



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

STATE: Utah

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

STATE MEDICAL DENTAL PROGRAM LEAD:

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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 | | 54,404 Medicaid/0 CHIP | Medicaid FFS |
| Administered by a contractor, including carved out of medical managed care | | N/A | |
| Administered by a contractor, but carved in to medical managed care | | N/A | |
| Other fee-for-service (<i>please describe</i>): _____ | | N/A | |
| Dental Managed Care | | | |
| Carved in to medical managed care | 2013 | 129,245 Medicaid/14,893 | Medicaid: Premier Access and Delta Dental CHIP: Premier Access and DentaQuest |
| Carved out of medical managed care | | N/A | |
| Other dental managed care (<i>please describe</i>): | | N/A | |

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

B. Dental Workforce

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

| PROVIDER TYPE | YEAR OF DATA | NUMBER LICENSED IN STATE | PRIMARY DENTAL DELIVERY SYSTEM TYPE: FFS | |
|---|--------------|--------------------------|--|----------|
| | | | # PARTICIPATING | # ACTIVE |
| Dentists | 2014 | 2064* | 406 | 252 |
| Dental Hygienists | 2014 | 2241* | N/A | N/A |
| Other Mid-Level Dental Provider | N/A | N/A** | N/A | N/A |
| Dental Specialists (enumerated by type) | N/A | N/A*** | N/A | N/A |

* Numbers provided by Division of Operational Practice Licensing for dentists and dental hygienists living in and licensed in Utah.

**Utah does not license mid-level dental providers.

***Utah Medicaid does not collect data for dental specialists.

Dental Workforce DentaQuest & Premier Access (CHIP)*

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

| PROVIDER TYPE | YEAR OF DATA | NUMBER CONTRACTED | SECONDARY DENTAL DELIVERY SYSTEM TYPE: <u>CHIP MANAGED CARE</u> | |
|---|---------------|-------------------|--|------------|
| | | | # PARTICIPATING | # ACTIVE |
| Dentists (general) | 9/2013-8/2014 | 654 | 559 | 95 |
| Dental Hygienists | 9/2013-8/2014 | 0 | 0 | 0 |
| Other Mid-Level Dental Provider | 9/2013-8/2014 | 0 | 0 | 0 |
| Dental Specialists (enumerated by type) | 9/2013-8/2014 | 211 | 95 | 116 |
| Endodontist | 9/2013-8/2014 | 6 | 5 | 1 |

| PROVIDER TYPE | YEAR OF DATA | NUMBER CONTRACTED | SECONDARY DENTAL DELIVERY SYSTEM TYPE: | |
|-------------------|---------------|-------------------|--|----------|
| | | | <u>CHIP MANAGED CARE</u> | |
| | | | # PARTICIPATING | # ACTIVE |
| Oral Surgeon | 9/2013-8/2014 | 39 | 23 | 16 |
| Orthodontist | 9/2013-8/2014 | 55 | 41 | 14 |
| Pediatric Dentist | 9/2013-8/2014 | 108 | 23 | 85 |
| Periodontist | 9/2013-8/2014 | 3 | 3 | 0 |

Dental Workforce Delta Dental & Premier Access (Medicaid)*

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

| PROVIDER TYPE | YEAR OF DATA | NUMBER CONTRACTED | SECONDARY DENTAL DELIVERY SYSTEM TYPE | |
|---|---------------|-------------------|---------------------------------------|----------|
| | | | <u>MEDICAID MANAGED CARE</u> | |
| | | | # PARTICIPATING | # ACTIVE |
| Dentists (general) | 9/2013-8/2014 | 491 | 205 | 286 |
| Dental Hygienists | 9/2013-8/2014 | 0 | 0 | 0 |
| Other Mid-Level Dental Provider | 9/2013-8/2014 | 0 | 0 | 0 |
| Dental Specialists (enumerated by type) | 9/2013-8/2014 | 171 | 122 | 49 |
| Endodontist | 9/2013-8/2014 | 10 | 9 | 1 |
| Oral Surgeon | 9/2013-8/2014 | 35 | 12 | 23 |
| Orthodontist | 9/2013-8/2014 | 30 | 13 | 17 |
| Pedodontist | 9/2013-8/2014 | 95 | 14 | 81 |
| Periodontist | 9/2013-8/2014 | 1 | 1 | 0 |

