

Dental Action Plan Template For Medicaid and CHIP Programs

State: MISSOURI

Program (please designate): Medicaid

CHIP

Both X

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In an effort to increase the number of Medicaid and CHIP children who have access to dental care and receive preventive dental services, CMS is working with States to implement two national oral health goals. While some States have undertaken oral health improvement activities in recent years, additional activities are needed to increase access and prevention in order to meet children's needs and these goals. CMS will provide States with technical assistance and opportunities to share best practices to assist them in meeting these goals.

The purpose of this Action Plan is to identify what activities States intend to undertake in order to achieve these dental goals. CMS will share each State's plan by posting them on the CMS website, but CMS will omit posting proprietary dental provider payment data upon State request. In addition, States are asked to provide baseline information on their existing programs, and to identify access issues and barriers to care that they are currently facing so CMS can help address these issues with technical assistance. While CMS is interested in learning about efforts or activities States have already undertaken as well as successes of those efforts and lessons learned, development of the Action Plan will primarily serve to assist States in their efforts to document their current activities and collaborations to improve access and to inform States about where their resources could best be devoted to achieve the goals. This information will also be used to assist other States in their efforts to increase access.

Medicaid and CHIP Dental Health Goals:

- Increasing the proportion of children ages 1-20 enrolled in Medicaid or CHIP who received any preventive dental services by 10 percentage points over a five-year period.

To be phased-in:

- Increase the proportion of children ages 6-9 enrolled in Medicaid or CHIP who receive a dental sealant on a permanent molar tooth by 10 percentage points over a five-year period.

Instructions and Next Steps:

- 1) Each State, including the District of Columbia, is to complete this Dental Action Plan Template in its entirety as a Word document. Please do not include graphics or charts in the Template itself, as these items are not compatible for posting on the CMS website. You may attach separate documentation if you want to submit additional information. CMS encourages the Territories to complete a dental action plan but the Territories will not be included in the dental goal.

- 2) If you are undertaking State-wide oral health improvement activities that impact both programs, you may submit one combined dental action plan. Separate dental action plans should be submitted in States that are addressing oral health improvement activities separately in their Medicaid and separate CHIP programs.
- 3) Once you have completed the template, please e-mail this information to your CMS Regional Office within six months of the date of the State Health Official letter.
- 4) CMS Regional Office staff will review the information and send it to CMS Central Office for further review. Regional Office staff will contact you for additional information, if appropriate or necessary.
- 5) After reviewing and compiling this information, CMS plans to post this information on the CMS website.
- 6) CMS Regional Office staff will follow up with States on a regular basis to track the progress of the State Action Plans and achievement towards the goal(s).

If you have any questions when filling out this template, please contact your CMS Regional Office.

Oral Health Program (Background)

Provide information on your current oral health program for children under Medicaid and/or CHIP. Include information about your State's current delivery system(s) (e.g., fee-for-service, managed care, administrative service organization, etc.). If your State has changed delivery systems in recent years, explain the reason for the change and the impact on access to dental services. Also include information on provider participation rates (including dental specialists and other providers, such as physicians, dental hygienists and other newer model mid-level practitioners) and issues with access to oral health services in underserved areas. "Underserved areas" would include areas of your State that you know are rural, frontier or where it is difficult to recruit providers as well as designated Dental Health Professional Shortage Areas (DHPSAs).

- Access Issues/Barriers to Oral Health Services (please provide information on issues/barriers that you are aware of that impede access to providing oral health services to children through Medicaid or CHIP in your State generally, as well as in underserved areas, and any steps you have taken to address those issues or barriers):

RESPONSE: Access issues/barriers to Oral Health Services in the State of Missouri that have been noted through various sources include the following:

Member barriers to dental visits include:

- Parents not able to take off work;
- Parents not understanding the importance of annual dental visits – view dental visits as a non-priority and unnecessary;
- Parents, as well as children, not understanding the importance of dental hygiene and how poor dental hygiene and a person's diet affects not only their oral health but also their physical health;
- Members utilizing the ER rather than a dentist for dental problems, such as a cavity.
- Fear factor;
- No consistent dental provider;
- Eligibility;
- Member only wants to go to one specific dental provider.

