

CMS Learning Lab: Improving Oral Health Through Access

“Successful Beneficiary Outreach Strategies”

September 26, 2012

Outreach and Information Requirements: EPSDT, Managed Care, CHIP

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Laurie Norris, JD
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CMS

EPSDT: Informing Requirements

- Children enrolled in Medicaid must be informed of benefits available through EPSDT:
 - within 6 months of enrollment, and annually thereafter
 - use of clear and non-technical language
 - content
 - What services are available?
 - How do I access those services?
 - What are the benefits of prevention?
 - There is no cost to the family for the services
 - How to access transportation and scheduling assistance

Managed Care: Information Requirements

- Medicaid managed care plans must share information with enrollees
 - annually
 - easy-to-understand
 - translated into other “prevalent” languages; free interpretation services for all languages
- Content
 - How to navigate the managed care system
 - Care coordination responsibilities
 - Covered benefits, cost sharing, service area
 - How to access benefits and services, including any prior authorization requirements and referral procedures
 - Up-to-date provider network information
 - How and where to access any carved out benefits

CHIP: Outreach and Information Requirements

- States must inform the public of the availability of CHIP coverage, and assist with enrollment.
- States, or contracted managed care organizations, must share information that is:
 - accurate, easy to understand, and linguistically appropriate
 - content
 - Benefits covered, including amount ,duration and scope
 - Cost sharing requirements
 - Names and locations of participating providers
 - Disclosure of any provider incentive plans

Contact Information

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Arkansas ConnectCare

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Angela Littrell, M.A., Business Operations Manager
Arkansas DHS – Division of Medical Services
Health Care Innovation Unit

Arkansas Demographics

- 75 Counties
- 6 Bordering States

SFY 2011

- State Population
• 2,915,918

• Percentage of Population Served by Medicaid

- 64% (19 and under)
- 12% (20-64)
- 14% (65 and older)

(source : Arkansas 2011 Medicaid Overview Book)



Improving Oral Health Through Access

Arkansas Medicaid Dental Program

Delivery System

- Traditional Fee-for-Service/Fiscal Agent

Program Administration

- State Staff
- Arkansas State Dental Association
- No State Dental Director

Arkansas Medicaid and Oral Health

Core Objectives

- Provide access to quality, comprehensive medically necessary dental services to eligible recipients.
- Improve oral health of members through preventative care and dental health education.
- Direct recipients to a structured dental home.

Outreach and Access Challenges



SFY 2000 – 2006

- Data/Measures
 - CMS 416 – Any Dental & Preventive Service
 - CARTS – Program Activities
 - HEDIS – Annual Dental Visits, State/County Rate, Gender/Race
- Inadequate distribution of Medicaid enrolled dental provider network and participation – approximately 375 enrolled.
- Recipient Issues
 - Understanding dental benefits
 - Transportation
 - Locating dentist
 - Complaint/Appeals

Outreach and Access Solutions



Provider Network

- Dental Reimbursement Rates
 - Increased up to 95% of the 2007 Delta Dental premier fees
 - State Dental Association “aggressively” recruited dental providers to enroll
 - Assistance with No-Shows

Data

- CMS 416/HEDIS Re-analyze
- Clean-up

Outreach and Access Strategy

- Provide Dental Coordinated Care Services
- Embed dental outreach into other health related outreach efforts and community events

In 2007, a dental coordinated care program was implemented through an existing interagency primary care managed care service contract between Medicaid and the Arkansas Department of Health. The program is called ConnectCare.

ConnectCare helpline call-center operators assist Medicaid and CHIP families locate dental care and assists Medicaid dental providers reduce patient no-show rates. The program provides:

Beneficiary Services:

- Locate a dentist
- Schedule Appointments
- Answer dental benefit questions
- Complaint Resolution
- Arrange Medicaid Transportation
- Spanish/Bilingual Interpretation

Dental Provider Services (at no cost):

- Appointment Reminder Calls & Letters
- Rescheduling Missed/Cancelled Appointments

Program Services:

- Outreach & Education (Newsletters, Brochures, Community & School Events)

Type of Care	2000	2010
Any Dental Care	19%	43%
Preventive Dental Care	16%	40%

Source: CMS-416 EPSDT Reports

Annual Dental Visit	2006	2011
ARKids A	41.7	56.1
ARKids B	43.2	61.2

Source: HEDIS Measures

Provider Network	2006	2011
Total Dentists (all provider types)	375	858

Source: Medicaid Provider Enrollment

Dental Coordinated Care (DCC)	SFY 09	SFY 10	SFY 11	SFY 12
Dental Provider Requests <ul style="list-style-type: none"> • Missed Appointments • Cancelled Appointments • Patient Dismissal 	12,541	24,603	29,456	34,172
Appointments Scheduled by DCC Staff	1,265	1,132	1,301	1,237
Appointment Reminders by DCC Staff <ul style="list-style-type: none"> • Mailout Notices 	*	20,901	22,239	24,679
Dental Recipients Served <ul style="list-style-type: none"> •Transportation •Find a dentist •Complaints • E.O.B • Eligibility Verification 	*	*	34,676	35,980
DCC Spanish Interpretation	*	*	2,897	2,486
* Note: Data Detail/Category was not captured during this time period.				

Source: ConnectCare Program Activity Reports

Arkansas Contacts

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- Angela Littrell, Business Operations Manager, Healthcare Innovation Unit (501) 320-6203, angela.littrell@arkansas.gov
- Chawnte Booker, Medical Services Dental Program Coordinator, (501) 320-6211, chawnte.booker@arkansas.gov
- Mary Gaither, ConnectCare Section Chief, (501) 661-2834, mary.gaither@arkansas.gov
- ConnectCare Website , <http://connectcare.arkansas.gov/Pages/default.aspx>

A Data Driven Approach to Beneficiary Oral Health Literacy, Compliance, and Program Awareness