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

| PROVIDER TYPE | YEAR OF DATA | NUMBER LICENSED IN STATE | NUMBER PARTICIPATING | NUMBER ACTIVE | REIMBURSEMENT FOR DENTAL SERVICES (PAYMENT RATE OR NO) | NUMBER OF PROVIDERS DELIVERING DENTAL SERVICES |
|---------------------------------------|--------------|--------------------------|----------------------|---------------|--|--|
| MDs/Dos | 2014 | 6,983 | 26 | 1 | \$27,406.56 | 27 |
| Nurse Practitioners | 2014 | 1,904 | N/A | N/A | N/A | N/A |
| Physician Assistants | 2014 | 1,057 | N/A | N/A | N/A | N/A |
| Other Non-Dental, Mid-Level Providers | 2014 | N/A | N/A | N/A | N/A | N/A |

*Numbers for participating and active providers reflect FFS and Managed Care. Numbers for providers licensed in state reflect those providers living in and licensed in Utah.

C. Dental Service Reimbursement Rates

| CODE | SERVICE | CURRENT REIMBURSEMENT RATE | PLANS TO ADJUST |
|-------|---|----------------------------|----------------------------------|
| D0120 | Periodic Oral Exam | \$17.77 | NO CURRENT PLANS TO ADJUST |
| D0140 | Limited Oral Evaluation, problem-focused | \$20.63 | NO CURRENT PLANS TO ADJUST |
| D0150 | Comprehensive Oral Exam | \$26.35 | NO CURRENT PLANS TO ADJUST |
| D0210 | Complete X-rays with Bitewings | \$57.28 | NO CURRENT PLANS TO ADJUST |
| D0272 | Bitewing X-rays – two films | \$17.77 | NO CURRENT PLANS TO ADJUST |
| D0330 | Panoramic X-ray film | \$46.68 | NO CURRENT PLANS TO ADJUST |
| D1120 | Prophylaxis (cleaning) | \$28.63 | NO CURRENT PLANS TO ADJUST |
| D1208 | Topical Application of Fluoride – excluding varnish | \$13.19 | TO BE ADJUSTED 7/1/2015. * |
| D1206 | Topical Application of Fluoride Varnish | TBD | TO BE COVERED EFFECTIVE 7/1/2015 |
| D1351 | Dental Sealant | \$21.77 | NO CURRENT PLANS TO ADJUST |

*D1208 will no longer be covered effective 7/1/2015. The reimbursement rate above is reflective of the reimbursement rate until that time.

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:

Opportunities and resources conducive to improved preventive dental service utilization include Utah Medicaid's current reimbursement for the application of fluoride varnish as part of a well-child exam for children birth through 3 years. In 2012 Utah reported 935 children who received this service. This decreased to 602 children in 2013. At that time Utah Medicaid heard from providers who billed Accountable Care Organizations (ACO) that they had been denied payment for the service. By working with the ACOs, providers and community partners, Utah Medicaid can assist to increase utilization of this preventive dental service for children enrolled in Medicaid and CHIP.

The Managed Care Quality Strategy includes the Quality Improvement Council (QIC) which will assess and recommend quality improvement measures for the managed care dental plans as needed. Members of the QIC include quality improvement representatives from each of the managed care plans and Utah Medicaid staff. Representatives from the dental managed care plans will convene in May 2015 to explore additional quality measures for the dental plans to report in 2016. We believe this will support increased utilization of and/or access to preventive dental services among children enrolled in managed care dental plans.

There are many dental services provided by community organizations throughout Utah that are provided for free and not billed to Medicaid. The compilation of a list of these activities will provide greater insight into the breadth of these services. It will also assist in exploring opportunities to collect this data for preventive dental services which are already occurring but not currently reported to the State. The collection of this data will not be reflected in the CMS 416 report unless the services are billed to Medicaid.

