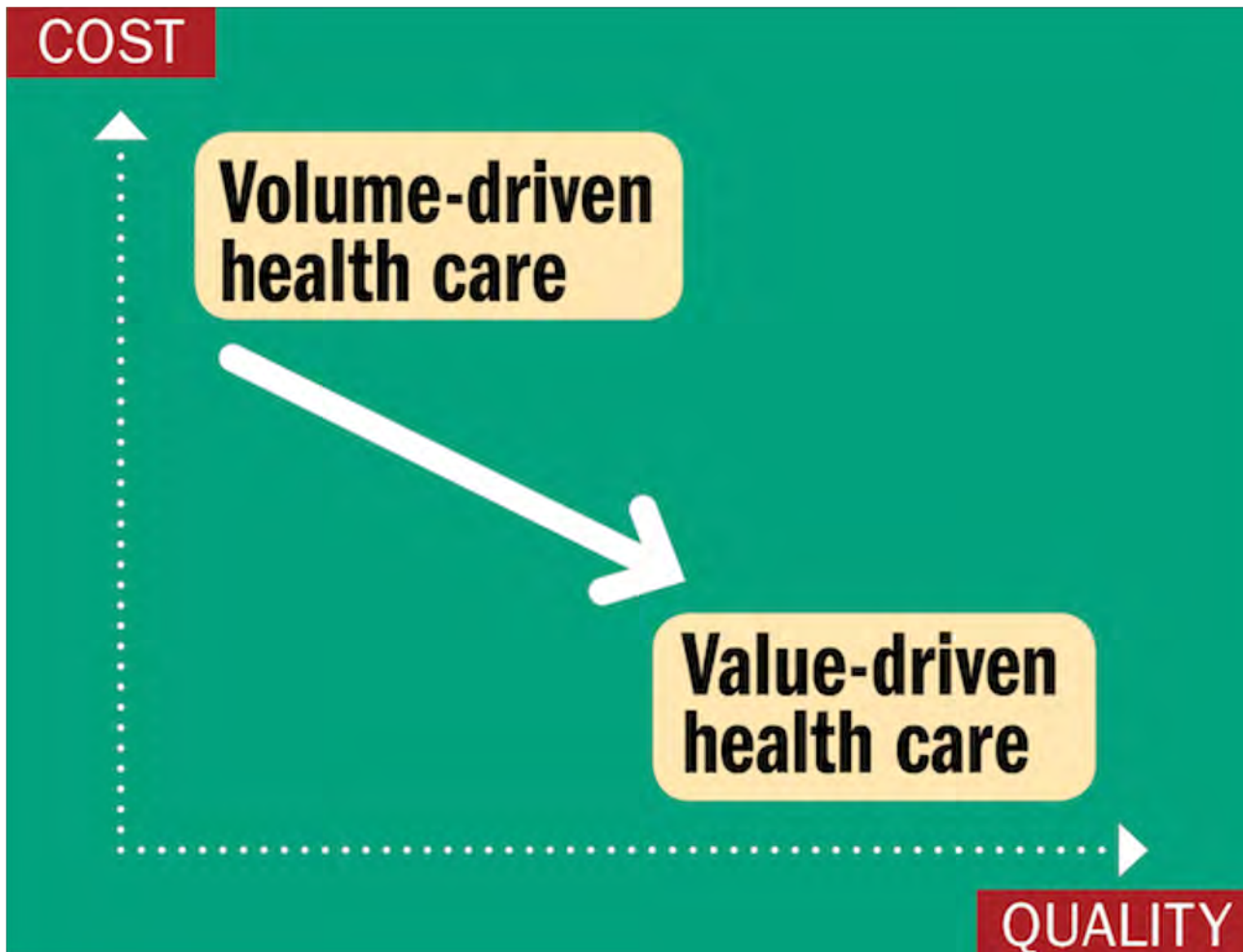
CMS maintains a specific definition and rules for ACOs participating in its Medicare Shared Savings Program (MSSP).