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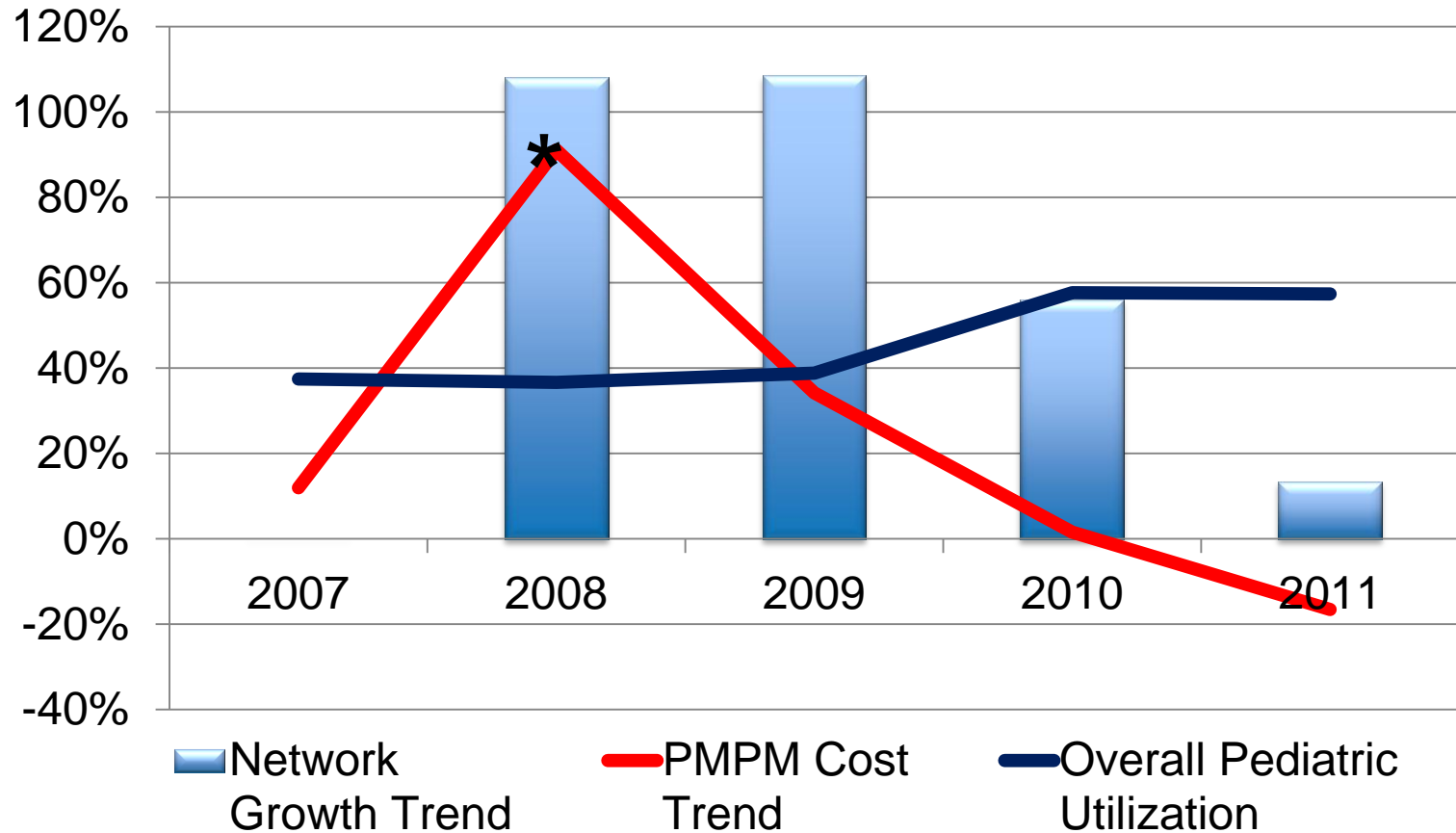
September 26, 2012

Lee Serota - President,
BeneCare Dental Plans

&

Marty Milkovic - Director of Care Management,
Connecticut Dental Health Partnership

Targeted Outreach Drives Higher Utilization at Lower Costs

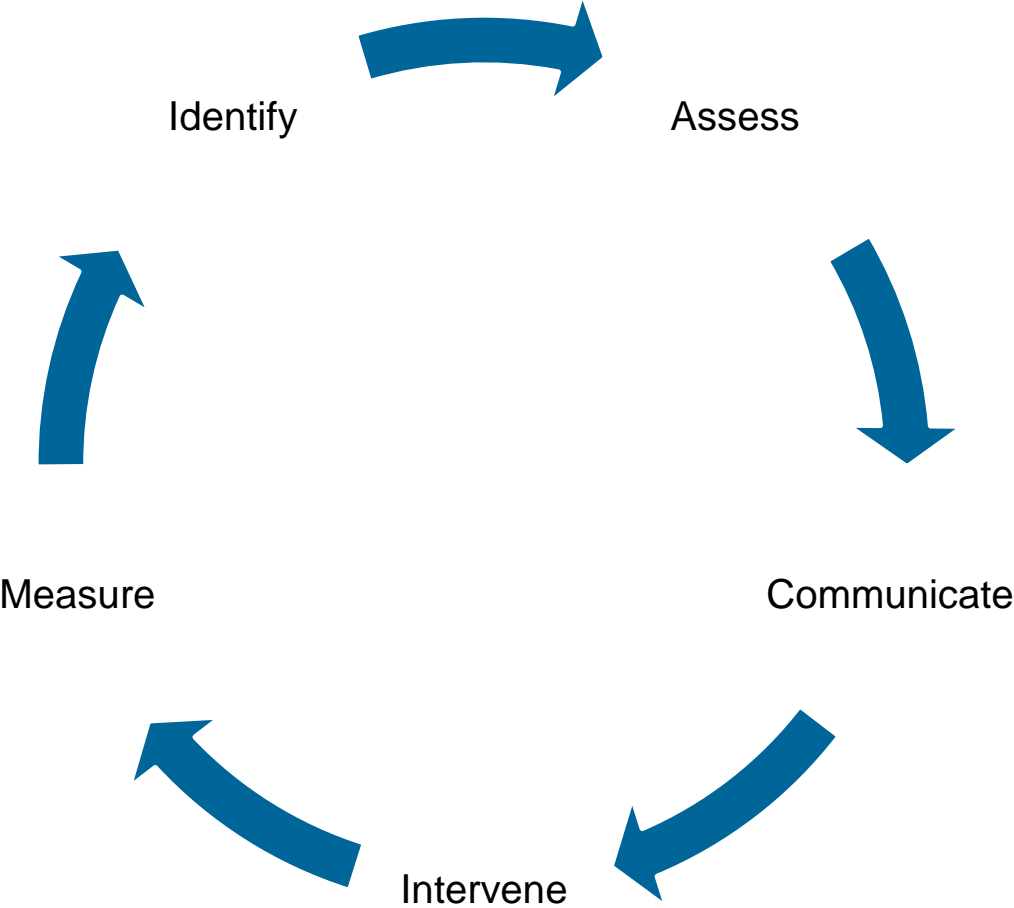


2007-2011 Pediatric Enrollment Growth = 19.60%. *April, 2008 Fee Schedule Increase.

