



STATE ORAL HEALTH ACTION PLAN (SOHAP) TEMPLATE FOR MEDICAID AND CHIP PROGRAMS

STATE: Michigan

PROGRAM TYPE ADDRESSED IN TEMPLATE: MEDICAID ONLY COMBINED MEDICAID AND CHIP

STATE MEDICAL DENTAL PROGRAM LEAD: NAME: Nancy Gurzick E-MAIL: gurzickn@michigan.gov PHONE: 517-373-3194

This State Oral Health Action Plan (SOHAP) template is for use by states participating in the CMS Oral Health Initiative (OHI) Learning Collaborative. It includes a simplified framework for planning and evaluating state-specific strategies to improve utilization of preventive dental services by children enrolled in Medicaid or CHIP, consistent with the following CMS national children's oral health improvement goals:

- Increase the proportion of children ages 1-20 enrolled in Medicaid or CHIP for at least 90 continuous days who receive a preventive dental service by 10 percentage points between FFY2011 and FFY2015; and
- Increase the proportion of children ages 6-9 enrolled in Medicaid or CHIP for at least 90 continuous days who receive a dental sealant on a permanent molar tooth by 10 percentage points over five-year period (baseline year TBD).

Technical assistance provided through the OHI Learning Collaborative will support each state to use this template and a subsequent Plan-Do-Study-Act (PDSA) template. The SOHAP template guides each state through the following activities:

1. Describing and assessing the state's Medicaid dental delivery system, including: (a) its structure, (b) current workforce participation, (c) dental reimbursement rates, (d) opportunities and resources conducive to improved dental service utilization, and (e) key barriers to preventive service utilization;
2. Identifying key drivers of change and interventions needed to meet the CMS goals, using a driver diagram;
3. Determining the resources needed for intervention implementation, and from where those resources will come;
4. Anticipating barriers to each intervention, and identifying potential solutions and the technical assistance needed to overcome them; and
5. Creating plans to assess the success of each intervention and subsequent achievements of drivers, including the data needed to do so.



SOHAP Template

Please complete this template in its entirety as a Word document, attaching separate documentation (e.g., historical utilization reports, previous strategic plans, etc.) as you think it would add value to the completed SOHAP. Feel free to add rows to each table as needed.

1. Overview and Assessment of State Medicaid Dental Delivery System

A. Structure of Dental Delivery System

	YEAR IMPLEMENTED	NUMBER OF CHILDREN CURRENTLY ENROLLED IN MEDICAID/CHIP ¹	NAMES OF PLANS CONTRACTED WITH PROGRAM
Fee-for-Service			
Administered by the state agency, including carved out of medical managed care	1967	472,344	FFS
Administered by a contractor, including carved out of medical managed care			
Administered by a contractor, but carved in to medical managed care			
Other fee-for-service (<i>please describe</i>): _____			
Dental Managed Care			
Carved in to medical managed care	1998	37,344	MICHILD PROGRAM
Carved out of medical managed care			
Other dental managed care (<i>please describe</i>): Healthy Kids Dental Program-DBA-Delta Dental	2000	565,000	HEALTHY KIDS DENTAL(WAIVER)

¹ Include date, and distinction between Medicaid and CHIP enrollees, where applicable.



	YEAR IMPLEMENTED	NUMBER OF CHILDREN CURRENTLY ENROLLED IN MEDICAID/CHIP ¹	NAMES OF PLANS CONTRACTED WITH PROGRAM

B. Dental Workforce

i. Participating Dental Providers (“Participating” = submitted at least one claim; “Active” = submitted at least \$10,000 in **paid** claims):