Provider barriers to dental care include:

- Lack of referral to pediatric dentists;
- Un-established patient access to dentist for emergencies;
- No extended hours and limited hours;
- Lack of dental providers in rural areas;
- No reminder system about dental visits;
- Stereotyping;
- Limited Medicaid appointments;
- Lack of dentists throughout the state.

System barriers to dental visits include:

- No appointments available soon;
- Fee schedule for Medicaid is low;
- Lack of member education – especially on the referral process;
- Lack of knowledge of transportation;
- No constant dental provider;

- Language barriers and stereotyping;
- Limited Medicaid appointments;
- Education to caregiver (PCPs);
- Lack of dentists, especially pediatric dentists;
- Lack of dentists in rural areas;
- Dentist not located near PCP;
- Changes in member's eligibility;
- Lack of education about member benefits;
- Many dentists will not accept Medicaid (cost too low);
- Difficult to track daily eligibility changes and possible non-payment;
- Lack of dental schools in the state;
- Limited scope of practice for dental hygienists.

Some activities taken by one of the Managed Health Care Plans to address these access issues/barriers are as follows:

Parental lack of knowledge about need/importance every six months dental exam.

- Intervention: Birthday reminders and missed visit reminders updated to include dental visits; Member newsletters; and Implement member reminder postcards.
- Outcome: October of 2009 completed transition of well care reminders from corporate process to local plan and updated reminders. Member education articles regarding dental visits in Bear Facts: Volume 1 2011 "Choosing a Dental Home" Member reminder postcard was developed and approved (2011). HCUSA mailing is scheduled for spring 2012.

Lack of parent knowledge about when dental visits should start.

- Intervention: Add dental reminder to wait/hold message with all other well care messages, in 2010.
- Outcome: Dental Message: "Regular dental care is important, especially for pregnant women and children. All children should see a dentist by the age of six months, even if they don't have any teeth. Please ask a Member Services representative if you need help finding a dentist or getting an appointment."

Member lack of knowledge of dental benefit and /or availability of community resources.

- Intervention: Collaborate with Community Outreach and community partners regarding dental services e.g., back to school fairs, Reach-Out, pre-natal health fairs, Head Start campaigns, Teen Pregnancy Forum, Early Childhood Education program, and Fathers First.
- The plan works to obtain information on services provided to members at non plan related community events. Plan staff participated in structured community events. During HEDIS 2011, the plan requested specific membership lists of members non-compliant. The staff then collaborated with the sponsoring dental clinic to make outreach calls to members to fill dental openings. The plan and sponsor made reminder calls to the members for these appointments.

Current Dental Delivery System (e.g., fee for service, managed care, use of administrative service organization or combination dental programs). If you have a combination dental delivery system, provide the number of children served by each system:

RESPONSE: Missouri has a combination dental delivery system that includes both managed care (MC) and fee-for-service (FFS). On a given date in time in 2012, there were 313,514 children enrolled in a managed care health plan and 203,222 children enrolled in fee-for-service. In Missouri, 53 of the 115 counties in the State have managed care programs. Effective July 1, 2012, there are three managed health care plans that serve all 53 counties. All three managed health care plans subcontract with Dentaquest for dental services.

Provider (Dentist) Participation Rates (For the most recent year data is available, include the number of dentists licensed in your State, the number of Medicaid and/or CHIP participating dentists (any claims filed), and number of active dentists (billing \$10,000 or more in a year. Please specify the time period the data represents as well as the specialty of the dentist):

RESPONSE: The Missouri Dental Board reports that there are currently 2,471 dentists licensed in Missouri with Missouri addresses; 86.8% of whom practice full-time. For calendar year 2011, the dentists enrolled as providers for FFS and MC are as follows:

TYPE	FFS	Managed Care
Total Dentists	717	421
General	624	345
Pediatric	24	21
Oral Surgeon	38	20
Orthodontists	9	13
Other	22	22

Enrolled providers who filed any claim.

SPECIALTY	FFS	MANAGED CARE
TOTAL	584	*484
GENERAL DENTISTS	514	419
ORAL SURGEON	32	17
PROSTHODONTIST	1	0
ORTHODONTIST	7	14
PEDODONTIST	29	27
PERIODONTIST	1	2
ENDODONTIST	0	5

*This number includes out-of-network, non-enrolled providers.

Enrolled providers who filed \$10,000 or more in claims.