Increasing Access to Dental Care in Medicaid: Does Raising Provider Rates Work? National Academy for State Health Policy, March 2008

<http://www.chcf.org/publications/2008/03/increasing-access-to-dental-care-in-medicaid-does-raising-provider-rates-work>

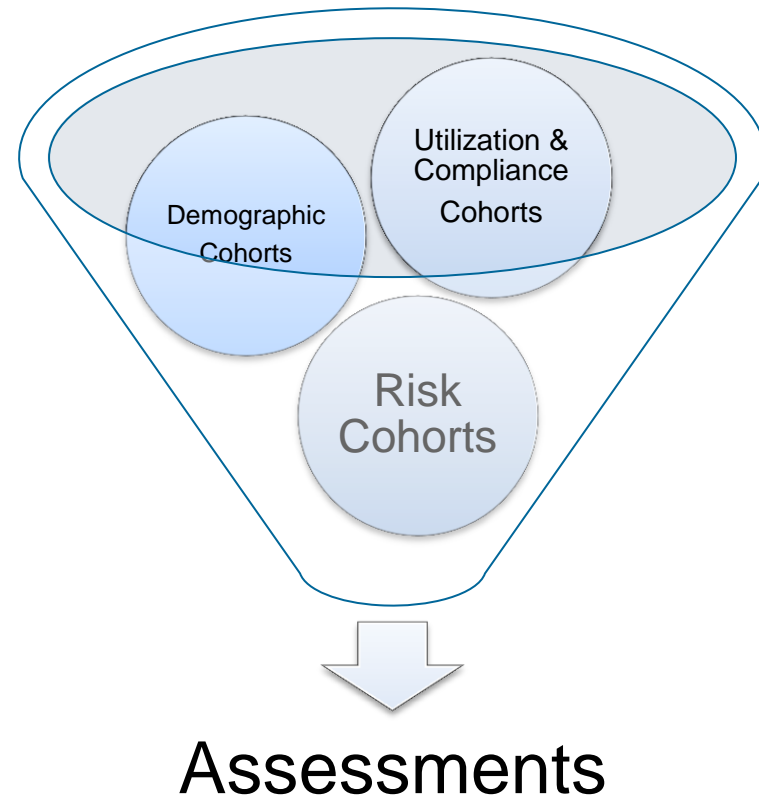
Not a shotgun approach to outreach campaigns.



Identify Beneficiary Cohorts for Targeted Outreach

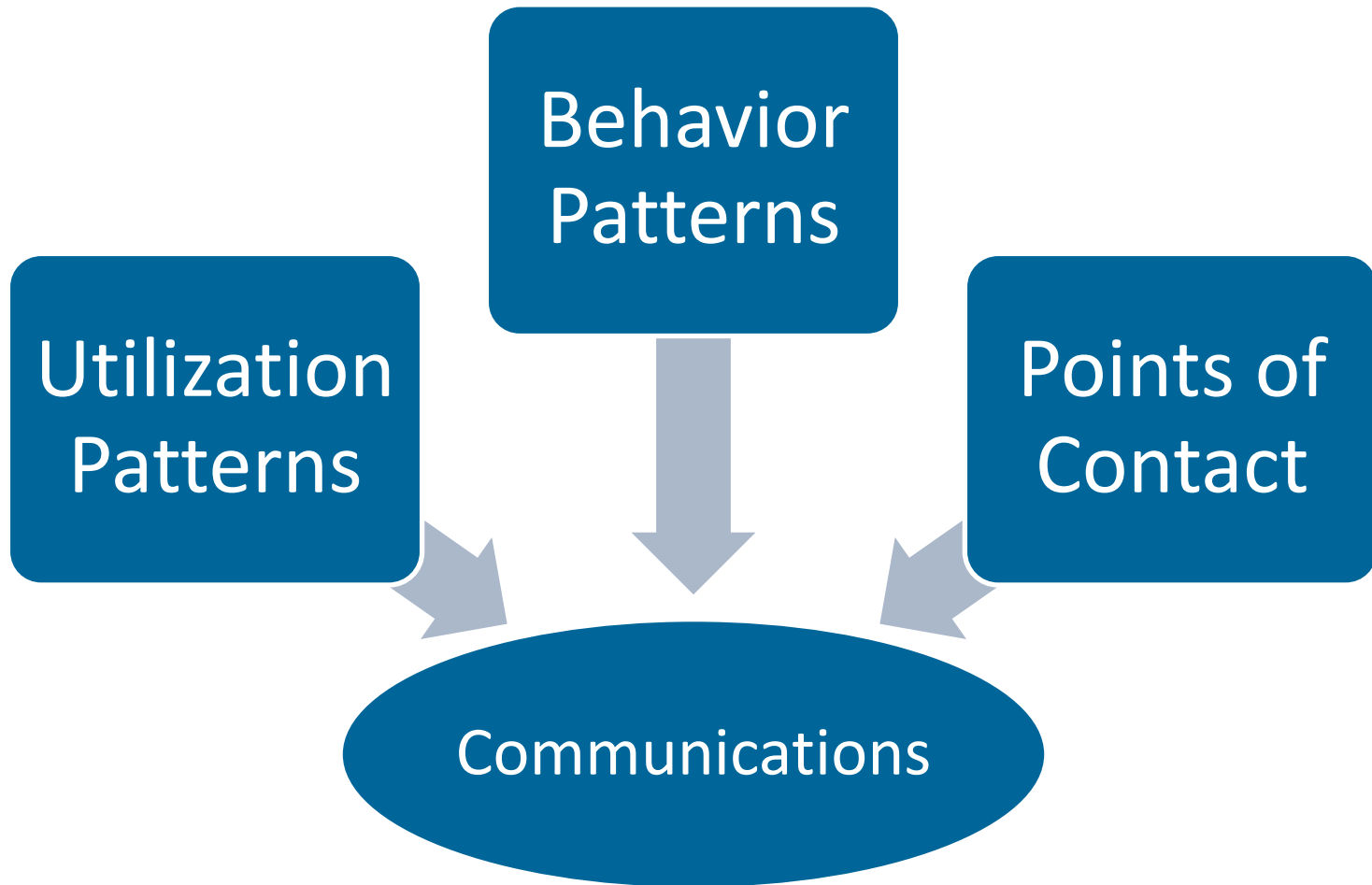
Data Sources

- Dental Claims
- Medical Claims
- Pharmacy Claims
- Enrollment & Eligibility Records
- Other Systems of Care
- Publicly Available Demographic Data



Assessments

Assess the Data – what can it tell you about your beneficiaries?



Communication

Impactful messaging designed to elicit desired response.