Value Based Care

Value-based healthcare is a healthcare delivery model in which providers are paid based upon making patients healthy while reducing costs.

Value Equation

$$\text{Value} = \text{Quality}/\text{Cost}$$

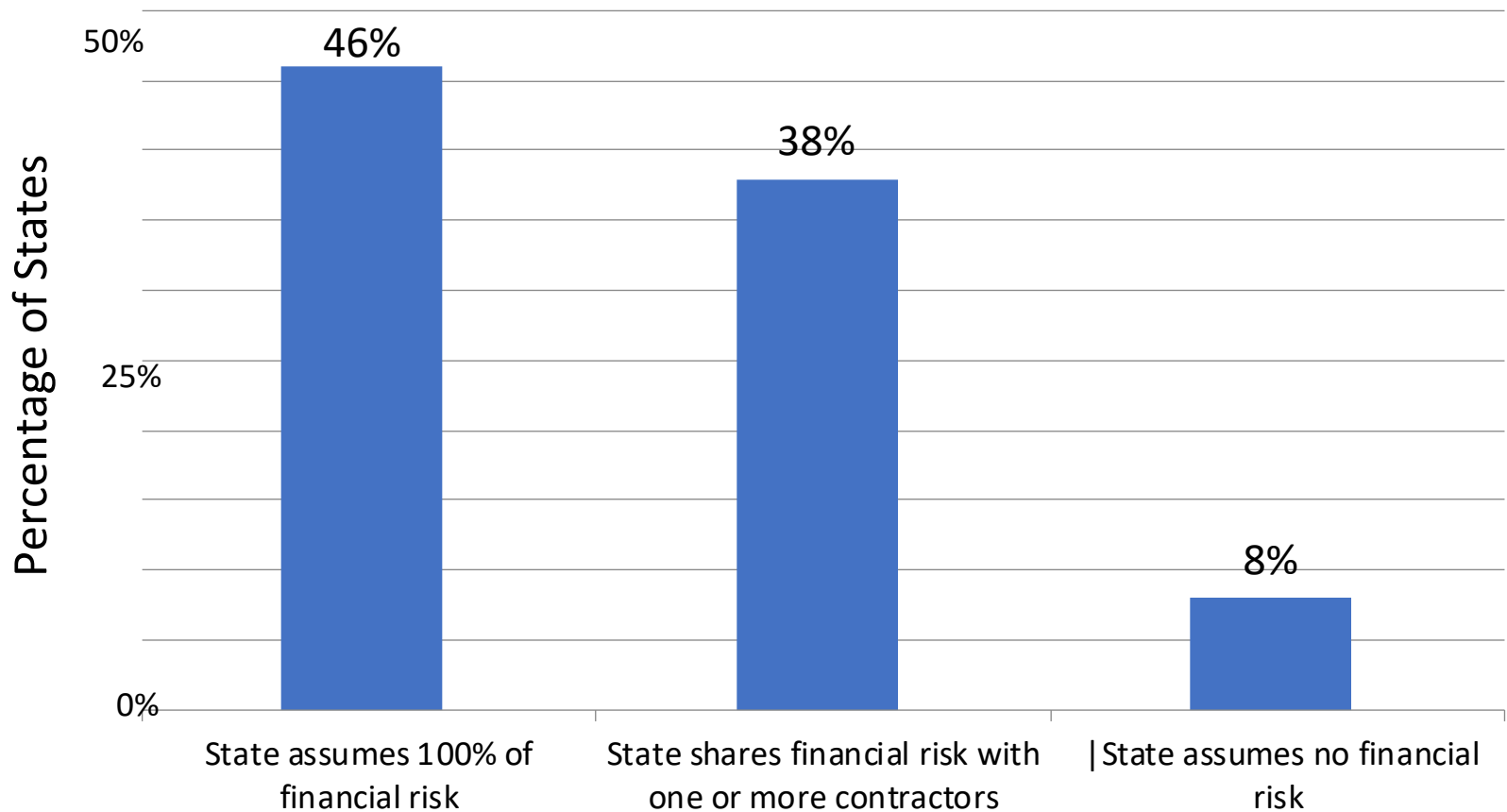


What does “risk” mean?



