Managed Care for Medicaid Dental Services: Insights from Kentucky

- NASHP examined Kentucky’s experience with administering dental benefits using managed care, including:
  - Assuring network adequacy
  - Connecting enrollees to care
  - Oversight mechanisms for MCOs
  - Integrating medical and dental care
  - Performance Improvement Projects

- NASHP’s new report Managed Care for Medicaid Dental Services: Insights from Kentucky coming soon!
Today’s Presenters

• Dr. Ken Rich, Dental Medicaid Director, Kentucky Department for Medicaid Services

• Jakenna Lebsock, Quality Improvement Manager, Arizona Health Care Cost Containment System

• Dr. Paul Westerberg, Chief Dental Officer, Pennsylvania Department of Human Services
Kentucky Department for Medicaid Services
Kentucky Dental Medicaid Managed Care

- Five Managed Care Organizations
- Two Dental Managed Care Organizations
- Fee For Service
Provider Network

• 1100 Providers

• Dental TAC

• Credentialing
Oversight

• Audits

• Program Integrity

• SAS
Oral Health in Managed Care: Arizona’s Perspective

April 29, 2016

Jakenna L. Lebsock, MPA
Quality Manager
Arizona Health Care Cost Containment System
Arizona Overview

- AHCCCS currently serves over 1.8 million members, almost half of which are children (868,789 as of 4/1/16)
- 90%+ are in managed care
  - 17 Managed Care Organizations (MCOs)
  - American Indian Health Plan (Fee-for-Service)
- AHCCCS-driven interventions
  - Performance Measures (3)
  - CHCS Project/Dental Work Group
  - Dental Home Assignment
  - Fluoride Varnish in Primary Care
AHCCCS Oral Health Program

Overview

Contracted provider networks

• MCO credentialing process for *registered* providers
  o MCOs must report credentialing time frames quarterly for Oral Health Providers

• Most MCOs use dental subcontractors (e.g. DentaQuest)

• *Not* an every willing provider state

• Comprehensive dental benefits for children up to age 21
  o Title XIX and XXI = identical benefit packages

• Dental Providers:
  o Over 3500 licensed dentists in Arizona
  o Over 1500 *registered* AHCCCS dental providers
Monitoring and Oversight

- Quarterly reporting
  - Preventive care rate (46.6 percent at last measure)
  - Sealant rate (10.6 percent at last measure)
  - Children’s Dental Visits (61.7 percent at last measure)
  - Dental home assignments – required for all children
  - Oral health screenings – EPSDT visits
- Annual Plan deliverable
- Ad hoc reporting
- Internal data runs for analysis/comparison
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The Pennsylvania Perspective

Paul R. Westerberg, DDS MBA
Chief Dental Officer
Pennsylvania Department of Human Services

NASHP Webinar: A Conversation with State Officials on Medicaid Dental Managed Care
• HealthChoices = Mandatory Physical Health Managed Care program for most Medicaid Recipients in Pennsylvania

• Physical Health Managed Care Organizations provide all medically necessary services covered by fee-for-service /state plan
  • Includes dental, most through subcontracted Dental Benefits Manager
  • Must ensure choice of 2 General Dentists accepting new patients within 30 minutes Urban, 60 minutes Rural, choice of 1 Dental Specialist accepting new patients in travel limits, second choice in zone:
  • Behavioral Health carved out: Does NOT INCLUDE BH SERVICES (except PH MCOs pay for BH pharmacy) which are managed by different entities under a different program.
History of HealthChoices

- 1970s - Voluntary in a few counties.
- 1986 Pilot – HealthPASS (mandatory, 10 districts in Philadelphia)
- February 1997 - HealthChoices Southeast Zone (5 counties, Phila. area)
- January 1999 - Southwest Zone (10 counties, Pittsburgh area)
- October 2001 - Lehigh/Capital Zone (10 counties, Harrisburg & Allentown)
- July 2012 Zones expand - SW (4 counties) and L/C (3 counties)
- October 2012 - Northwest Zone (13 counties, Erie area)
- March 2013 - Northeast Zone (remaining 23 counties Scranton area)
- **HealthChoices mandatory PH managed care statewide March 2013**