**Don't
bad-mouth
your kids!**

© Dental Benefit
Management, Inc.

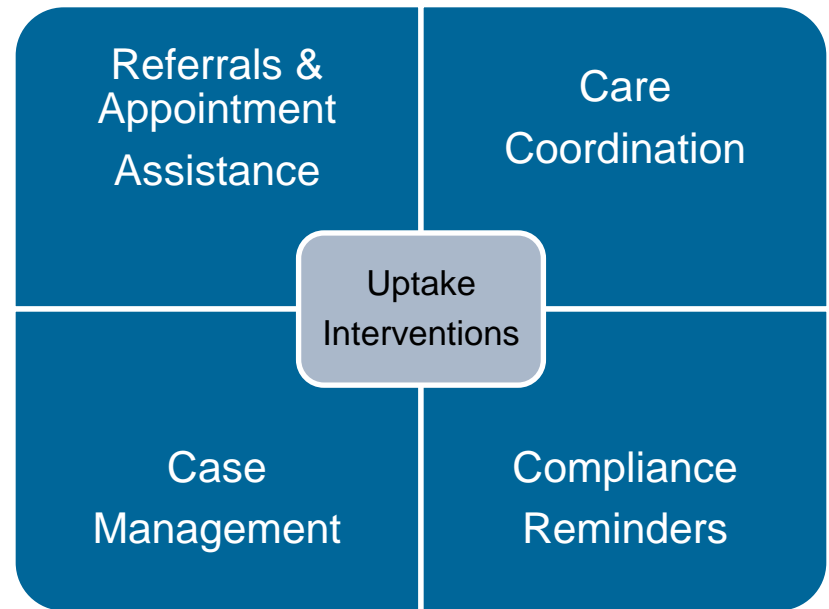
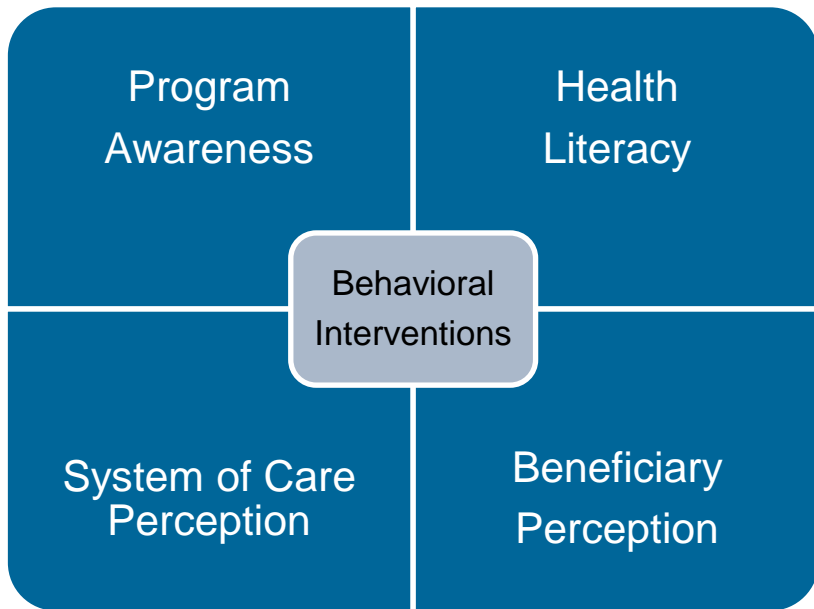
Call to action



Interventions

Interventions

- Focused on behavior.
- Distributed via dissemination of best practices.



Measurement

Measure Uptake & Compliance Against Originally Selected Cohorts

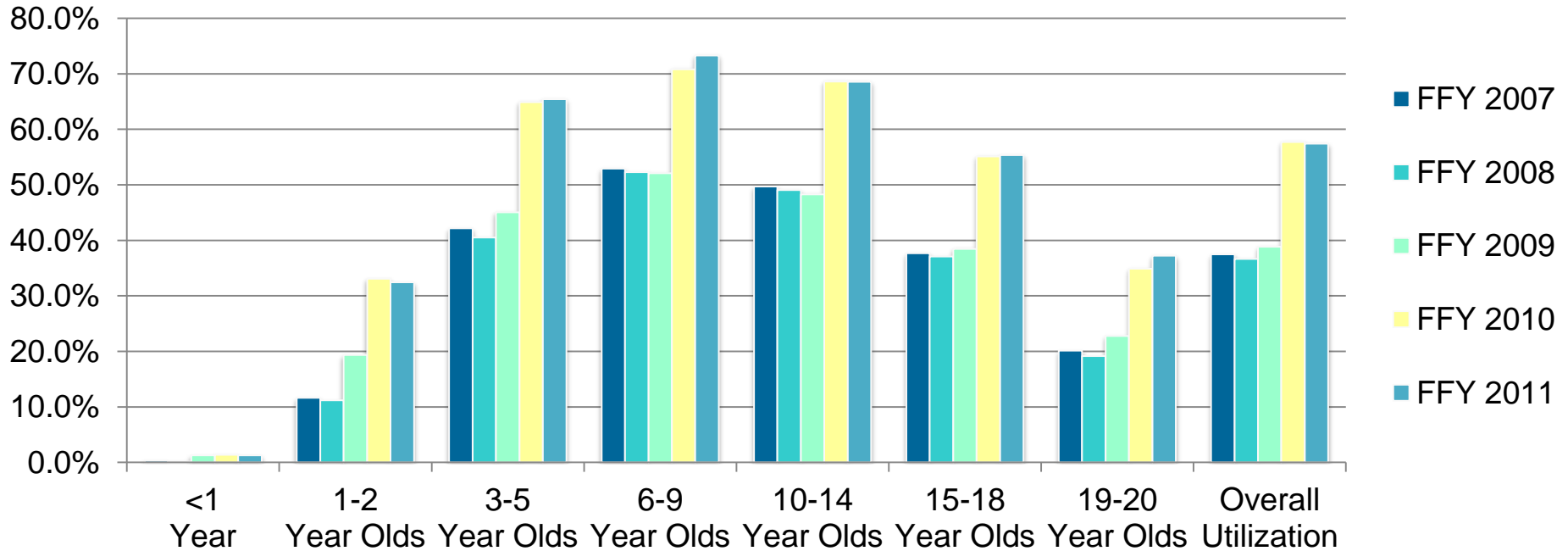
Oral Health Status of Connecticut's Children 2007 vs. 2010

