

Dental Public Health Providers and the NC Medicaid Dental Program

Safety Net Workgroup
Safety Net Dental Provider Presentation
North Carolina Institute of Medicine
Morrisville, NC
March 31, 2011



Governor Beverly Eaves Perdue
Lanier M. Cansler, DHHS Secretary
Dr. Craig L. Gray, DMA Director

A Word From My Sponsor.....



- Customer-focused
- Anticipatory
- Collaborative
- Transparent
- Results Oriented

Objectives of Presentation

- Brief introduction to NC Medicaid Dental Program
- Current state of affairs
 - Discuss current role of safety net dental providers
 - Importance of safety net dental providers across the state
 - Report trends in utilization of NC Medicaid dental services



Objectives of Presentation

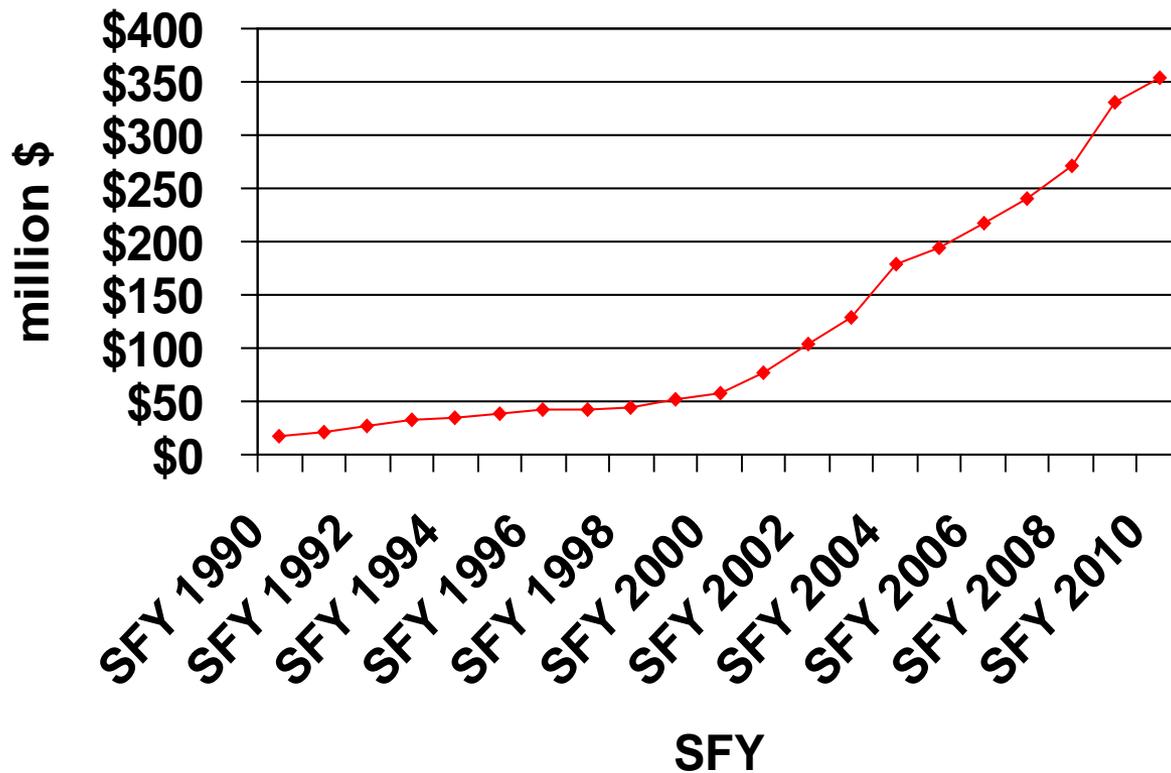
- The future after health care reform
 - The impact of new budgetary challenges on Medicaid oral health policy
 - Beneficial provisions of health care reform for oral health services in the safety net setting
 - Oral health for the expanded Medicaid population