Dr. Kim Michelson, State Dental Director, has proposed policy changes for caries risk assessment which will increase access and utilization of this preventive dental service by children enrolled in Medicaid or CHIP if approved by the Policy Committee at the Division of Medicaid and Health Financing. These proposed policy changes include increasing the frequency of caries risk assessment for children at high risk of caries to every 3 months from birth to age 4 as recommended by the American Academy of Pediatric Dentistry. Current policy allows this every 6 months for children from birth to age 3.

Utah Medicaid recognizes that by coordinating with community partners the number of children in Medicaid or CHIP who receive preventive dental services can be increased. The Utah Team has identified WIC, Head Start, Help Me Grow, Sealants for Smiles and Community Health Connect as community partners to coordinate with. Within the SOHAP interventions Utah Medicaid will work to identify areas of coordination with these organizations which align with the aims of the SOHAP.

Utah recently participated in the Children’s Health Insurance Program Reauthorization Act (CHIPRA) grant. Utah is in the process of applying for an extension of this grant. If Utah receives an extension, the Utah team will analyze the availability of a part of the funding to be applied to the interventions found in Utah’s SOHAP. Interventions that would primarily benefit from these funds include a survey of providers and parents about barriers to dental services and educational materials and outreach to community partners and Utah Medicaid members.

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:

A key barrier to preventive dental service utilization in Utah is the ability to collect data for all of the preventive dental services being delivered. Utah Medicaid is aware of many community organizations that provide preventive dental services in communities throughout the state but currently has no mechanism for collecting data about these activities. Data collection has also been a challenge for the dental managed care plans as their contracts recently started in 2013.

Another barrier is access to oral health care for children in Utah. This is particularly true for children in rural areas. Access is challenging due to travel, limited providers, lack of understanding and awareness of the importance of oral health.

Utah Medicaid believes that barriers also exist in some of the dental managed care plans. One barrier is the assignment of primary dentists to members in the managed care plans. This assignment takes the choice of provider away from the member and can present access challenges. Capitation rates versus fee-for-service payment for dental providers have also been problematic in affecting the preventive dental services offered to members. Utah Medicaid is in the process of determining if this system prevents the provision of preventive dental services to members by inadvertently encouraging capitated dental providers to not provide as many services as possible to their Medicaid patients.

There are several key areas which Utah Medicaid will evaluate to determine what barriers exist to achieving the SOHAP aims. Utah Medicaid will evaluate what barriers prevent families from seeking preventive dental services, receiving sealants and receiving fluoride varnish in a well-child visit by conducting a survey of providers and parents concerning these issues. Barriers to data collection and data integrity for all of the aims will be evaluated by workgroups comprised of internal and external stakeholders.