		Percent With ...			
		Decay Experience	Untreated Decay	Rampant Decay	
Head Start	2007	31	20	12	- N=774 *
	2010	19	10	6	
	Change	-39%	-50%	-50%	
Kindergarten	2007	27	16	14	- N=8,410 *
	2010	29	13	9	
	Change	-7%	-19%	-36%	
3rd Grade	2007	41	18	14	
	2010	40	12	13	
	Change	-2%	-33%	-7%	

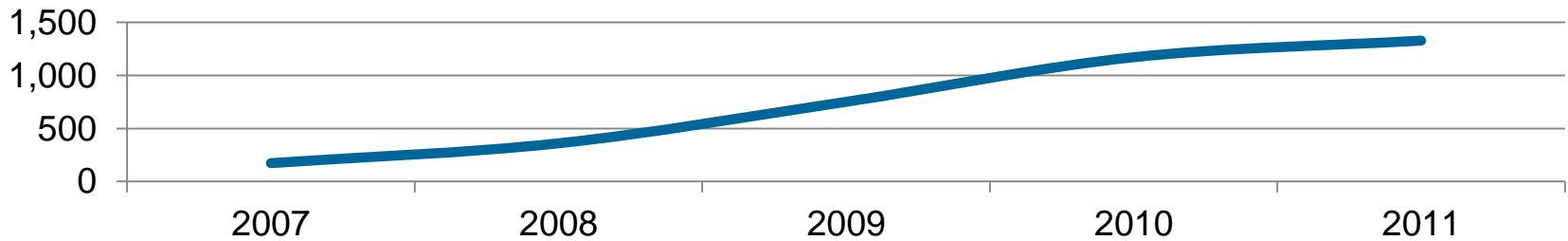
Source: Oral Health Status of Connecticut's Children, Every Child Counts Survey,
Connecticut State Department of Public Health,
April 2012 , Unpublished * 2010

Beneficiary Service Uptake Outcomes from Data Driven Outreach

Connecticut Pediatric Dental Utilization Rates by Age Band, 2007 – 2011



Individual Dentist Participation



Wash, Rinse, Repeat!

- Replicable Processes Drive Outcomes.
- Feedback Drives Quality.
- Segmentation and Data Assessment Improves Accuracy and Cost Effectiveness.

Success Measures

**CHILDREN'S DENTAL SERVICES IN THE HUSKY PROGRAM:
Program Improvements Led to Increased Utilization in 2009 and 2010**
- CT Voices for Children Report, November 2011

Report shows improvement in children's dental care
- WFSB-TV Channel 3 [local CBS affiliate], 3/14/2012

“REAL CHANGE IS POSSIBLE.”
- Sam Gosling, Professor; Social Psychology, University of Texas

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DentaQuest: Repeatable Success Implementing Outreach Strategies

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Jacqueline Clouse, National Outreach Specialist

Agenda

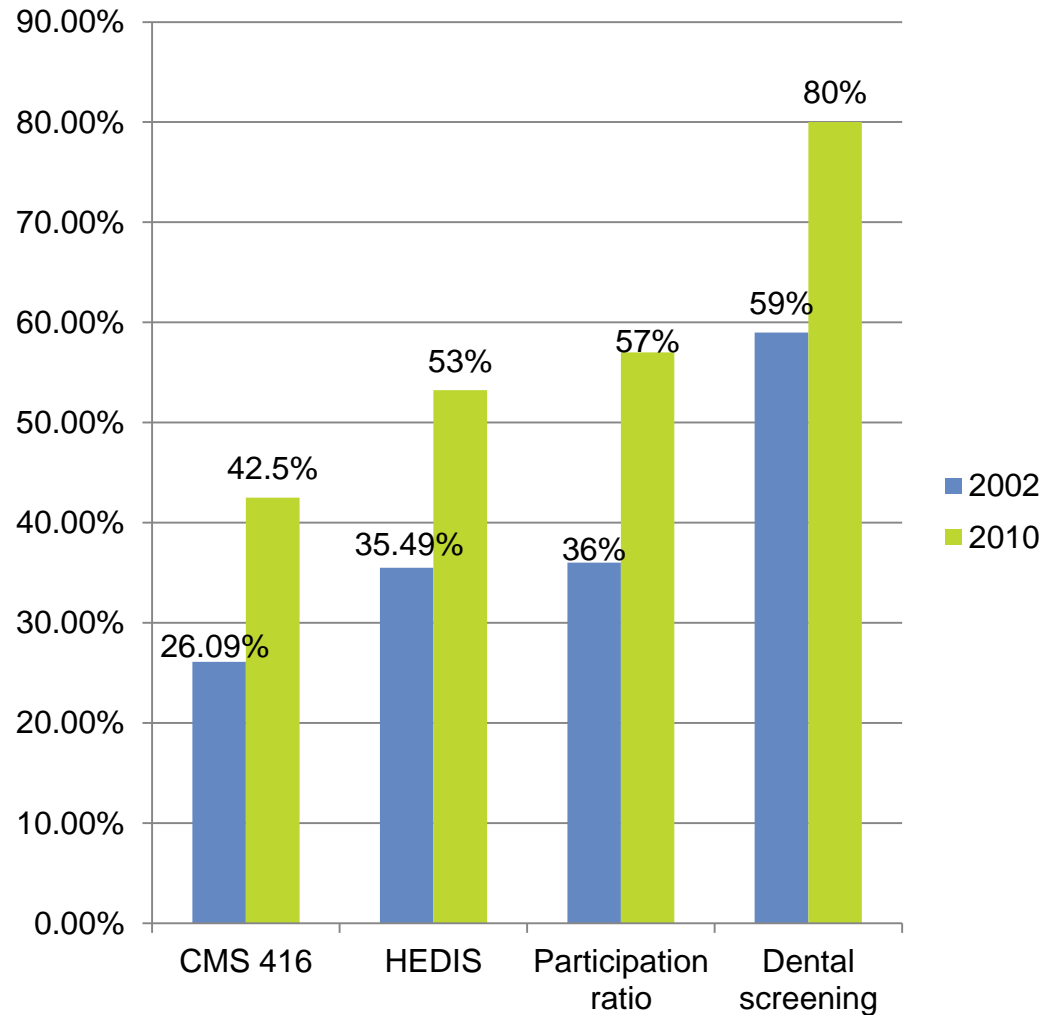
- About DentaQuest
- Outreach model
 - Tennessee carve-out
- Repeatable results
 - Virginia and Maryland carve-outs
- Role of provider network in increasing access

Tennessee Outreach Program Model

- TennCare program was under a court mandate to increase EPSDT access
- Worked closely with TennCare to develop a comprehensive outreach program
- Annual outreach plan included 15 components
 - Examples include:
 - Community collaboration
 - Training series
 - Non-compliant mailings
 - Outreach to target audiences such as teens, pregnant women
 - Mock Rx pads for PCPs
 - Attending community events
- Prototype used across all DentaQuest markets