PROVIDER TYPE	YEAR OF DATA	NUMBER LICENSED IN STATE	PRIMARY DENTAL DELIVERY SYSTEM TYPE:		SECONDARY DENTAL DELIVERY SYSTEM TYPE:	
			FFS		MCO-HKD-2014	
			# PARTICIPATING	# ACTIVE	# PARTICIPATING	# ACTIVE
Dentists (general)	2013	7,577			3,706	1,305
Dental Hygienists	2013	10,216				
Other Mid-Level Dental Provider						
Dental Specialists (enumerated by type)	2013	1,081	PEDO-47 OS-77 ORTHO-21 PROS-1 ENDO-4 PERIO-2 152-TOTAL		PEDO-113 OS-140 ORTHO-15 PROS-12 ENDO-81 PERIO-48 409-TOTAL	PEDO-99 OS-86 ORTHO-1 PROS-1 ENDO-29 PERIO-2 218-TOTAL

ii. Participating Non-Dental (Medical) Professionals Providing Dental Services (“Participating” = submitted at least one claim; “Active” = submitted at least \$10,000 in **paid** claims):



PROVIDER TYPE	YEAR OF DATA	NUMBER LICENSED IN STATE	NUMBER PARTICIPATING	NUMBER ACTIVE	REIMBURSEMENT FOR ORAL HEALTH SERVICES (PAYMENT RATE OR NO)	NUMBER OF PROVIDERS DELIVERING ORAL HEALTH SERVICES
MDs/DOs(providing oral health services-oral screenings and fluoride varnish-ages 0-3) We are unable to separate the provider types	2013		49		\$14.89-D0190 \$9.00-D1206	49
Nurse Practitioners						
Physician Assistants						
Other Non-Dental, Mid-Level Providers						

*C. Dental Service Reimbursement Rates *two rates reflect < age 19 rate/ >age 19 rate*

CODE	SERVICE	CURRENT REIMBURSEMENT RATE-FFS	HKD RATES	PLANS TO ADJUST
D0120	Periodic Oral Exam	\$14.89	\$28.00	CURRENTLY BEING EVALUATED
D0140	Limited Oral Evaluation, problem-focused	\$14.89	\$44.00	CURRENTLY BEING EVALUATED
D0150	Comprehensive Oral Exam	\$18.90	\$45.00	CURRENTLY BEING EVALUATED
D0210	Complete X-rays with Bitewings	\$40.95/\$25.62*	\$79.00	CURRENTLY BEING EVALUATED
D0272	Bitewing X-rays – two films	\$12.60/\$9.35*	\$24.00	CURRENTLY BEING EVALUATED
D0330	Panoramic X-ray film	\$17.56	\$73.00	CURRENTLY BEING EVALUATED
D1120	Prophylaxis (cleaning)	\$19.53	\$54.00	CURRENTLY BEING EVALUATED



CODE	SERVICE	CURRENT REIMBURSEMENT RATE-FFS	HKD RATES	PLANS TO ADJUST
D1208	Topical Fluoride (excluding cleaning)	\$13.23	\$24.00	CURRENTLY BEING EVALUATED
D1206	Topical Fluoride Varnish	\$13.23/\$9.00*	\$25.00	CURRENTLY BEING EVALUATED
D1351	Dental Sealant	\$15.12	\$29.00	CURRENTLY BEING EVALUATED



D. Opportunities and Resources Conducive to Improved Preventive Dental Service Utilization

Describe opportunities or resources in your state (e.g., political/legislative support, changes in reimbursement, scope of practice laws, stakeholder support, etc.) that could support increased preventive dental service access and utilization among children enrolled in Medicaid or CHIP:

- Michigan's Governor is very supportive of oral health.
- Current department and legislative discussions regarding expansion of HKD statewide, Managed Care re-bid, and potential reimbursement rate change.
- A dental-specific periodicity schedule was implemented as of November 1, 2014.
- Altarum Innovation Grant Project-focus on reducing the burden of childhood dental disease (3 year project) in partnership with MDHHS, Delta Dental, and UM. Strategic goals include: Target Preventive Services to High-Risk Children; Improve the Processes and Tools for Providers; Implement a Statewide Dental Quality Monitoring Program; and Health Information Technology Integration. The most specific role of MDHHS is to assist with developing the risk assessment, and provide outreach and education to the community, parents, medical providers, etc., relative to implementing this tool.
- Mobile Dental Public Act, which will go into effect April 1, 2015, will provide more oversight and regulation of mobile providers which will hopefully improve access and utilization.
- A current pilot program in Marquette (provider shortage area) is training medical providers in the county health departments to do screenings and fluoride varnish.
- Michigan Dental Hygienist Association (MDHA) legislative goal to expand supervision laws for RDHs.
- Increase utilization of PA-161 programs to include other place of service such as pediatric offices and clinics.
- The Maternal and Infant Health Program (MIHP) and PEW have a contract to research the oral health landscape in Michigan and workforce impact on prevention.
- The MDHHS Oral Health Workgroup was formed under the directive of MDHHS Director James Haveman in August/2014 to identify care delivery, policy, financing and community factors that impact delivery of oral health care services in Michigan.
- The conclusion was 10 action steps toward a more coordinated and comprehensive approach to oral healthcare. The action steps identified by the Oral Health Workgroup that will impact the SOHAP are:
 - Expanding HKD for FY 2016
 - Payment reform modification (e.g. enhanced reimbursement for preventive dental services, pay-for-value structure)
 - Evaluating different strategies to activate Medicaid beneficiaries to seek preventive care.