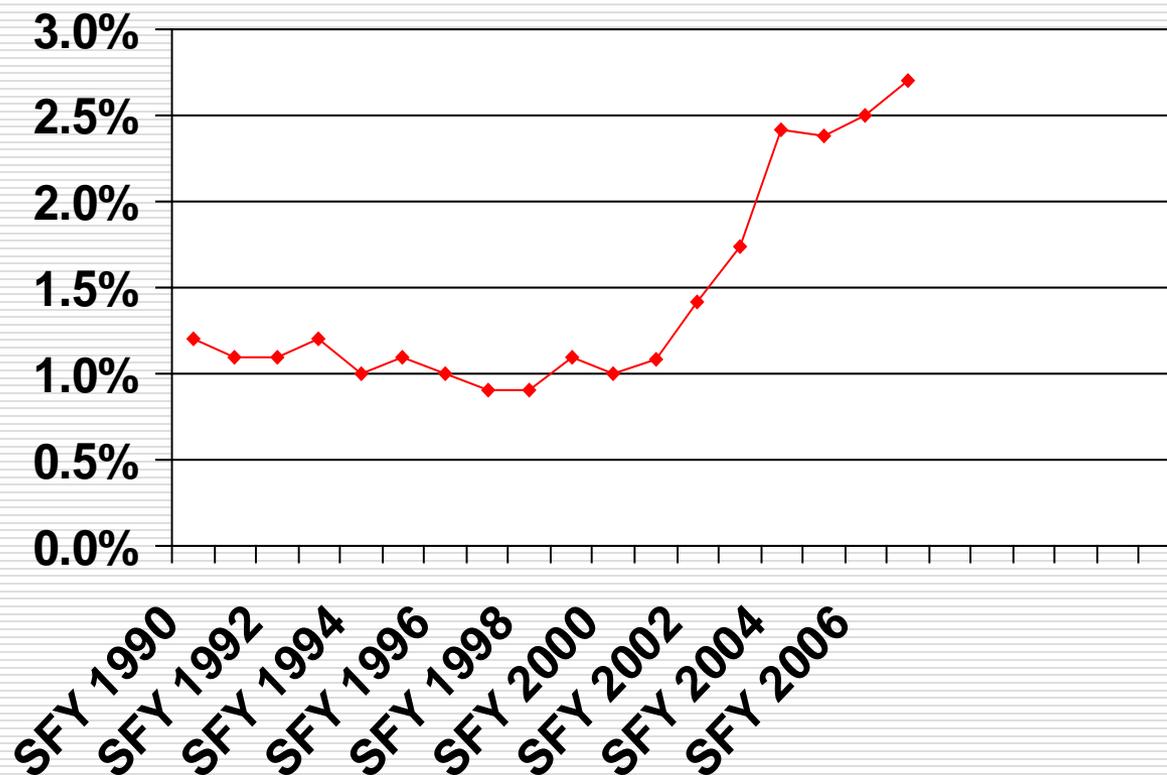
NC Medicaid Dental Program Budget Update

- SFY 2010 dental expenditures in SFY 2010 totaled approximately \$355 million dollars—\$210 million children's dental services and \$145 million on adult dental services.
 - Dental Program expenditures were over 3% of the overall SFY 2010 NC Medicaid Budget—growing at a faster rate than most other programs
 - In SFY 2010 the number of Medicaid recipients receiving dental services grew by 12.7% when compared to SFY 2009 figures.
 - While access/utilization improved, average cost per recipient for dental services declined by 1.5% when compared with SFY 2009 results.
-

Total Dental Expenditures SFY 1990 – SFY 2010



Growth in Dental Program from SFY 1990-2007 (% of Total Medicaid Program Expenditures)



Recent Honors

- NC Medicaid was recognized by CMS as one of eight states with high utilization of pediatric oral health services and/or innovative methods of delivering oral health services to Medicaid children

 - CMS reported that DMA and its partners are among a handful of State Medicaid agencies that have developed innovative initiatives to improve the delivery of services to publicly insured children
 - The “Into the Mouths of Babes”/Physician Fluoride Varnish Program has been specifically cited as an innovative service delivery model by CMS
-

Recent Honors

- In November 2010, CMS invited the DMA Dental Director to present information on the progress that NC Medicaid has made toward improving access and quality of oral health care for preschool Medicaid/CHIP recipients

 - Please find more information about the NC Medicaid Dental Program at—
 - CMS's web site:
<https://www.cms.gov/MedicaidDentalCoverage/>
 - DMA's web site:
<http://www.ncdhhs.gov/dma/services/dental.htm>
 - Pew's web site:
http://www.pewcenteronthestates.org/report_detail.aspx?id=57407
-

Current Role of Safety Net Dental Providers in NC Medicaid

- Who are the safety net dental providers in NC treating Medicaid/CHIP recipients?
 - FQHCs
 - Health Departments
 - Not for profits—associated with hospitals, etc.
 - UNC School of Dentistry
 - Currently no Rural Health Clinics and school-based treatment facilities participating as billing dental providers
-

Current Role of Safety Net Dental Providers in NC Medicaid

- Approximately 7-8% of all NC Medicaid dental expenditures
 - UNC SoD and not-for-profits included among the private providers
 - Large majority of expenses to private providers
 - Latest trend—large groups with multiple offices and economies of scale—outcompeting public providers in some areas?
 - FQHCs and Health Departments (HDs) increasingly are charged with providing care for the uninsured and indigent
 - Funding from HRSA (FQHCs only) and other public and private sources to defray the cost of doing business
 - Cost settlement with Medicaid helps sustain FQHCs', HDs' and UNC SoD's efforts to continue to provide access to the publicly insured
-

