Agenda

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- Previous Program Model
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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
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 measurable 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 carries 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!