

South Carolina Department of Health and Human Services

Dental Administration and Management Open Forum

March 15, 2013

Agenda

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- Introductions
- Director's Comments
- Past History of Dental Program
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- Current Program Model

Agenda

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- Dental Models Used in Other States
- Stakeholder Input
- Closing Remarks

Welcome and Forum Logistics

- Sign-In
- Comment / Recommendation Requests
- Comment Cards

Introductions

- Michael Collisi - Co-Facilitator
- Michael Chowning – Co-Facilitator
- Zenovia Vaughn – Program Manager
- Stephen Boucher – Contract Manager
- Tony Keck – Agency Director SCDHHS

Director's Comments

Past History of Dental Program

- Prior to 2010 SCDHHS utilized a Fee For Service (FFS) payment model
- SCDHHS paid claims with limited edits
- Utilization management, quality improvement were not managed during this time
- Fraud & Abuse was managed through Program Integrity

Recent History of Dental Program

- RFP for Dental ASO was posted in 2009
- Goal was to provide administrative simplification, cost-effective utilization management and to reduce fraud and abuse
- Contract was awarded to a single dental vendor with implementation completed in August 2010

Previous Program Model

- Member seeks dental care
- Provider delivers care
- Provider bills Medicaid
- Medicaid pays provider
- Medicaid generates Remittance Advice
- ❖ Provider enrolled with Medicaid
- ❖ Member enrolled with Medicaid

Current Dental Program

- Dental Administrative Service Organization (ASO) began operations in August 2010
 - ✓ Provides single point of contact for dental providers
 - ✓ Offers claims edits, increases cost effectiveness of program, reduces duplicate and erroneous payments

Current Dental Program

- Dental Advisory Subcommittee added in 2012
 - ✓ Comprised of dentists & oral surgeons, including officers of the South Carolina Dental Association (SCDA)
 - ✓ Provides feedback and input on suggested dental policies

Current Program Model – (Hybrid)

- Member seeks dental care
- Provider delivers care
- Provider bills Medicaid through ASO
- Medicaid contracts with ASO to process claims
- ASO transfers claims to Medicaid for payment processing
- Medicaid pays provider
- ASO generates Remittance Advice
- ❖ Provider enrolled with Medicaid
- ❖ Member enrolled with Medicaid

Compliance /Oversight Activity

- Monthly performance reporting
 - ✓ Paid Claims Analysis
 - ✓ Claims Turnaround Time
 - ✓ Denied Claims Analysis
 - ✓ Prior Authorization Analysis
 - ✓ Call Center Statistics Analysis
 - ✓ Claims Paid/Denied/Pended by Provider

Why Change Now?

- SC moving from a payer of claims to a purchaser of services with goal to:
 - ✓ Improve health outcomes
 - ✓ Improve beneficiary experiences
 - ✓ Reduce per-capita costs

Dental Models

- Basic Dental Models
 - Traditional Fee for Service (FFS)
 - Administrative Service Organization (ASO)
 - Managed Care Organizations (MCO)
 - Hybrid Models (combination of above)

Dental Models

– FFS

- Member seeks dental care
- Provider delivers care
- Provider bills Medicaid directly
- Medicaid processes claims
- Medicaid pays provider
- ❖ Provider enrolled with Medicaid
- ❖ Member enrolled with Medicaid

Dental Models

–ASO

- Member seeks dental care
- Provider delivers care
- Provider bills Medicaid through ASO
- Medicaid contracts with ASO to process claims
- ASO pays provider
- ❖ Medicaid pays ASO
- ❖ Provider enrolled with Medicaid or MCO
- ❖ Member enrolled with Medicaid

Dental Models

- MCO (HMO Model)
 - Member seeks dental care
 - ✓ Care limited to network providers
 - Network provider delivers care
 - Network provider bills MCO
 - MCO adjudicates claims
 - MCO pays provider
 - ✓ Payment may be capitated or FFS
- ❖ Medicaid pays MCO
- ❖ Provider enrolled with MCO
- ❖ Member enrolled with MCO

Dental Models

–Hybrid Models

- Used when a single model is insufficient to meet state specific needs
- Combination of FFS, ASO and MCO models
 - ✓ Typically a combination of FFS and ASO models

Dental Models

– Hybrid Models

- Used when states transition from FFS to another model
- Used when states choose to retain responsibility for successful strategies but transfer management of other responsibilities to a contractor to improve quality
- Used when states choose to share risk
- ❖ Providers enrolled with Medicaid or MCO
- ❖ Members enrolled with Medicaid or MCO

Dental Models Used in Other States

- States are varied and no one solution works for all
- Best practices may include combinations of options or pieces of options (Hybrid)

Dental Models Used in Other States

–Virginia

- Single Dental ASO (since 2005)
- Focus is on expansion of utilization management, network development, quality improvement, provider relations and member outreach
- Focus is on children's health

Dental Models Used in Other States

- Virginia Successes (2005 to 2012)
 - 1700 network providers; 80% accept new patients
 - Utilization increased from 29% to 56%
 - 97% Provider and Member satisfaction
 - Able to manage quality more efficiently than FFS model

Dental Models Used in Other States

–Arizona

- Dental services carved into managed care
 - ✓ 12 Health Plans
- Health plans are at full risk
- Focus is on children's health

Dental Models Used in Other States

–Arizona Successes (2007 to 2011)

- 1663 network providers
- Utilization increased from 52% to 65%
- Obtained measureable outcomes
 - ✓ Increased rate of annual dental visits
- Mandated performance measures

Dental Models Used in Other States

–Texas

- Dental services carved into managed care
 - ✓ 3 Health Plans
- Health Plans are at Full Risk
 - ✓ Plan profits limited to 5%
- Focus is on children's health
- Dental homes for children 6 months to 35 months of age

Dental Models Used in Other States

–Texas Successes (2008 to 2012)

- Designed online program for training and certification of dentists to provide dental homes
 - ✓ Pediatric dentists are reporting a significant decrease in early childhood caries for those children with a dental home
 - ✓ Halo effect for older siblings with less dental decay

Dental Models Used in Other States

– Connecticut

- Single dental ASO (Since 2010)
 - ✓ Carved out dental from managed care 2008
- Focus is on children's health
- Provider-focused strategies

Dental Models Used in Other States

- Connecticut Successes (2008 to 2012)
 - 1,567 network providers (317% increase in 4 years); 90% accept new patients
 - Service locations increased by 41% in 3 years
 - 99% of children have access to 2 providers within 10 miles of their home

Stakeholder Input

- Design a dental program model that:
 - ✓ Improves health outcomes for members
 - ✓ Improves the beneficiaries experience
 - ✓ Reduces the per-capita cost of treatment
 - ✓ Reduces administrative overhead/hassles

- What is the best way to set up the dental program to meet this goal?

Closing Remarks

Thank you for attending:
SCDHHS values your input!