Current Role of Safety Net Dental Providers in NC Medicaid

- The majority of safety net providers concentrate on providing Medicaid children's services
 - 6:1 Medicaid children to Medicaid adults
 - Medicaid/CHIP, sliding fee scale for the uninsured and some offer free care
 - Safety net providers focus on meeting basic oral health care needs—diagnostic, preventive, restorative, urgent/emergent care
-

Current Role of Safety Net Dental Providers in NC

- Focus on public health dentistry
 - Population approach—emphasize oral health surveillance and preventive services
 - Decrease the existing disease burden in the target population and prevent disease from starting in the youngest members of the population
 - Reach out to the underserved—low income children, pregnant women, special needs patients, migrant workers, etc.
-

Current Role of Safety Net Dental Providers in NC Medicaid

- Focus on sustainability
 - Foster partnerships with public and private entities
 - Increase productivity; examine what it takes to break even in a difficult economic environment
 - Pay attention to mix of patients
 - Cost sharing requirements for care beyond basic services
 - Sliding fee scale patients required to pay lab costs for denture/partial denture
-

Utilization Measures SFY 2009: County Specific Snapshots

- ❑ DMA QEHO has calculated dental utilization measures for children < 21 and adults >=21 for each NC county
- ❑ Using CMS 416 methodology Statewide measures–
 - 46% of children eligible for dental services from 1-12 months during SFY 2009 received at least one dental service
 - 31% of adults eligible for dental services from 1-12 months during SFY 2009 received at least one dental service
- ❑ Please see this data along with other interesting demographic and health care data for each county at :
<http://www.ncdhhs.gov/dma/countyreports/index.htm>



Utilization Measures SFY 2009: County Specific Snapshots

- Why? – to enable policymakers and other stakeholders a chance to examine and better understand Medicaid data on the local level
 - Trends:
 - Access for adults is poorer than for children
 - Some NE and SW rural counties have utilization measures well below state average for both age groups
 - Some urban counties with large numbers of active licensed dentists, enrolled Medicaid providers and Medicaid recips are a little below the state average for children. The ratio of actively participating dentists to Medicaid recips is low – Mecklenburg
 - Some urban counties with the same elements are significantly above the state average for children – Buncombe, Durham, Forsyth, Guilford
 - Some of the counties with access well above the state average for children are not urban – Wilkes, Carteret
-

Utilization Measures SFY 2009: County Specific Snapshots

- Analysis – What does it all mean?
 - Not entirely accurate to state that urban access is better than rural when referring strictly to Medicaid recipients
 - Still need to address access issues in remote NE and SW counties
 - Adult utilization is improving, but slowly – strategies to improve?
 - More training and incentives to providers to increase access for special care patients
 - Key ingredients to success – not entirely clear and more detailed analysis is necessary
 - Hypothesis: **takes good teamwork between active public and private providers to achieve success – only limited success without both sides pulling their weight**
-

Provider Participation

- From SFY 2009 to SFY 2010 the number of actively participating billing providers (equivalent to the number of participating practices, not the number of individual dentists rendering services) who had received payment for at least one claim dropped from 1964 to 1767
 - The number of participating attending providers (dentists rendering services) is estimated to be approximately 1900 - 2000.
 - Unable to come up with accurate figures due to MMIS limitations
 - Despite drop in participating billing providers, access for children continues to improve and for adults it is about the same
-

Provider Participation

- Why are we losing providers?
 - Preparation for reverification led to a decline in the number of participating providers; many dental providers were end dated for lack of activity over 12 months
 - Other providers objected to the State's administrative cost saving measures passed in the Budget Bill of 2009 (SL 2009-451)
 - Requirements to submit claims electronically (requires HIPAA compliance) and to receive payment through electronic funds transfers.
 - For the reasons stated above, coupled with a 4.52% reduction in dental reimbursement rates mandated in the 2009 Budget and implemented in October 2009
-

CHIPRA

Public-Private Contracting

Contracting with FQHCs ---

"...the State will not prevent a Federally-Qualified Health Center from entering into contractual relationship with private practice dental providers..."

Clarification:

- ❑ FQHCs may contract with private dentists in order to expand their capacity to deliver dental services to their clients
- ❑ A State may not require a dentist to enroll as a Medicaid or CHIP provider in order for the FQHC to claim for their services

Concerns from State Medicaid/CHIP agencies:

- ❑ Credentialing of providers
- ❑ If providers not enrolled how will States act against providers in investigations
- ❑ Claims tracking – difficulty determining rendering provider?