E. Key Barriers to Preventive Dental Service Utilization

Describe the key barriers to preventive dental service utilization among children in your program, including those specific to certain geographic areas or demographic groups (e.g., by age or race/ethnicity), and/or to the specific service of dental sealant application:

- Remote areas of Michigan still have access issues even with the Healthy Kids Dental (HKD) program.
- 58 of Michigan's 83 counties are considered dental professional shortage areas.
- There is only one pediatric dentist in the Upper Peninsula (UP) and 3 in the upper half of the Lower Peninsula of Michigan, so travel to a specialist can be prohibitive for Medicaid beneficiaries.
- The Count Your Smiles Third Grade-Children with Caries Survey shows children with no dental coverage to have the highest caries rates in the Upper Peninsula and Northern Lower Peninsula where these provider shortages exist.
- Three of the largest counties in Michigan (Wayne, Oakland and Kent) do not have HKD.
- There is a dental provider shortage in the City of Detroit (located in Wayne County.) There are approximately 185,000 Medicaid eligible children in the city of Detroit to approximately 237 Medicaid enrolled dental providers in Wayne County, including specialists (118 in the city of Detroit).
- The prevalence of untreated caries was highest in the city of Detroit (41.9%).
- Supervision for RDHs is currently limited to dentists, which prevents additional dental care access opportunities.
- SEAL MI! has been a very successful program that is based on a 3 year grant-funded contract. Funding limitations prevents this program from statewide expansion at this time.



2. State-Specific Aims, Drivers of Change, and Interventions

Please complete the following two templates:

Driver Diagram Template 1

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	INTERVENTIONS
<p>Increase by 10 percentage points the proportion of children ages 1-20 enrolled in Medicaid or CHIP for at least 90 continuous days who receive a preventive dental service by FFY2015.</p>	<p>Expansion of the Healthy Kids Dental (HKD) Program statewide.</p>	<p>Engagement of legislators and other stakeholders to promote the expansion of Healthy Kids Dental to the three remaining counties</p>	<p>Educate legislators and other stakeholders on the benefits and the successful outcomes of HKD through face-to-face meetings and lobbying for expansion.</p>
		<p>Engagement of professional organizations and dental advocacy groups to support and promote expansion of HKD</p>	<p>Hold face-to-face and webinar educational presentations at the dental association state meeting, board of trustees meetings and local component meetings to encourage support of HKD expansion.</p>
		<p>Engagement of non-traditional (non-dental) stakeholders to support and promote expansion of HKD</p>	<p>Hold face-to-face and webinar educational presentations at schools, health centers, Head Start programs to promote HKD expansion.</p>
		<p>Collaboration of MDHHS and Delta Dental Corporate Citizenship and Philanthropy program to design beneficiary outreach programs to promote HKD utilization.</p>	<p>Hold face-to-face and webinar educational presentations in schools, community centers and other venues to educate parents/beneficiaries on the benefits and the importance of the HKD program. Provide multi-language educational literature and incentives.</p>