Tennessee Outcomes

- Face-to-face interactions at community events increased from 1,000 in 2002 to 87,000 in 2010
- Through planning, on average 63.5% of event participants were TennCare members
- Community-based collaborations increased from 35 to 125
- Met the goals of the John B. Consent Decree



Improving Oral Health Through Access

Core Components of a Successful Outreach Program



1. Collaboration with community-based and advocacy groups
 - Serve as advocates of the Medicaid program



2. Beneficiary non-compliance campaigns
 - Postcard mailings
 - Phone calls
 - Brochures



3. Face-to-face beneficiary interaction
 - Reaches beneficiaries who may not respond to non-compliant campaigns

Virginia and Maryland Carve-outs

Challenges before carve-out

- Both contracted with seven managed care organizations
- Low member utilization
- Low provider participation
- Disruption to care for members switching from one MCO to another

Carve-outs implemented

- Virginia Smiles For Children in 2005
- Maryland Healthy Smiles in 2009

Addressing access issues

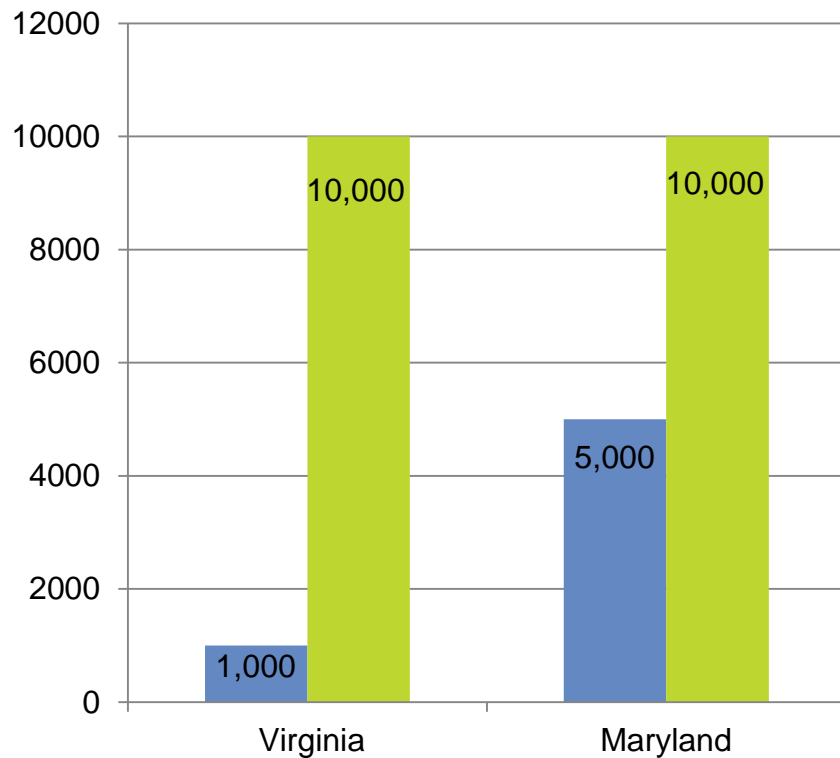
- Implement Tennessee outreach model with focus on three core components
- Grow provider networks

Today

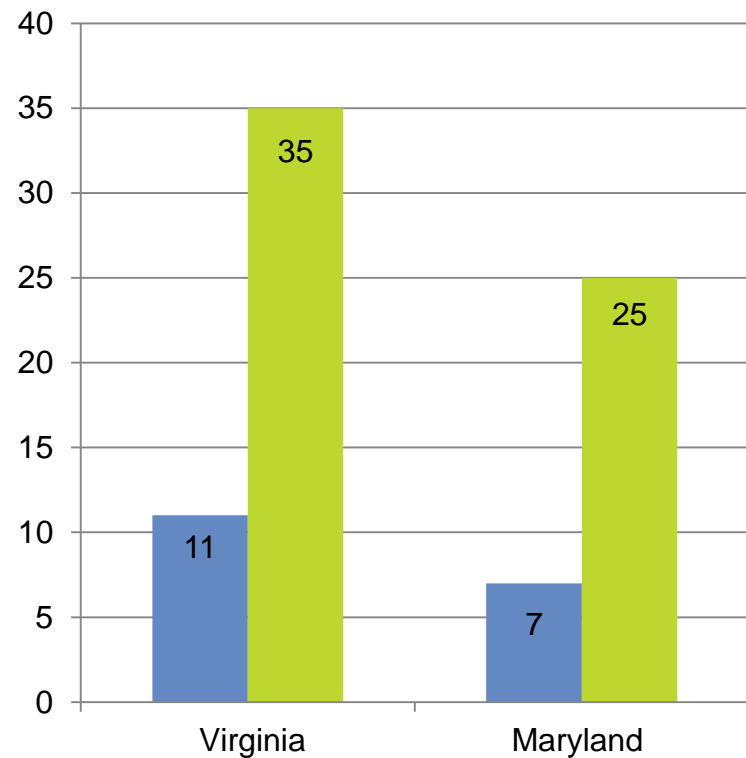
- Significant increases in utilization and provider participation
- Both featured in CMS report: *Innovative State Practices for Improving The Provision of Medicaid Dental Services*. Highlighted aspects of the programs that have helped increase access.