Implementation Effective: January 1, 2009

ARRA—EHR Incentive Payments

- Under the current rules being used by CMS, providers may qualify for incentive payments if 30% of their patient population over a 3 month period are Medicaid enrollees—**safety net dental providers can qualify**
 - Requires “meaningful use”--certified EHR used in a meaningful manner (e.g., e-prescriptions); for electronic exchange of health information to improve quality of healthcare; and to submit clinical quality measures (CQM) and other such measures selected by the HHS Secretary
 - Payments can total up to \$63,750
 - No certified electronic dental records at this point--will software developers move to develop certified products interoperable with other EHRs?
-

PPACA - Oral Health Provisions

□ Delivery System

- FQHC's – \$11 billion in new funding—all new facilities will include dental clinics
- School-Based Health Centers expansion grants – includes dental services
- Dental/Medical equipment new standards for accessibility for disabled individuals

Requires funds to be appropriated to implement

PPACA - Oral Health Provisions

- Workforce
 - “Title VII” dental training expanded from \$7M to \$30M and broadened
 - Faculty loan repayment for general, pediatric, public health dentistry with incentives
 - Alternative dental provider demo grants (\$4M, 5 years, 15 sites) with IOM review & “DHAT” expansion with state’s approval
 - National Healthcare Workforce Commission with dental priority
 - Expanded GME and primary care residency support
 - Public Health Workforce training and “Elite Federal Disaster Teams” including dental

Requires funds to be appropriated to implement

PPACA Impact on NC Medicaid/Health Choice Eligibility

- ❑ Creates a MANDATORY eligibility group that expands Medicaid to 133% FPL without regard to categoric eligibility effective 1/2014
 - ❑ Increases mandatory eligibility of children 6-19 yrs to 133% FPL
 - ❑ Approximately 1 out of every 4½ North Carolinians will be covered by NC Medicaid > 2 million recipients
-

PPACA Projected Impact to Medicaid/Health Choice Eligibility in 2014

New Enrollees
500,000 +

\$ 836,391,376 = Total Cost
in State Approps from
2014-2019

- Estimates include individuals who will become eligible because of mandatory Medicaid expansion (i.e. — “expansion” population)—Feds pick up 100% for first 3 years taper to 90% by 2020
- People who are currently eligible but not enrolled (i.e.— “woodwork” population)—regular FMAP applies to woodwork population
- There is a Maintenance of Effort (MOE) on standards, methodologies and procedures – **can’t become more restrictive with eligibility**

The Future of Optional Services: Adult Dental Benefits

- Health care reform may place more pressure on States to reduce optional Medicaid benefits because they can not change eligibility requirements

 - Elimination of adult dental benefits
 - Optional service under Title XIX of the Social Security Act that created the Medicaid entitlement program

 - Several States have gone this route due to the current economic climate and declining revenues
-

The Future of Optional Services: Adult Dental Benefits

- Some reductions in services and/or rate cuts
 - Examples:
 - Deep cleaning allowed once every two years rather than once every year
 - No longer cover cast metal partial dentures—cover acrylic partials only
 - Across the board rate cuts to most Medicaid provider types, including dentists

 - Reduce adult dental benefits to emergency services only—
 - exams, x-rays, extractions, biopsies, treatment of fractures, excision of tumors and adjunctive services necessary to complete this care
-

The Future of Optional Services: Adult Dental Benefits

- Adult Medicaid recipients will seek more oral health care in hospital EDs
 - Increases in the Medicaid medical budget and in the long term more inpatient care for dental problems
 - Safety net dental clinics (Health Depts. and FQHCs) will have many more adult Medicaid patients without dental coverage
 - One of the missions of public providers is to treat the uninsured
 - Increased pressure on safety net clinics that do not provide care to adults to change their mission
-

The Future of Optional Services: Adult Dental Benefits

- Unknown effect on new East Carolina School of Dental Medicine—its mission includes treating the underserved including Medicaid eligible adults
 - Many Medicaid enrolled adults and elderly live with significant chronic diseases
 - In the Medicaid population, adult recipients in the ABD program category make up around 25% of recipients yet use from 2/3rds to 3/4ths of the resources
 - Who will provide oral health care to these individuals to prevent exacerbation of diabetes, heart disease, etc.?
 - Physicians are not trained to provide oral health care
 - Oral health care is primary care—everyone needs it!
-

Division of Medical Assistance NC Medicaid Dental Program

www.ncdhhs.gov/dma/dental.htm

Mark W. Casey, DDS, MPH
Dental Director
Mark.Casey@dhhs.nc.gov
919-855-4280