Dental services included and covered by PH-MCOs.
- 2.75 Million people eligible for Medicaid in PA, 2.2 Million (80%) in HealthChoices
- 5 Zones, 7 Managed Care Organizations

<table>
<thead>
<tr>
<th>HealthChoices Zone</th>
<th>Number of Operating Managed Care Organizations</th>
<th>Approximate Zone Membership Total</th>
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<tbody>
<tr>
<td>Southwest</td>
<td>Four</td>
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<tr>
<td>New West</td>
<td>Four</td>
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<tr>
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<td>Five</td>
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<td>Lehigh/Capital</td>
<td>Five</td>
<td>473,000</td>
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<tr>
<td>HealthChoices Statewide Total</td>
<td></td>
<td>2,192,000</td>
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</tbody>
</table>
MEDICAID ELIGIBLE POPULATION MARCH 2016
2.75 M

- HealthChoices: 560,545 (20%)
- Fee-For-Service: 2,192,275 (80%)

HealthChoices PH Mandatory Managed Care
July 2012 – Present
STATEWIDE EXPANSION COMPLETE 3/1/13

MEDECAID ELIGIBLE POPULATION MARCH 2016
2.75 M

HealthChoices
Fee-For-Service

HC Southeast –
HC Southwest (expansion counties implemented 7/1/12)
HC Lehigh Capital(expansion counties implemented 7/1/12)
HC NW – Implemented 10/1/12
HC NE – new zone (implementation date 3/1/13)
Some recipients are still served through state-administered Medicaid Program/Traditional Fee-for-Service

560,000 eligibles (20%) currently remain in traditional Fee-for-Service, eligible for Medicaid but NOT HealthChoices:

- This population is comprised of Dual Eligibles > Over 21; Most people in Nursing Homes; Temporary Categories like Spend-down; Health Insurance Payment Program (HIPP), etc.
- Most of these remaining Medicaid eligibles (elderly, disabled, many in nursing home care) are included in an RFP issued April 2016, to be moved into Managed Long Term Services and Supports in 2017-2019, that will be known as Community HealthChoices.

Community HealthChoices benefits will include dental services
Provider Networks Oversight

- DHS/BMCO has oversight responsibility
- Provider Network Reporting Solution
- Staff conducts proactive access to care verification activities
- Network analysis looks at geographic radius for urban and rural settings
- Comparison activities include cold-call to provider offices
www.dhs.pa.gov
Facilitated Discussion

- Andrew Snyder, Project Director, NASHP
What do you see as the opportunities and drawbacks of a managed care approach to dental services?
How are your state and your contracted MCOs assuring an adequate network of dental providers?
How are your MCOs providing oral health outreach to members?
What oversight tools do you find most useful for managing dental services?
How are you driving improvement with your MCOs?
Dr. Ken Rich

- Dental Medicaid Director, Kentucky Department for Medicaid Services
Jakenna Lebsock

- Quality Improvement Manager, Arizona Health Care Cost Containment System
Dr. Paul Westerberg

- Chief Dental Officer, Pennsylvania Department of Human Services
Questions, Answers, and Discussion

*Use the chat box on the left of your screen to type in your question.*
Resources

You can find today’s webinar recording at:

For more information on today’s topic, check out:
• NASHP’s brief Managed Care for Medicaid Dental Services: Insights from Kentucky coming soon!
• CMS Tools to Help States Improve the Delivery of Dental and Oral Health Services
https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/dental-care.html
• CHCS Medicaid Oral Health Improvement Project Resources

For more information, contact: Andy Snyder, asnyder@nashp.org

And join us at NASHP’s Annual State Health Policy Conference – October 17-19, Pittsburgh, PA

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