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	INTERVENTIONS
	Increase utilization of preventive dental services in the current Healthy Kids Dental Counties.	Identify dental provider “champions” within low utilization counties to help promote HKD program.	Implement an outreach program to connect beneficiaries who are not currently utilizing HKD dental services to providers in their area.
		Implement a state-wide Media campaign to promote HKD program.	Utilize Communications Director at MDHHS and Delta Dental to implement media campaign to promote HKD to the community.
		Target counties with the lowest HKD utilization and implement a more intensive outreach campaign	Utilize stakeholders and dental and dental hygiene associations at the local level to get the outreach program started.
		Engagement of DHS in promoting HKD through educational training sessions for staff.	Hold face-to-face and webinar presentations for staff. Provide educational brochures, posters and other information in multiple languages for distribution to parents and beneficiaries at DHS offices.
	Increase preventive dental service delivery utilizing alternative settings.	Engagement of medical providers to provide oral health screenings and refer to school-based dental clinics and mobile facilities.	Partner with Altarum to design a referral program for medical providers to connect children to dental providers in the community to provide preventive dental services.
		Expand the number of PA-161 programs operating in HKD counties to increase the number of preventive dental services.	Implement MOA agreements within PA-161 Programs to provide prevention services in medical offices by partnering medical providers, supervising dentists and dental hygienists.

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	INTERVENTIONS
		<p>Increase the use of Mobile Dental facilities to provide care in alternative settings. (PA-100 of 2014-Mobile Dental Law)</p>	<p>Incentivize Mobile providers and PA-161 programs to provide prevention services in school-based programs, health centers, and head start programs. (TBD)</p>

Driver Diagram Template 2

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	INTERVENTIONS
<p>Increase by 10 percentage points the proportion of children ages 6-9 enrolled in Medicaid or CHIP for at least 90 continuous days who receive a dental sealant on a permanent molar tooth.</p>	<p>Increase number of dental sealants applied by expanding the Healthy Kids Dental (HKD) statewide.</p>	<p>Engagement of legislators and other stakeholders to promote the expansion of Healthy Kids Dental to the three remaining counties</p>	<p>Educate legislators and other stakeholders on the benefits and the successful outcomes of HKD through face-to-face meetings and lobbying for expansion.</p>
		<p>Engagement of professional organizations and dental advocacy groups to support and promote expansion of HKD</p>	<p>Hold face-to-face and webinar educational presentations at the dental state meeting, board and local component meetings.</p>
		<p>Engagement of non-traditional (non-dental) stakeholders to support and promote expansion of HKD</p>	<p>Hold face-to-face and webinar educational presentations at schools, health centers, Head Start programs. Use of media campaigns</p>
	<p>Expand the SEAL Michigan program to provide sealants in elementary schools throughout Michigan.</p>	<p>Engagement of School nurses and social workers to promote school sealant programs.</p>	<p>Educate school nurses and social workers on the value of sealants and provide educational materials on sealants for parents.</p>
		<p>Increase sealant placements in schools by mobile providers and PA-161 programs.</p>	<p>Regulate place of service sites to ensure state-wide coverage of mobile providers and PA-161 programs.</p>
		<p>Increase the HRSA Oral Health Workforce Grant utilized by the SEAL MI Program allowing for expansion of this program. (TBD)</p>	<p>Seek additional grant funding to support expansion of sealant program. Encourage programs to apply for the Seal of Approval Program (SOAP) (TBD)</p>

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	INTERVENTIONS
	Increase sealant placement by dental providers in existing HKD counties.	Engagement of dental schools and dental hygiene programs in HKD counties to provide sealant placement services	Provide Medicaid and Delta Dental enrollment assistance to schools as well as training on Medicaid billing procedures.
		Connect with HKD dentists with low sealant placement rates to motivate and encourage sealants.	Inform dentists of their low sealant placement rates in comparison to others and incentivize by showing how increasing this service could increase revenue as well as providing a valuable prevention service for the beneficiaries.
		Removing tangible and intangible barriers to sealant placement for HKD providers.	Do a focus study with providers to learn reasons for lack of sealant recommendation and/or placement.
	Increased parent/beneficiary awareness and appreciation of the benefits of sealants and utilization of the HKD benefit.	Give presentations in schools, community centers and other venues to educate parents/beneficiaries.	Use of Media and educational materials to raise awareness and dental health literacy.