SPECIALTY	FFS	MANAGED CARE
TOTAL	225	284
GENERAL DENTISTS	190	246
ORAL SURGEON	19	10
ORTHODONTIST	4	7
PEDODONTIST	12	18
ENDODONTIST	0	3

Non-Dentist Provider Participation Rates: (Describe the participation of other providers, e.g., pediatricians, dental mid-level providers, dental hygienists, in your State to improve access to dental services for children. In addition, for the most recent year data is available (please specify), please provide the number of Medicaid and/or CHIP non-dentist providers, by provider type, participating in your Medicaid and/or CHIP programs. "Participating" is defined the same as for dentists (any claim filed).)

RESPONSE: Currently Missouri Dental Board regulations do not allow mid-level providers within the State of Missouri. The MO HealthNet Division (MHD) (for FFS) and Dentaquest (for MC) do enroll dental hygienists. Dental hygienists may provide limited dental services in a public health setting. In CY2011, two dental hygienists in the MC program billed for services and six dental hygienists in the FFS program billed for dental services.

Non-dental providers may bill for the application of topical fluoride varnish. In the FFS program, 22 pediatricians and 10 nurse practitioners billed for the application of topical fluoride varnish.

In addition, DentaQuest credentials anesthesiologists who provide anesthesia in dental offices to expand the delivery of services. In CY2011 eight anesthesiologists billed for services in a dental office, three billed more than \$10,000 in services.

- Additional information about program (please provide any additional information that is relevant or that you would like to share about your dental program):

RESPONSE: MHD and the MC health plans are engaged in a state-wide Oral Health Performance Improvement Project (PIP). The Department of Health and Senior Services (DHSS) sits on and offers consultation to the state-wide Dental PIP.

The DHSS efforts are not focused solely on Medicaid/CHIP children. Their Oral Health Program initiatives include the following:

Provides a broad range of core public health activities for oral health which include:

- Access to oral health care,
- Oral health surveillance,
- Oral health education,
- Technical assistance on fluoride varnish program and community water fluoridation,
- Portable dental equipment for community outreach,

- Promotion of dental sealants, and
- Other preventive measures and oral health research.

Through these programs and activities, prevention and clinical services are provided to improve the oral health of all Missourians.

The Preventive Services Program (PSP) is a free community-based program currently available to any child (infant to age 18) in the state. Children who participate in PSP receive an annual oral screening conducted by a local dentist or dental hygienist, an application of fluoride varnish twice per calendar year, oral health education materials (including a free toothbrush and toothpaste), and an oral health note indicating the need for dental treatment. This program is coordinated through schools, Head Starts, child care facilities, some local public health agencies and Federally Qualified Health Centers (FQHC), etc.

The Donated Dental Services Program provides donated comprehensive oral health services by volunteer dentists and labs for qualified applicants who are severely disabled, elderly, or chronically ill and lack adequate income to pay for needed dental care (does not include routine dental care). Services are coordinated through a contract with Dental Lifeline Network which is funded by the Department of Social Services' Community Services Block Grant and the Department of Health and Senior Services, Division of Senior and Disability Services' Social Services Block Grant.

The Oral Health Program also contracts with the Missouri Primary Care Association to support perinatal oral health training and integration programs with the intention of training every dental and medical professional in every Missouri FQHC (over 300 health care providers) in the etiology and prevention of oral disease, as well as the provision of dental services to pregnant women and their infants.

Through a contract with the Missouri Dental Association, the Oral Health Program provides support in the planning process for the May 2013 Missouri Mission of Mercy, which is a two day, free dental clinic that offers oral health services to at-risk populations. The contract also supports community outreach efforts, oral health education campaigns, and the promotion of community water fluoridation.

In order to help communities and organizations promote public dental health activities, the Oral Health Program offers portable dental equipment for use by Missouri licensed hygienists and/or dentists who wish to do outreach in their communities. Each portable dental equipment set consists of a portable dental unit, fiber-optic high-speed hand piece, slow- speed hand piece, slow speed motor, portable tray stand with case, patient chair with case, operator's stool with case, portable light with case, and autoclave. There is no fee to borrow the equipment, but transport of the equipment is the responsibility of the borrower.