Shared Risk verses **Full Risk**

Percentage of States Sharing Financial Risk Medicaid - 2015

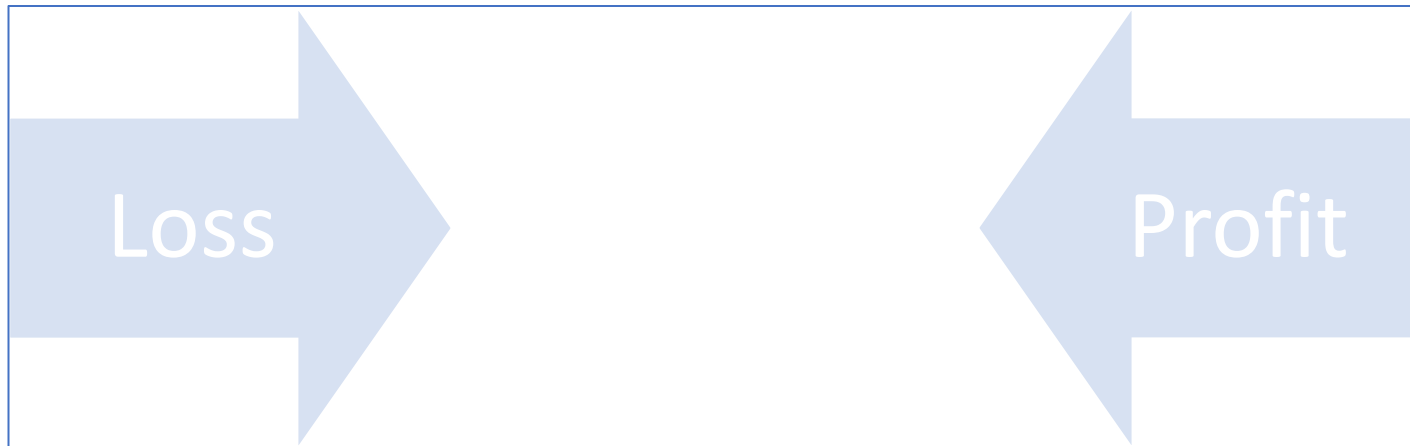


N= 50

6% States Responded "Do Not Know" | Data was not available in one State | One State did not respond