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

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>Increased motivation of parents to seek preventive dental services for their children.</p> | <p>Improved awareness among parents of children enrolled in Medicaid or CHIP of the dental benefits available for their children.</p> | <p>Coordinate with managed care dental plans to educate parents of children enrolled in Medicaid or CHIP about their children's dental benefits.</p> |
| | | <p>Reduction/removal of barriers that prevent families from seeking these services (as determined by survey noted in Section E).</p> | <p>Examine and adopt oral health education materials to be shared with members through the local health departments, mailings, the Medicaid Member Guide, and Head Startⁱ.</p> |
| | | <p>Increased knowledge and motivation among medical providers around the need to make recommendations for preventive dental services.</p> | <p>TBD based on barriers ultimately identified.</p> |
| | <p>Increased number of recommendations from medical providers for preventive dental services for children enrolled in Medicaid or CHIP.</p> | <p>Increased knowledge and motivation among medical providers around the need to make recommendations for preventive dental services.</p> | <p>Coordinate with Utah governing associations (Utah Medical Association, Utah Academy of Family Physicians, Utah Academy of Pediatrics, Utah Nurses Association, and Utah Nurse Practitioners) to provide this educational information to medical providers.</p> |
| | <p>Improved data collection and data integrity.</p> | <p>Reduction/removal of barriers to data collection and data integrity within Managed Care and Fee-for-Service (as determined by activities mentioned in Section E).</p> | <p>TBD based on barriers ultimately identified.</p> |
| | <p>Increased provision of topical application of fluoride varnish by dental providers.</p> | <p>Increased opportunity for dental providers to be reimbursed for applying fluoride varnish with greater frequency.</p> | <p>Coordinate with internal staff at Utah Medicaid to revise the policy related to this service and obtain approval from the DMHF Policy Committee to allow utilization of D1206ⁱⁱ.</p> |
| | | | <p>Talk to managed care dental plan representatives at the May 2015 Quality Improvement Council meeting regarding current quality measures and new quality measures (potentially to include fluoride varnish application).</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>Greater frequency allowed for caries risk assessment of children enrolled in Medicaid or CHIP.</p> | <p>Increase frequency of this assessment allowed in Utah Medicaid policy.</p> | <p>Implement Utah Medicaid policy changes to increase the frequency allowed for D0120 and D1120ⁱⁱⁱ.</p> |
| | | <p>Increase awareness of providers around allowances and benefits of providing caries risk assessment for children.</p> | <p>Provide support to and coordinate with providers regarding utilization of caries risk assessment for children (include FFS providers and Managed Care plans).</p> |
| | <p>Improved data collection and improved data integrity.</p> | <p>Identification of barriers that prevent improved data collection and data integrity as determined by survey or other method noted in Section E.</p> | <p>TBD based on barriers ultimately identified.</p> |
| | <p>Increased motivation of parents of Medicaid and CHIP children to seek sealants on permanent molar teeth for children ages 6-9 if it is needed.</p> | <p>Increased awareness among parents of children enrolled in Medicaid or CHIP of the importance of dental sealants for their children.</p> | <p>Examine and adopt oral health education materials to be shared with members through the local health departments, mailings, the Medicaid Member Guide, Head Start and Sealants for Smiles.</p> |
| | | | <p>See Section E to determine barriers that exist for children receiving this service.</p> |
| | | | <p>Identify partners to assist with conducting member outreach and how to most effectively reach members.</p> |

Driver Diagram Template 3

| AIM | PRIMARY DRIVERS | SECONDARY DRIVERS | INTERVENTIONS |
|--|--|---|---|
| <p>Increase by 2 percentage points the proportion of children ages 1-4 enrolled in Medicaid or CHIP for at least 90 continuous days who receive fluoride varnish applications as part of a well-child visit in FFY 2016.</p> | <p>Increased motivation of medical providers to apply fluoride varnish during well-child visits.</p> | <p>Removal of barriers that present challenges to medical providers to be reimbursed for application of fluoride varnish during well-child visits.</p> | <p>Open CPT code 99188 with the approval of the DMHF Policy Committee. Code may have a limit of twice a year. Connect with a medical provider to claim for this service and ensure that the State system is properly processing the claim for reimbursement using this code^{IV}.</p> |
| | | <p>Review and revise (as needed) the policy language related to this service in the CHEC and Physician manuals for clarification.</p> | |
| | <p>Coordinate with partners in the State Oral Health Coalition, ACOs and local health departments to deliver medical provider education about this service. Include in State Provider Training during Summer 2015.</p> | | |
| | <p>Increase the age and quantity limit allowed for this service.</p> | <p>Coordinate with internal staff at Utah Medicaid to revise the policy related to this service and obtain approval from the DMHF Policy Committee to increase the age and quantity limit allowed for this service^V.</p> | |
| <p>Improved data collection and data integrity.</p> | <p>Identification of barriers that prevent improved data collection and data integrity as determined by survey or other method noted in Section E.</p> | <p>TBD based on barriers ultimately identified.</p> | |

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- ⁱ 3/31/2015 still need to confirm Head Start and Sealants for Smiles as partners.
 - ⁱⁱ D1206 was approved by the DMHF Policy Committee on 2/17/15.
 - ⁱⁱⁱ These changes were approved by the DMHF Policy Committee on 2/17/15. D0120 was increased to a limit of 4 times per calendar year for high risk caries assessment and D1120 was increased to a limit of 4 per calendar year.
 - ^{iv} Code 99188 was approved by the DMHF Policy Committee on 2/17/15.
 - ^v On 2/17/15 the DMHF Policy Committee approved increasing the age for this service to 0 to 4 years and to be allowed twice a year.