Activities to Achieve Goal

Describe the activities you have underway and/or plan to implement in order to achieve the new dental goal(s). If you would like to share any of your activities/initiatives as a “promising practice” with other States, please refer to the CMS website

(<http://www.cms.gov/MedicaidCHIPQualPrac/MCPPDL/list.asp#TopOfPage>) for instructions on how to submit the information for posting on the CMS Quality webpage.

Provide details on these activities, along with potential barriers, in the space provided (add additional space if needed). Examples of activities underway, or to be undertaken, to improve access and achieve the dental goals may include:

NOTE: See additional information from individual Managed Health Care Plans under the “Additional Background” Section of this document.

- Collaboration with dental schools and dental hygiene programs;

RESPONSE:

FFS: MHD allows reimbursement of services provided by dental students. A bulletin describing and clarifying this coverage was published in December 2011. Information included the requirements for supervision of students providing services in an accredited dental/dental hygiene school as well as those students in a teaching/clinical setting other than an accredited dental/dental hygiene school.

MC: Currently Missouri has one active dental school, University of Missouri – Kansas City (UMKC) School of Dentistry located in Kansas City, Missouri. The UMKC School of Dentistry has been contracted with DentaQuest and actively providing services to Medicaid managed care members since August, 1998.

A.T. Still University, a new dental school, is scheduled to open its doors in Fall, 2013 in Kirksville, Missouri. DentaQuest will partner with A.T. Still University Dental School to ensure that Missouri Medicaid managed care members will have the advantage of utilizing the dental school’s satellite teaching clinics. Arizona School of Dentistry and Oral Health (ASDOH) utilizes a community-based education model, so although their main campus will be located in Kirksville, the school will establish satellite dental clinics in communities statewide as they have done in Arizona. This model fosters dentists who are caring, community-minded healthcare providers. ASDOH expects their graduates to become leaders in their communities and managers of public, not-for-profit, and private sector oral health organizations. DentaQuest is excited that Missouri will soon benefit from this innovative dental school program.

Education/outreach to dentists, dental hygienists, and State/National dental associations;

RESPONSE:

FFS: MHD provides education and outreach regarding the MHD program through provider webinars/workshops, provider bulletins, e-mail blasts, provider web portal and the MHD provider website. In addition, MHD supports a Dental Advisory Committee. This committee is comprised of MHD providers that represent a variety of areas in the dental industry

including oral surgery, orthodontia, general dentistry, pediatrics, and FQHC. This committee meets on a quarterly basis to discuss various issues regarding MHD fee-for-service and managed care services.

MC: DentaQuest is engaged in ongoing dialogue with dental providers throughout the State of Missouri. They participate in a number of community groups and coalitions in order to fulfill their mission to improve the oral health of all of their members. The provider groups include: Missouri Dental Association, Missouri Dental Hygienists Association, Missouri Dental Assistants Association, MHD Dental Advisory Committee, Missouri Primary Care Association, Oral Health Network of Missouri and the Oral Health Plan State Taskforce.

DentaQuest provides continuing education to the dental providers in their network through a variety of media including provider newsletters, fax blasts, mailings and our provider web portal. As an example, the provider newsletters over the past 12 months have included topics such as: Treating Members who are Hearing-Impaired, Reducing Emergency Room Visits, Dental Home, American Academy of Pediatric Dentistry Periodicity Table, Cultural Sensitivity, Importance of Dental Care During Pregnancy, Cultural Diversity Pointers, Understanding Early Periodic Screening, Diagnosis and Treatment (EPSDT), Members with Limited English Proficiency, Overcoming Language Barriers, Evidenced-Based Dentistry, and Explaining Treatment as it is Rendered.

- Education/outreach to pediatricians, family practitioners, and State/national medical associations;

RESPONSE: Fluoride varnish is a dental service that may be provided by physicians, nurse practitioners and other medical professionals (RN, LPN, physician assistants) working in a physician's office. Information regarding dental sealants is communicated to these providers through provider bulletins. In addition, information regarding the dental program is available to all providers and the public on the MHD website.

- Education/outreach to beneficiaries;

RESPONSE:

FFS: The MHD maintains a website for participants. This site includes valuable information and links for participants including a participant handbook (that provides information regarding all MHD programs including dental); a provider search tool that allows a participant to locate a provider; frequently asked questions; change of address forms; etc.

