FEDERAL/STATE MEDICAID FUNDING FOR ORAL HEALTH PROGRAMS

American Association for Community Dental Programs
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Introduction and Agenda

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No Conflicts of Interest

1. A Little about CTDHP
2. Medicaid 101
3. Impacting Medicaid Funding
4. Medicaid Administrative Claiming
5. Questions
Connecticut Dental Health Partnership (CTDHP)

• CTDHP is the Medicaid/CHIP Dental Program for Connecticut
• Single program for the entire State, all Medicaid/CHIP clients
• An Administrative Service Organization’ (ASO), operated by with BeneCare Dental Plans through a State of Connecticut contract.
• A non-risk contract, BeneCare is paid to operate the program
• Dental claims paid on a fee-for-service basis, not managed care
• More than 850,000 clients, over 1,700 dentists enrolled
• Physically in the state, responsive call center, extensive outreach and strong relationships with dentists, advocates, other stakeholders
CTDHP Outcomes: Geographic Access

- Dentists accepting new patients
- Contract standard is 1 dentist within 20 miles.
- Only about 1,500 CTDHP members (out of 850,000) do not have at least one dentist in 10 miles of their residence.
- In a 2017 Mystery Shopper Survey:
  - **Children** were able to get routine appointment 87% of the time, average wait of 8.3 days.
  - **Adults**, 81% of the time, average wait of 6.8 days.
• Child dental utilization increased significantly since 2006 (~35%)
• Eight years in the top two states nationally.
• In 2016 the national average for child dental utilization was 50.4%
• Adult utilization is 38% up from about 27% in 2006

Source: CMS-416 Reports; data provided by each state to the federal Centers for Medicare & Medicaid (CMS)
CTDHP Outcomes: Lower Cost

Child Dental Costs PMPM

Adult Dental Costs PMPM

Source: CTDHP Internal Report; PMPM (‘Per Member Per Month’ cost of care)
• Medicaid is a State/Federal partnership
• Enacted in 1965, **Title XIX** (19) of the **Social Security Act** established the Medicaid program, which provides funding for medical and health-related services for persons with limited income
• Children’s Health Insurance Program (CHIP) separate but related
• Major categories of Coverage in Medicaid:
  - Children (EPSDT)
  - Pregnant Women
  - Single adults (Medicaid Expansion)
• Child dental coverage required (EPSDT), adults optional
• Variability by state: *When you’ve seen one Medicaid program …*
The Federal **Centers for Medicare and Medicaid Services (CMS)** oversees the Medicaid Program and CHIP. States can apply to CMS for ‘waivers’ to modify the Medicaid Program in their state. Most waivers are for specific populations or areas of focus, but one allows for experimental, pilot, or demonstration projects that promote the objectives of the Medicaid program, the Section 1115 Waiver. A wide variety of activities and modifications are possible under approved Section 1115 Waivers, however few for dental.
Medicaid Dental 101: Basic Payment Models

Two Most Common Payment Models

- **Fee-for-Service (FFS)**
  - Payment for specific CDT procedures, usually by the State
  - State performs oversight, sets fee schedule, vary by state

- **Managed Care**
  - State contracts with two or more Managed Care Organizations (MCO), often by county
  - MCOs usually paid a Capitation (per-person) Rate, usually includes dental
  - MCO may use a Dental Benefit Management Company as subcontractor, sometimes capitated sometimes FFS, set fee schedule with State oversight
Other Hybrid Payment Models

- **Dental Carve-out**
  - In Manage Care states, ‘carve-out’ dental into a single program under one contract to dental benefit management company, usually capitated
  - State oversight, contractor has risk
  - Sometimes more than one contractor, often by target population

- **Managed Fee-for-Service**
  - State carves out dental, usually to a single contractor
  - State assumes risk, claims paid FFS, State oversight
  - Connecticut ASO model

- **States can mix and match models with Federal approval**
Value Based Payments

• Newest Models
  o Rather than pay FFS or by Capitation, pay for ‘results’, improved health outcomes or quality
  o Limited by lack of standards for results or quality measures in dental

• Primary Care Case Management (PCCM)
  o Client’s PCP paid a case management fee and paid FFS, no risk
  o Incorporate performance and quality measures and financial incentives for providers.
  o Dental could be included
Accountable Care Organizations (ACO)

- Brings together different types of health care providers and community organizations to share financial responsibility for providing coordinated care that meets quality targets.
- Large systems, some want to integrate oral and general health, but still not fully developed
Potential Method to Receive Medicaid Administrative Funds:

• Title XIX of the Social Security Act allows for the reimbursement of costs “proper and efficient” for the state’s administration of its Medicaid state plan
• Most states limit these reimbursements to Local Educational Agencies, agencies providing Long Term Supports & Services and a few some other organizations
• Dental programs, and others, not specifically excluded
Medicaid Administrative Claiming

- Must support Medicaid direct services for Medicaid clients
- Proper **documentation** and allocation (they are very strict on this)
- Not for overhead costs
- Must not supplant other Federal funds
- **Must be included in the State Medicaid Plan and approved by CMS**
- The Federal reimbursement rate is 50%, so the state must provide half of the costs
Medicaid Administrative Claiming

Services currently being reimbursed:

• Referral, Coordination, and Monitoring of Medicaid Services, such as
  o Enrollment support  o Care coordination
  o Case Management  o Outreach
• Transportation
• Translation
• Training
• Program planning, policy development, and interagency coordination related to medical services
To access this reimbursement you will need to:

- **Make sure** the service meet the criteria & all other rules are followed
- **Convince your state Medicaid agency** to include reimbursement in the state planning
- Have the state provide its cash match (50%)
- Convince CMS to include it in the approved plan

Medicaid Administrative Claiming, CMS, accessed 4/23/2020

No Simple Answers, a Complex System

Know the ‘Lay of the Land’ in your State

- What are the payment systems used in your area?
- Who are the players: MCO, State Medicaid Office, ACO, other?
- Who are the people involved? What are their interests?
- Knowledge and Relationship Building are Key!
Impacting the Medicaid Funding System

- Get into the Details with Them
  - Know the fee schedule, what codes are covered
  - In particular D9000-D9999 adjunctive General Services - D9992-D9997 Case Management - various
  - MCO’s and ACO’s can have flexibility, but only if they are interested
  - MCO’s and ASO’s often have charitable arms that make grants
  - Even State Medicaid Offices can have some flexibility, learn what fees are in their fee schedule, check the CDT and ask if a fee is covered
  - Medicaid & CHIP are affected by the political process, talk to your legislators
COVID-19 Response

• CMS/Federal
  o Increased Federal share of Medicaid, +6.2%, more proposed
  o Proposal to allow States to be able to provide “supportive payments to financially fragile Medicaid providers at risk of closure”
  o Emergency 1135 Waivers granted to states
  o Small Business (including non-profits) Loan Program

• States
  o Varied responses, strict to none, some removal of burdens
  o CT taking weeks to allow dentists payment for telephone consults

• ADA-HPI
  o Nearly half of dental practices say they will go out of business by August
References

Medicaid and CHIP Payment and Access Commission (MACPAC) https://www.macpac.gov/

- ADA HPI: Medicaid Fee-For-Service Reimbursement Rates for Child and Adult Dental Care Services for all States, 2016 https://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0417_1.pdf

Center for Health Care Strategies (CHCS) https://www.chcs.org/

The National Academy for State Health Policy (NASHP) https://nashp.org/
Questions?

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