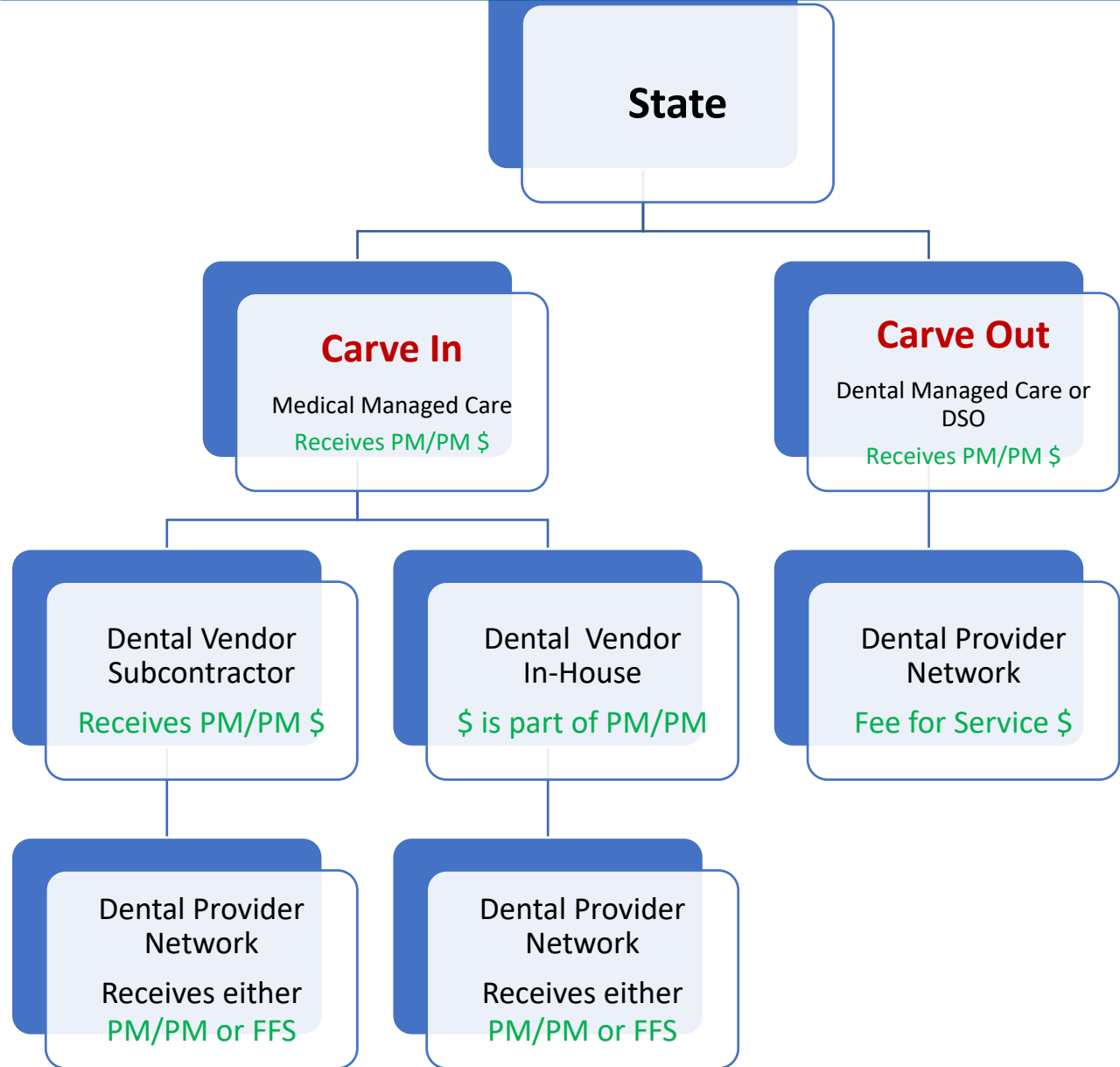
What is a “risk corridor”?

- Parameters that limit the risk borne by the State and/or contract vendors administering Medicaid programs.