MC: One plan mails a Member Newsletter each quarter to the active membership of the Plan. In 2011, articles were published in the member newsletter that focused on the importance of establishing a dental home and orthodontic guidelines. For 2012, additional articles regarding dental care have been developed for publication in the member newsletter. The Community Development staff provides numerous educational interventions throughout the year.

Another plan will provide individualized outreach and coordination to assist members in finding a dentist and scheduling appointments as part of their EPSDT program. Annual

birthday reminders also contain a reminder that members should see a dentist twice a year. This plan also reaches out to and educates members on the importance of dental care during events being conducted at FQHCs and Rural Health Clinics across the State.

- Coordination with Federally Qualified Health Centers;

RESPONSE:

FFS: There are no activities undertaken specific to dental at Federally Qualified Health Centers (FQHCs).

MC: DentaQuest contracts with all FQHCs throughout the managed care service area and work diligently to attempt to contract FQHCs across the State in order to provide access to members who live in counties which border the MC and FFS areas of our state. In addition to contracting DentaQuest collaborates with FQHCs to provide EPSDT days for members. An EPSDT day incorporates the medical and dental clinics within the FQHC scheduling appointment for members with both their medical and dental provider in order to provide a one stop shop for their needs.

One MC plan has focused significant programming with willing FQHC providers. The Community Development team will engage a willing provider by generating a proprietary listing of Plan members who, through the claims process, have a relationship with the FQHC, and these members are non-compliant by HEDIS standards for an annual dental visit. The Community Development team will share the burden of calling members on the list and schedule them for a dental visit where openings exist. The team will also help to make repeated calls to the member as a reminder as the appointment date approaches. This is one of the most significant interventions used to directly increase the HEDIS rates in late 2010, 2011 and continuing in 2012.

- Undertaking administrative simplifications;

RESPONSE:

FFS: MHD has implemented the following processes to reduce the administrative burden for providers:

- March 2009 MHD implemented a secure e-mail site to allow providers to send/receive secure e-mail inquiries to MHD provider communications and technical help desk staff;
- June 2009 the claim confirmation report generated from electronic claim transactions was enhanced;
- August 2010 paper remittance advices were eliminated;
- August 2010 paper checks were eliminated and reimbursement changed to direct deposit only; and
- September 2010 the provider web portal was redesigned and enhanced as follows:
 - Real-time adjudication of claims
 - Streamlined claim and attachment forms
 - Easy NPI access management (elimination of PINs)
 - Better look and feel of web pages
 - Better organization of web pages and easier navigation

MC: DentaQuest implemented a Go Green initiative in 2009. As part of this initiative they enhanced their provider web portal, introduced electronic funds transfer (EFT) and added a secure messaging site for all of our participating providers. They continue to educate providers on these electronic systems which serve to simplify administrative processes and offer greater efficiency for the submission and processing of claims. DentaQuest shows that for CY 2011 85% of all claims were submitted electronically with 65% of dental providers submitting more than 90% of their dental claims electronically.

- Using electronic health records and supporting Dental providers in their efforts to qualify for meaningful use incentive payments;

RESPONSE: MHD maintains an electronic health record web page for providers at <http://dss.mo.gov/mhd/ehr/>. This web page provides important information and links regarding electronic health records such as fact sheets, user manuals, the final rule for meaningful use, and an e-mail address to contact MHD for any questions regarding electronic health records.

- If a CHIPRA quality demonstration grantee, describe how you are coordinating activities with those being undertaken under the CHIPRA demonstrations;

RESPONSE: Missouri is not a CHIPRA quality demonstration grantee.

- Changing/increasing payment rates;

RESPONSE: In the past five years the MHD has increased the fees twice – once July 1, 2008 and July 1, 2009. Unfortunately, the rate increases were not sustainable after 2009 due to budget shortfalls within the state government. At this time, the rates for Medicaid are at approximately 38.5% of the 50th percentile of UCR.

- Coordination with Maternal and Child Health (MCH) Title V programs (Title V is the Federal grant program focused solely on assuring the health of all mothers and children).

RESPONSE: Missouri has no information to report in this area.

Additional Background

Provide additional information on your current oral health program for children under Medicaid and/or CHIP.