Face-to-face Meetings and Collaborations

Face-to-face Beneficiary Meetings



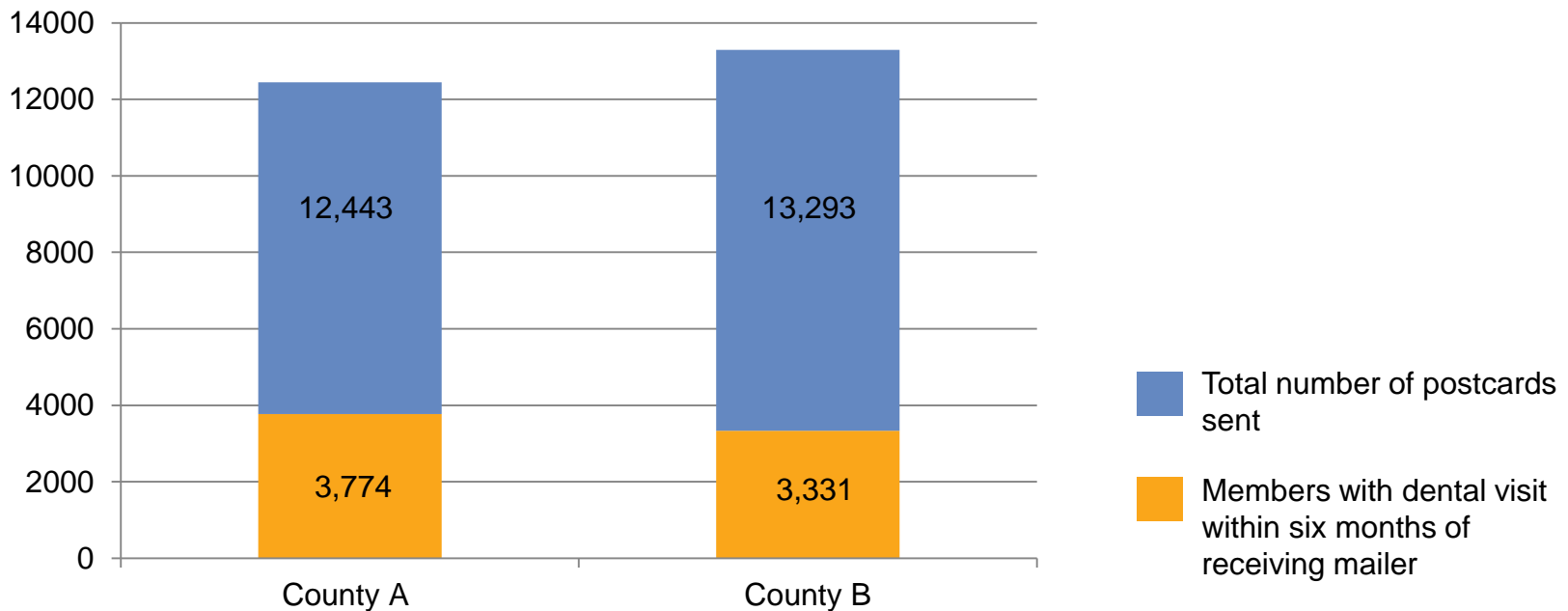
Community Collaborations



Start of program
Today

Non-compliance Campaigns

- Many factors taken into account when creating a non-compliance campaign
- Both states have conducted numerous campaigns
- Example: Targeted mailings in two Virginia counties with low utilization
 - Approximately 25-30% of members accessed services after receiving just one postcard



Sample Collateral



Did you know that dentists have a chart that says when you and your family should be seen? The chart also tells the dentist what to look for at each dental visit. Here is a chart for you that tells you when to see the dentist and what the dentist will do each time you visit. It is based on the American Academy of Pediatric Dentistry Periodicity Schedule.

When to see the dentist and what the dentist will do.

Everybody is different and every mouth is different. This chart only suggests when and why you should see the dentist. It is important that you talk with your dentist to figure out what is best for you and your family. The best plan is to find a dentist that you like and trust, see the dentist every 6 months and stay with that dentist so that they can watch you and your family's oral health as you all grow and change.

If you do not have a dentist, call this number for help finding one: 1.800.508.6781

6 & 12 MONTHS

Regular oral examination. The dentist will look at how the mouth is growing and developing. Take your child to the dentist when the first tooth comes in. You will learn how to take care of your baby's mouth. You are the key to helping your child have a healthy mouth and healthy oral habits.

Examination for cavities and the risk for cavities. All teeth, including baby teeth can get cavities. See the dentist to find out how to prevent cavities.

X-rays (Radiographs). The dentist will look in the mouth and decide when x-rays are needed. The dentist will only recommend x-rays when necessary.

Cleaning and polishing (prophylaxis) and fluoride. The dentist will do an exam and decide how often to clean the teeth and how often to put fluoride on the teeth. Fluoride is a mineral that reduces cavities.

Information, education and advice about oral care, speech, growth and development, eating, mouth injury prevention, oral habits like thumb sucking and pacifiers. Your dentist will talk to you about how to take care of your child's mouth as he/she grows. The dentist will also talk about preventing mouth injuries from pacifiers, car seats, learning to walk, and playing. The dentist will talk about thumb sucking and pacifiers and when to help your child stop those habits.

12 & 24 MONTHS

Regular oral examination. Keep visiting the dentist every 6 months for a check-up. You will continue to learn how to take care of your child's mouth.

Examination for cavities and the risk of cavities. The dentist will continue to watch for cavities and change in the mouth that may cause cavities.

X-rays (Radiographs). The dentist will only recommend x-rays when necessary.

Cleaning and polishing (prophylaxis) and fluoride. The dentist will do an exam and decide how often to clean the teeth and how often to put fluoride on the teeth. Fluoride is a mineral that reduces cavities.

Information, education and advice about oral care, speech, growth and development, eating, mouth injury prevention, and oral habits. Your dentist will talk with you about how to take care of your child's mouth, healthy snacks and other healthy tips. Your dentist will talk with you about how your child is learning to talk to make sure the mouth is growing correctly. The dentist will also talk about preventing mouth injuries at this age.

DentaQuest

EPSDT periodicity schedule brochure



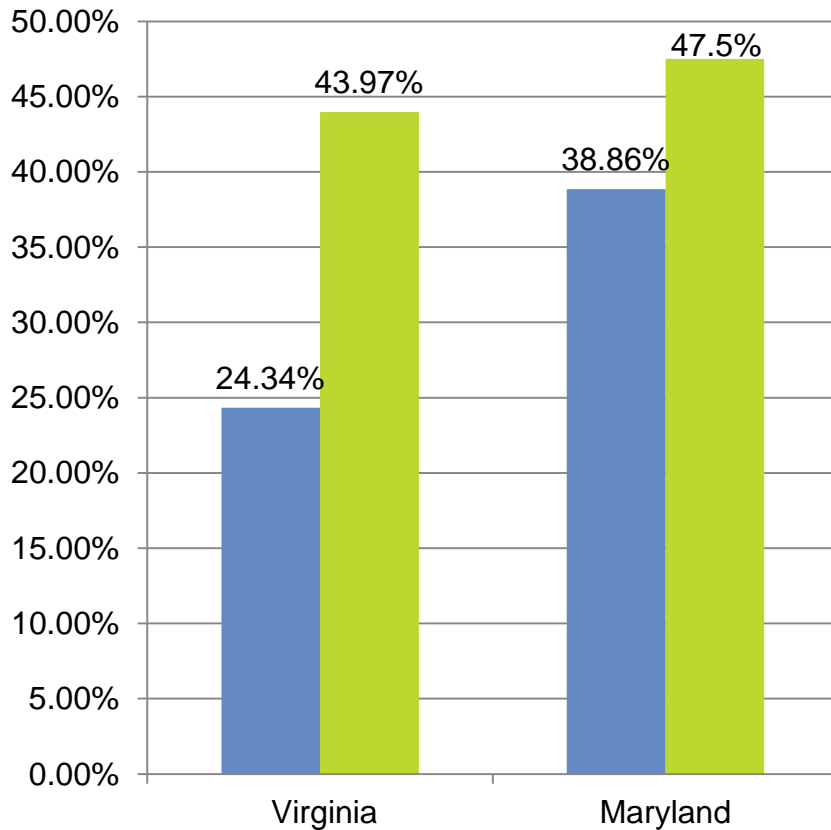
Smiles For Children
Improving Dental Care Access Everywhere