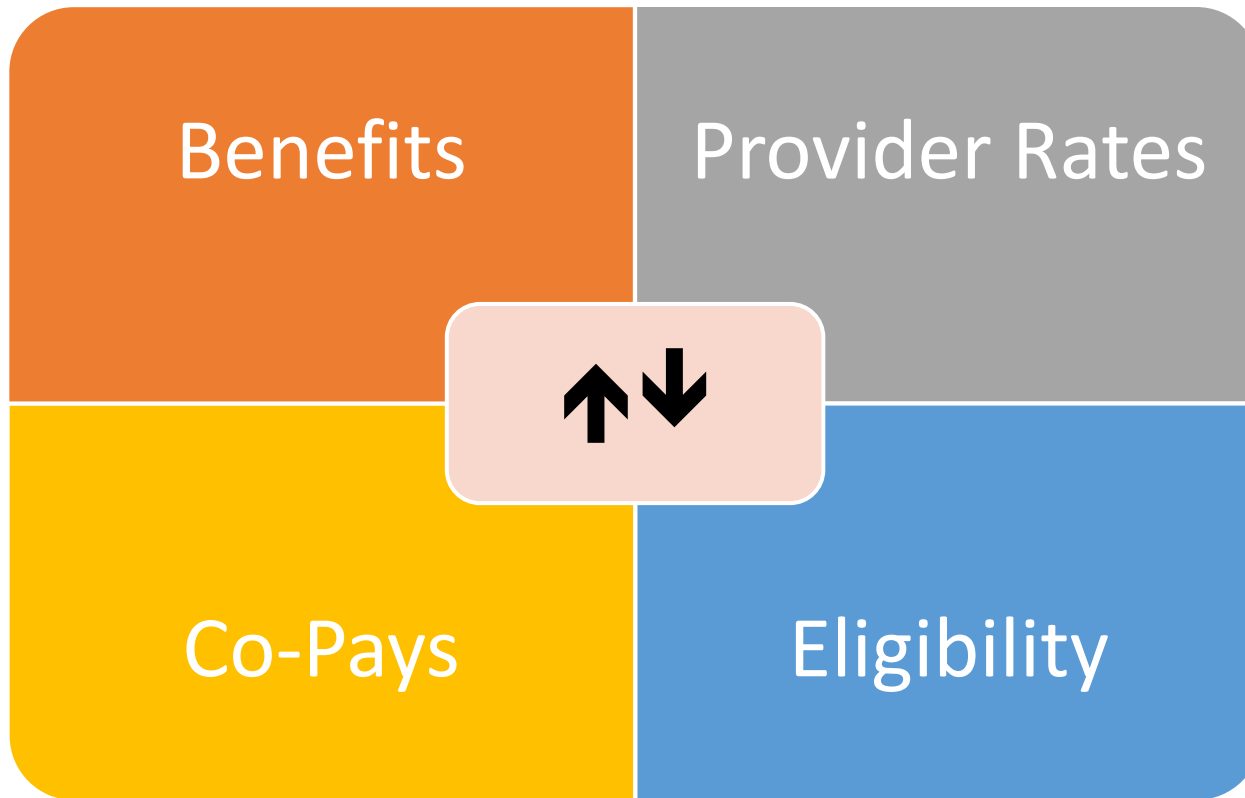


- Contractual agreement of maximum profit and loss margins.
- Mechanism to minimize the year-end losses due to unanticipated utilization; and contain costs associated with potential corporate profits.