Oral Health Improvement Initiatives: Has your State undertaken any initiatives within the last 5 years to increase the number of children covered under the Medicaid and CHIP program who receive access to oral health services? If so, please describe those activities.

- What impact did those initiatives have? Do you consider those activities to have been successful? If so, please describe.
- If the activities did not achieve the results that you had expected, please describe the lessons learned. These lessons can be a learning opportunity for other States.

RESPONSE: MHD and the MC plans are engaged in a state-wide Dental Performance Improvement Project. Directly below two of the three MC health plans summarize their specific health plan outcomes. The third health plan, Home State Health Plan, has been a MHD health plan since July 1, 2012 and has only started being involved in the Dental State-Wide Performance Improvement Project.

HealthCare USA Response

2009

The Dental PIP began in 2009 by establishing collaboration with the other MHD plans through the State Dental Task Force, who meet quarterly and report to the MHD QAI Meetings. The actions completed in 2009 include the following:

- Determined barriers and recommended interventions,
- Incorporated birthday and missed appointment reminders,
- Redesigned to include dental messages.

State goal of 37.67%, HealthCare USA's statewide rate increased from 36.93% to 41.87%, an increase of 13.38%.

2010

This year's PIP added collaboration with HealthCare USA's Community Development Team seeking more innovative and direct interventions to provide dental appointments for non-compliant members. The actions completed in 2010 include the following:

- Continued birthday and missed appointment reminders,
- Added the dental message to the on-hold messaging for the Membership Services phone line,
- The Project Lead assisted in several Back to School Fairs and one Doc Bear sponsored event.

State goal of 42.71%, HealthCare USA's statewide rate increased from 41.87% to 43.10%, an increase of 2.94%.

2011

This year's PIP continued the collaboration with the Community Development Team, who improved their outreach programming. HealthCare USA continued with parent/member education and completed the following activities:

- Continued birthday and missed appointment reminders,
- Developed and published articles for member and provider education,
- Targeted the mailing of a new Dental postcard to non-compliant members,

- Community Development distributed toothpaste and dental floss at school related events,
- Sponsored Doc Bear events that directly allow for dental opportunities for non-compliant members,
- Promoted a large, urban dental provider to increase access and the development of a Dental Home.

State goal of 43.96%, HealthCare USA's Statewide rate increased from 43.10% to 46.29%, an increase of 7.40%.

Missouri Care Health Plan Response:

Interventions were chosen to address specific barriers listed below. Through these interventions, Missouri Care plans to impact the number of annual dental visits by Missouri Care members with the following results:

- An increase in Missouri Care Health Plan's Annual Dental Visit (ADV) HEDIS rate; and
- An increase in the ADV HEDIS-Like rolling 12-month administrative rates during each quarter of the study.

Missouri Care will use the two indicators listed above to determine the effectiveness of new interventions implemented during this Performance Improvement Project. If these interventions prove successful at increasing dental visits by Missouri Care members, they will become a part of Missouri Care's on-going initiatives.

Calendar Year 2012

Dental Day at Local Community Health Center -- Missouri Care and several community health centers in Missouri will work together to open the clinic a couple days in 2012 to Missouri Care members only for preventive dental services. A Missouri Care employee will call members assigned to that health center who need an annual dental visit encouraging them to schedule a dental visit.

"I Will" Campaign -- This marketing campaign empowers members to take charge of their health with the simple statement of "I will brush my teeth. You'll do it, Missouri Care will help". The flyer will be used at health fairs and this promotion will be included in magazines, newspaper ads, bus wraps and bus interiors. Future use of the "I Will" Campaign will include a member incentive program incentivizing members for completing their annual dental visit.

Calendar Year 2011

ER Dental Outreach -- DentaQuest, on Missouri Care's behalf, did reach out to all pediatric members who went to the ER with a dental diagnosis and encouraged them to visit the dentist. A member of the Missouri Care Case Management team reached out to all adult members who went to the ER with a dental diagnosis that could have been prevented by seeing a dentist and likewise encourage them to visit the dentist instead of the ER. As the success of this intervention is based on data, an analysis of the CY 2011 efforts will take place in CY 2012. In the meantime, the initiative will be considered as an ongoing initiative.