Outreach postcard

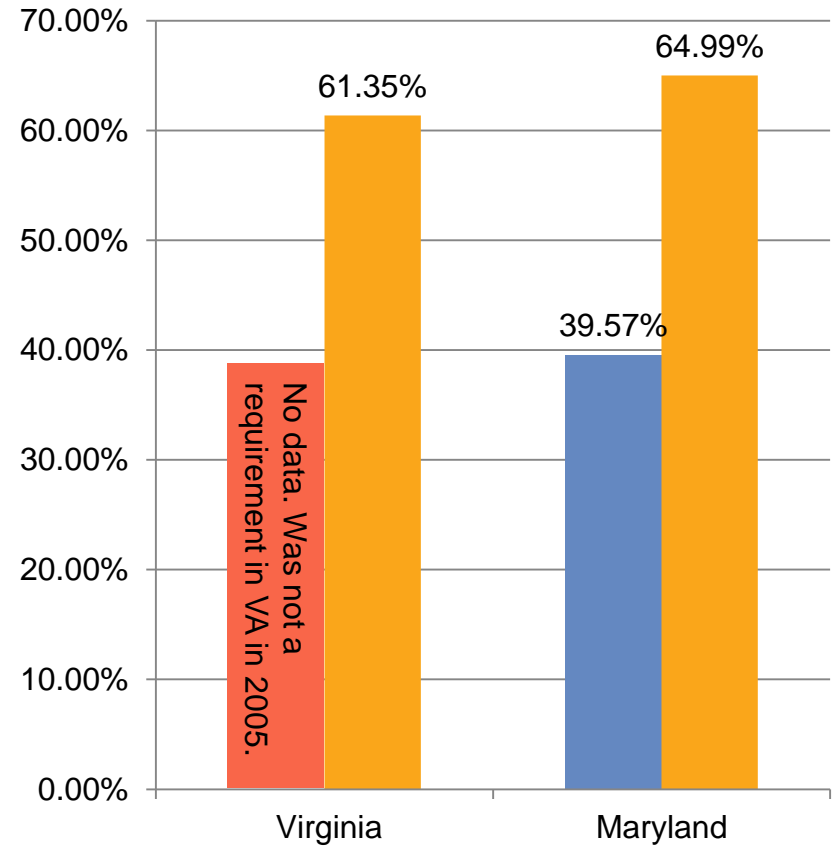
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Outcomes: CMS 416 Access and HEDIS

Total Eligibles Receiving Any Dental Service (12a of CMS 416 form)



HEDIS Annual Dental Visit Measure

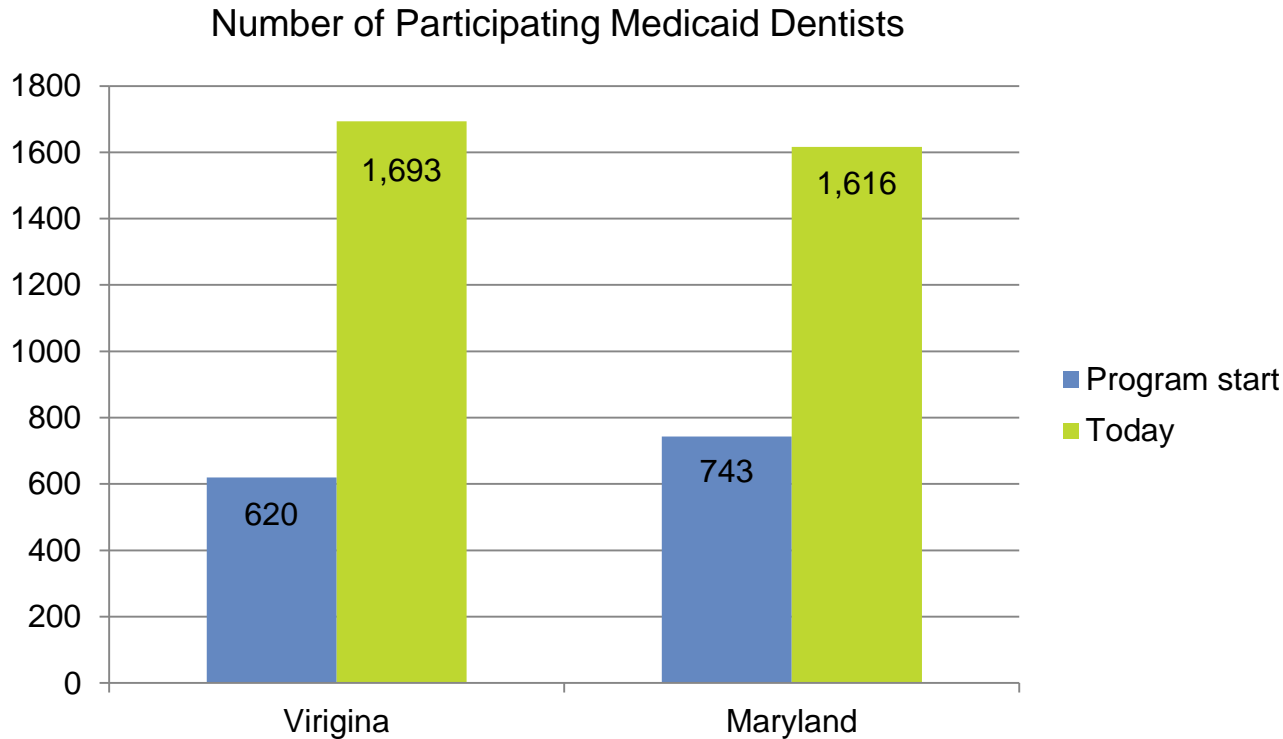


Start of program 2010* 2011*

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*Most recent data

Role of Network in Increasing Access



- Growing network equally important as outreach
- More than doubled the number of participating dentists in both markets
- Vast majority of providers are actively treating members

Thank You

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