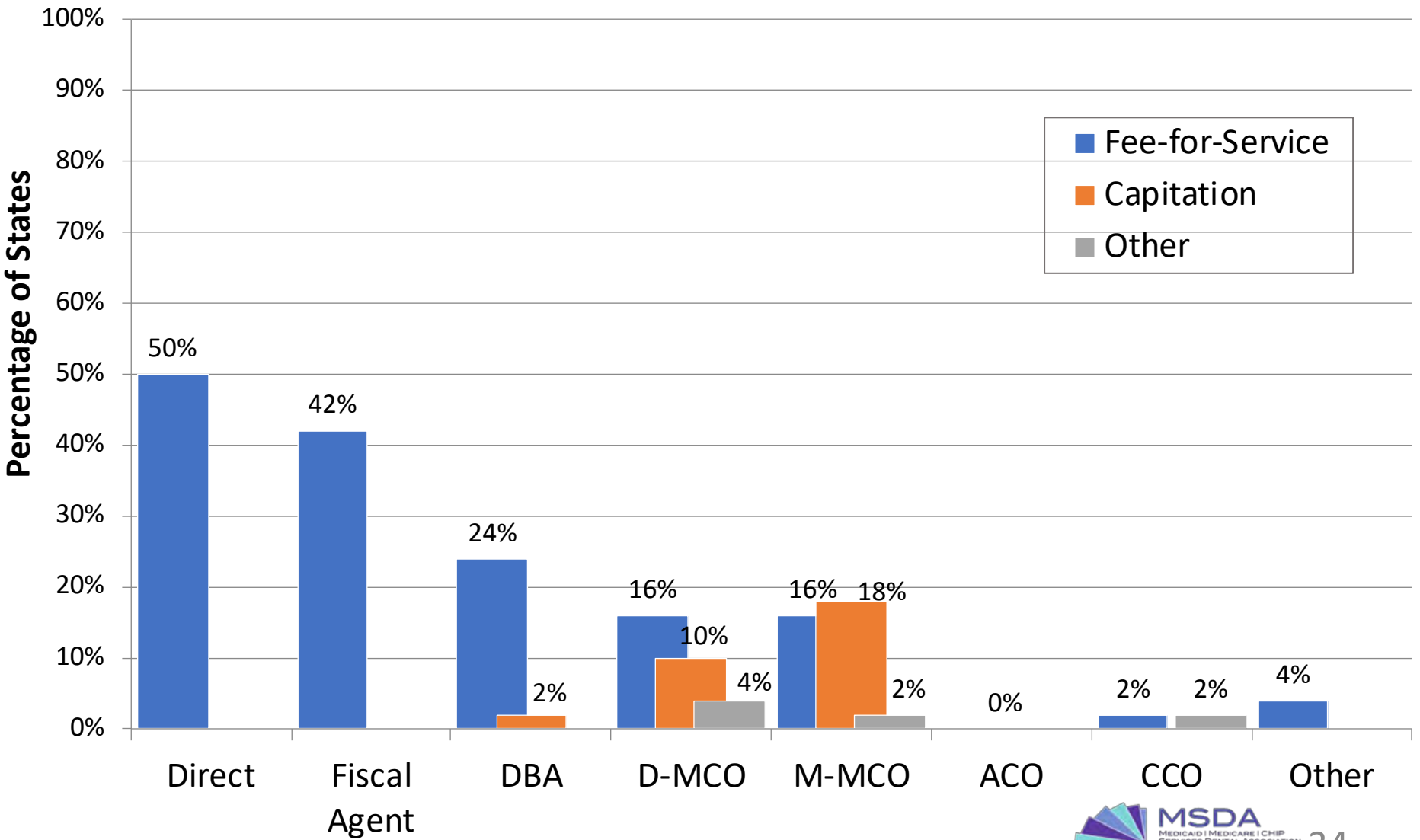
Payment Models at State, Vendor and Provider levels