Calendar Year 2010

Dental Vans at Outreach Events -- Through our partnership with DentaQuest, we are able to provide needed dental services on the spot to Missouri Care members as well as potential members. The dentists set up lamps and tables like a real dental office and can handle anything that is normally completed within a dental office setting. These can occur at any time, on weekends and even after hours, to easily fit into parents busy schedules. This has become an ongoing initiative.

Show-Me Smiles -- During February 2010, National Dental Month, Missouri Care Health Plan partnered with Head Start Programs, daycare centers, and preschools across the state. The initiative, known as Show Me Smiles, was to provide oral health information and education, a toothbrush, and toothpaste to each child in the program. Missouri Care hoped that through early education, dental diseases and the need for costly treatments later in life could be avoided. Through these partnerships, Missouri Care was able to get information to parents about their child's oral health and the importance of regular dental visits and preventative care.

Show Me Smiles featured a fun, interactive, 15-20 minute presentation that taught children about dental hygiene and the basics of keeping their teeth clean and healthy. They were taught proper brushing techniques with a dental puppet, what makes cavities, why healthy foods, snacks, and drinks are important and how to identify them. The children were also given educational materials, a coloring page, and other appropriate handouts, in addition to their toothbrush and toothpaste.

The initial goal of Show Me Smiles was to form 140 partnerships and provide toothbrushes and tubes of toothpaste to 7,000 children. By the end of National Dental Month in February, the Missouri Care outreach team had made 152 visits and provided 6,000 toothbrushes and toothpaste. The Dental initiative was so popular that Missouri Care had to schedule visits well into summer to meet the request of the school partners. The Show Me Smiles initiative has also become a part of the health plan's yearly outreach initiatives.

Calendar Year 2009

Dental Postcards -- Postcards were sent to members who had not yet received a dental checkup that year.

Dental Prescription Pads -- DentaQuest, Missouri Care's dental vendor, created PCP prescription pads for Missouri Care's providers to give to members during office visits.

Continuous

EPSDT Reminder Postcards -- Monthly well-child visit reminder postcards are sent to parents of members age 2-20 during the member's birthday month. The postcards include reminders about Dental Visits.

On Hold Messages -- Information on dental hygiene and the importance of an annual dental visit are placed on the on-hold messaging system at Missouri Care.

Member Newsletter -- Articles on the importance of dental hygiene and an annual dental visit are placed in Missouri Care's member newsletter at least once a year.

The interventions and strategies employed for this PIP in 2009 to 2012 were very successful in improving annual dental visits by Missouri Care members and reaching far beyond our internal goal of a 3% increase from the original baseline rate of 27.24%. It is believed that this increase was partially due to the switch in dental vendors as well as an increased effort on the part of Missouri Care staff to encourage members to receive their annual dental screenings. The significant increase from HEDIS 2010 to HEDIS 2011 is due to the huge success of Missouri Care's Show Me Smiles initiative, new education to all members regarding the importance of dental hygiene, school visits, and health fairs. Based upon the huge improvement and the new initiatives in CY 2011, our belief that Missouri Care's ADV rate for HEDIS 2012 would be even higher than the HEDIS 2011 rate in all three regions was accurate.

HEDIS ADV measure is tracked and reported.

ADV Total – East – 32.97%

ADV Total – Central – 44.74%

ADV Total – West – 35.09%

Dental Data Measurement: Does your State compute or report the National Committee for Quality Assurance's (NCQA) HEDIS dental measure or a modification of it? (Dental care: percentage of members 2 through 21 years of age who had at least one dental visit during the measurement year." Web site: <http://www.qualitymeasures.ahrq.gov/content.aspx?id=47230&search=dental>. If yes, describe how that data compares with the data submitted on line 12.a of the CMS-416 and/or Section III, G.1.a. of the CHIP Annual Report (Total Enrollees Receiving Any Dental Services). If the HEDIS measure result differs from the result reported on CMS-416, line 12.a, or the CHIP Annual Report, Section III, G.1.a., please explain why you think there is a difference. If you use a modification of the HEDIS measure, please describe the modification. (NOTE: You are not required to report this data on the Template.)

RESPONSE: The overall HEDIS measure reports an annual visit rate of 36.81%. The CMS 416 report indicates an annual visit rate of 34.13% when the <1 category is removed (HEDIS does not include that age group). The difference in these percentages maybe due to different reporting systems, different age groupings, and the fact that the CMS 416 Report includes individuals who are age 1 (in the age group 1-2) while the HEDIS report does not (the youngest age group is 2-3).