Cost Levers



Variability in Dental Provider Reimbursement 2015

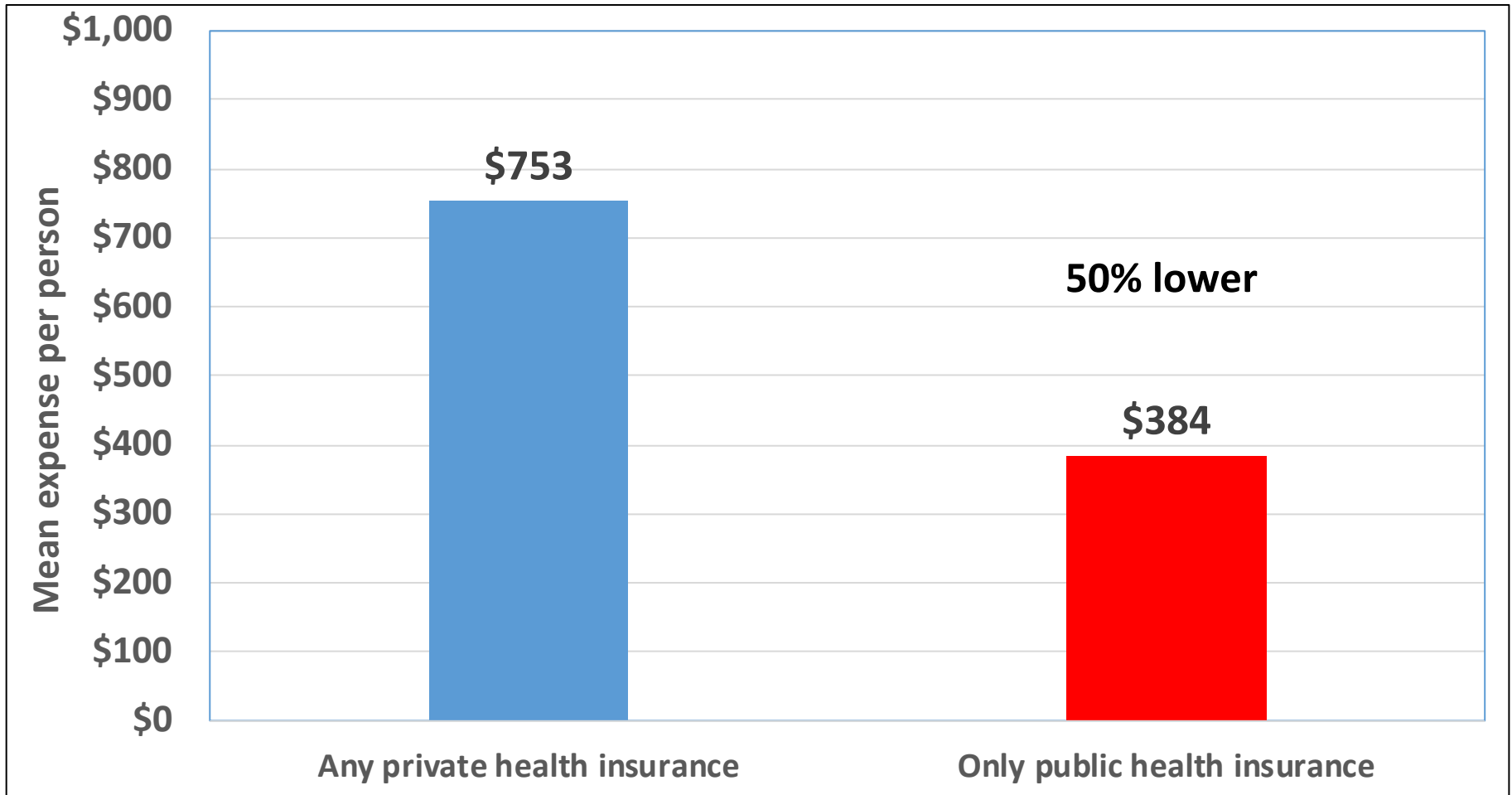


Estimating Costs – Using Actuarial Models

Total Enrollment by Age Group		Expected Adults per Age/Risk Category			Expected Utilization per Age/Risk Category							
	# of adults	High	Moderate	Low	check Utilization	High	Moderate	Low	High	Moderate	Low	
Adults	40,000	16,000	14,000	10,000	-	47%	7,520	6,580	4,700	5	5	5
Expansion Adults	51,000	20,400	17,850	12,750	-	57%	11,628	10,175	7,268	4	4	4
Total Eligible	91,000	36,400	31,850	22,750	91,000	47,870	19,148	16,755	11,968	9	9	9
Risk Category	%											
High	40.0%	*based on evidence										
Moderate	35.0%											
Low	25.0%											
Total	100.0%											
Services Covered												
	Unit Cost	High	Moderate	Low								
Diagnostic	\$ 2	2	2	2								
Preventive	\$ 3	2	2	2								
Restorative	\$ -	3	2	0								

Dental Services

Mean expense by insurance group among persons incurring an expense in 2013



Fee For Service

What Works

- Providers are only paid when they provide a service
- Pays for more care when patients need it (volume)
- Payment does not depend upon variables the provider can't control
- Predictable payment, Providers know what they will be paid before they provide a service

What Does not Work

- Care is not linked to quality or results
- Care provided is not predictable
- Cost of care can exceed the payment for care
- No fees for many needed services
- Costs for care are not predictable or comparable

The fact that an alternative payment model is different from fee-for-service does not necessarily mean it is better.



Pay For Performance

What Does not Work

- P4P services provided may not be the ones that a particular patient needs
- Payments may not be enough to cover the costs of care
- There may be needed services that are not covered by the P4P plan
- Costs for care are not predictable or comparable
- Providers still have to deliver services to be paid. P4P is just an adjustment to FFS provided
- Providers could get paid less for treating patients with greater needs
- Providers could get paid less for things they can't control

What will success look like?

What Does Success Look Like for *State Medicaid Dental Programs?*

- Responsible and efficient program costs
- Budget predictability
- Improved Access & Use of Services -> More patients receive care
- Quality-based services delivered -> healthier patients
- Customer (beneficiary) satisfaction
- Adequate provider network



What Does Success Look Like for *State Medicaid Dental Programs* ?

Improved Processes:

- Streamlined credentialing
- Efficient payments
- Reduced fraud, waste, and abuse
- Effective and equitable assignment, attribution, and management of patients
- Actuarial precision utilized and verified

What Does Success Look Like for *Contract Vendors?*

- Realistic and achievable goals
- Efficient program management yields profit
- General contract provisions are normal
- RFP includes contract performance requirements, program goals and terms and conditions that are clear, doable and measureable.

What Does Success Look Like for *Contract Vendors?*

- Ability to communicate with both providers and patients (members)
- Clarity related to expectations
- Pre procurement communication lines open
- Continued communication during implementation

What Does Success Look Like for *Contract Vendors*?

- Actuarial precision
- Ability to assign/attribute patients based on history and capacity
- Ongoing partnership in program improvement
- Outreach to members

Assessing a Value Based Payment System: Questions to Ask

- Are the operational metrics reasonable, measurable and achievable?
- Are the quality metrics reasonable, achievable and appropriate for the patients attributed? Do they really add value to the care of the patients?
- Is the agreed upon or proposed contract a win–win for the payer and the provider?
- Are providers accountable for appropriateness, high quality, and outcomes of services for each patient?
- Do payment rates match the cost of delivering quality care?

Assessing a Value Based Payment System: Questions to Ask

- Do providers have flexibility to deliver the highest value services?
- Are patients and purchasers able to determine the total amount they will pay?
- Are providers only paid when patients receive services?
- Will patients with greater needs be able to receive more services?
- Are providers only held accountable for things they can control?
- Will providers know how much they will be paid before services are delivered?

Considerations for Policy Makers

Know What You Want

Create a Successful Strategy

Detail Specificity in Your RFP

Designing Actuarially Sound Benefit

Measure Process, Results, Outcomes, Impact

ANY
QUESTIONS
?

Mary E. Foley, RDH, MPH

Ms. Mary E. Foley is the Executive Director of the Medicaid | Medicare | CHIP Services Dental Association (MSDA). Ms. Foley received her license to practice dental hygiene in Massachusetts and holds a Masters Degree in Public Health with a concentration in Epidemiology and Biostatistics from the University of Massachusetts School of Public Health and Health Policy.

Earlier in her career, Ms. Foley served as the Director of the Massachusetts Department of Public Health (MDPH), Office of Oral Health (OOH), as well as the Region I Head Start Oral Health Consultant to HRSA and the Office of Head Start.

In 2005, Ms. Foley became a Fellow of the HRSA, Primary Health Care Policy Fellowship. Shortly thereafter she served as the Project Director for *Improving Perinatal and Infant Oral Health*, a national initiative funded by HRSA's MCHB.

From 2007 to 2009, Ms. Foley served as the Dean of the Forsyth School of Dental Hygiene at the Massachusetts College of Pharmacy and Health Sciences in Boston.

Since joining MSDA in 2009, Ms. Foley has been instrumental in broadening stakeholder collaboration; annually hosting the *National Medicaid | Medicare | CHIP Oral Health Symposium*; developing and publishing the *MSDA National Profile of State Medicaid and CHIP Oral Health Programs*; and advancing state program policy aimed at improving the health, health care, value, and costs of care for all Medicaid beneficiaries.



Contact Information

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