Reimbursement Strategies: What are your current reimbursement rates for the following 10 procedures for services provided to children eligible for Medicaid and CHIP?

Diagnostic: D0120 Periodic Oral Exam: RESPONSE: \$24.00

D0140 Limited Oral Evaluation, problem focused: RESPONSE: \$23.25

D0150 Comprehensive Oral Exam: RESPONSE: \$38.50

D0210 Complete X-rays with Bitewings: RESPONSE: \$39.53

D0272 Bitewing X-rays – 2 films: RESPONSE: \$14.34

D0330 Panoramic X-ray film: RESPONSE: \$35.65

Preventive: D1120 Prophylaxis (cleaning): RESPONSE: \$21.31
D1203 Topical Fluoride (excluding cleaning): RESPONSE: \$11.63
D1206 Topical Fluoride Varnish: RESPONSE: \$13.56
D1351 Dental Sealant: RESPONSE: \$19.00

Please describe any increases or decreases in these reimbursement rates that have occurred in the last five years.

RESPONSE: In the past five years the MHD has increased the fees twice – once July 1, 2008 and July 1, 2009. Unfortunately, the rate increases were not sustainable after 2009 due to budget shortfalls within the state government. At this time, the rates for Medicaid are at approximately 38.5% of the 50th percentile of UCR.

Efforts Related to Dental Sealants: Do you encourage or plan to encourage dental providers in your State to provide dental sealants? If so, how do you communicate that information? Have you seen an increase in the number of children receiving sealants? Does your State support active school-based or school-linked dental sealant programs? If yes, how many Medicaid- or CHIP-enrolled children were served by these programs in the past year? How many sealants were placed in these programs in the past year? Are you continuing to see increases in the number of children served by these programs? Has funding from the Centers for Disease Control and Prevention [for oral health infrastructure development] contributed to these efforts? Please describe.

RESPONSE:

FFS: Dental sealants are a covered service. This information is communicated to providers through the Dental Provider Manual. From FY 2011 to FY 2012 there was a 13% increase in the number of who children received sealants.

MC: DentaQuest provides regular sealant educational information to providers via fax blast and our provider newsletter. Dentaquest monitors the application of sealants within their population and outreach to providers who are not within the benchmark for sealant utilization to determine what barriers may exist for that particular provider and what can be done to remove those barriers and increase utilization. One plan experienced an increase of 3% for placement of dental sealants and another plan experienced an increase of 9% for placement of dental sealants.

The State of Missouri does not specifically support a school dental sealant program.

Collaboration with Dental Schools: Do you have a dental school or dental hygiene school in your State? If yes, do you have any arrangement with the dental school or dental hygiene school to treat Medicaid beneficiaries, serve in rural areas, provide educational opportunities, etc.? Please describe.

RESPONSE: See information previously reported under “Activities to Achieve Goal” – “Collaboration with dental schools and dental hygiene programs.”

Electronic Dental Records: Describe the use of electronic dental records in your State for your Medicaid and CHIP population. What is the take up rate by dental providers? Is the dental record integrated with the medical record? Will the State support dental provider efforts to qualify for meaningful use incentive payments?

RESPONSE:

FFS: MHD maintains an electronic health record web page for providers at <http://dss.mo.gov/mhd/ehr/>. This web page provides important information and links regarding electronic health records such as fact sheets, user manuals, the final rule for meaningful use, and an e-mail address to contact MHD for any questions regarding electronic health records.

MC: In DentaQuest's Spring 2011 Provider Newsletter DentaQuest included an article entitled "Going HITECH" which provided an overview of the advantages of electronic health records and encouraged providers to apply for meaningful use incentives.

Technical Assistance

CMS would like to provide ongoing technical assistance to States to assist in them in meeting the national dental goals. If you have specific areas and/or topics requiring technical assistance, please identify them here.

If you would like to submit copies of materials or provide links to relevant websites for additional information, please do so.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information collection is estimated to average 65 hours per response. If you have any comments concerning the accuracy of time estimates or suggestions for improving this form, please contact: Cindy Ruff at cynthia.ruff@cms.hhs.gov.