

## Dental Action Plan Template For Medicaid and CHIP Programs

State: Oklahoma

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.

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### 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 & 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.).

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Oklahoma made the decision to establish its self-administered fee for service program in 2003. Prior to this time, several dental maintenance programs actively managed the dental program. The relationship between the DMOs and partner dentists diminished to the point that self-administration became the option of choice. Approximately 463 dental providers were in the Medicaid dental network prior to the 2003 SoonerCare Plus transition to self-administration, less than 100 were actively seeing and accepting new Medicaid member patients. In 2004 the Oklahoma Health Care Authority (state Medicaid/CHIP Agency) hired its first full time dentist to develop and administer the program.

The Oklahoma Health Care Authority [OHCA] dental unit is responsible for developing an adequate dental provider network; assist SoonerCare clients with finding a dental provider, administration of OHCA Dental policy and reviewing and approval of special request for services. The dental unit is also involved with improving access to orthodontic services, dental surgical services, has a part time Orthodontic Specialist to review, and authorized request for special needs orthodontic services. OHCA also have two Quality Assurance Consultants who began on site during March 2007 - 2010.

OHCA's administrative efficiencies have been instrumental in attracting providers to participate in the SoonerCare Program. Thanks to a new claims processing system, OHCA has a strong record of timely payments to participating providers in Oklahoma. OHCA has built a positive relationship with the Oklahoma Dental Association (ODA) and has had several meetings with representatives of the College of Dentistry, with the goal of increasing access to their clinics for our members.

If your State has changed delivery systems in recent years, explain the reason for the change and the impact on access to dental services. No. Also include information on provider participation rates

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Endodontist- 7  
General Dentistry Practitioner- 1,090  
Oral Surgeon- 72  
Orthodontist- 67  
Pediatric Dentist -65  
Periodontist -15  
Oral Pathologist -3  
Prosthodontist -5  
General Dentist with Orthodontic Priviledges -2  
Total: 1,326

Report date: 7/13/2012 (Data is valid as of the report date and is subject to change).

Provider Type Specialty Report (Reporting and Statistics Unit)  
For Period SFY 2012: 7/1/2011 - 6/30/2012

NOTE\* Provider Network refers to providers who are contracted to provide health care services by locations, programs, types, and specialties. Providers are being counted multiple times if they have multiple locations, programs, types, and specialties. Whether the provider is an individual or an institution, if the count is based on location code, and if the provider has multiple location code (last digit of the provider ID) they are being counted that many times.

The dental provider network currently has grown to 1326 dental partners in SFY 2012. The majority of participating dentists currently accept new SoonerCare patients into their practice. The large number of dentists accepting patients indicates adequate capacity in the existing provider network (including dental specialists and other providers, such as physicians, dental hygienists and other newer model mid-level practitioners) Oklahoma currently has orthodontists, oral surgeons and a couple of periodontists as partners in our program. The lower fee schedule makes it difficult to recruit more dental specialists and issues with access to oral health services in underserved areas.

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“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).

Oklahoma is a mostly rural state and we have a misdistribution of dentist problem.

- 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):

Oklahoma, like most states has misdistribution of dentists. Our major barriers to access are driven by the fact it is difficult to get dentists to move to or start practice in rural or sparsely populated areas. Oklahoma does have an active dental loan repayment program that requires dentist to have at least 30% of their practice dedicated to the SoonerCare members in DHPSAs. Recent improvements in legislation will help to encourage greater consideration of underserved areas of the State.

- 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:

Oklahoma made the decision to establish a self-administered fee for service program in 2003.

273,198 children served – SFY2012 Annual Report, page 74 see

<http://www.okhca.org/research.aspx?id=84&parts=7447&parts=7447>

- 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

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as the specialty of the dentist): Oklahoma’s Board of Dentistry list the following (most recent data): In State Dentists=1,634; Out of State Dentists= 314; Retired=204. Based on SFY2012 Dental Fast Facts, we had 970 dentists that provided services (rendering provider) to our members. Out of 970, there were 708 dentists that provided services with payments of \$10,000 or more.

- **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).)

Participation of medical home pediatricians began July 1, 2012 with the application of fluoride varnish in conjunction with well-baby checkups. For SFY 2012 there were 2784 enrolled SoonerCare pediatric network providers (including pediatric specialists). Data for participating enrolled SoonerCare pediatric network providers will be available next year. Effective July 2012, the methodology for counting providers has changed to count provider network. Previous counts include group practice and its members; the current count will include members only. Provider Network refers to providers who are contracted to provide health care services by locations, programs, types, and specialties. Providers are being counted multiple times if they have multiple locations, programs, types, and/or specialties. The term “contracted” is defined as a provider that was enrolled with Oklahoma Sooner Care within the reporting period, it does not necessarily indicate participation.

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

### 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.

The Oklahoma Health Care Authority has been collaborating with and supporting the Oklahoma Oral Health Coalition as they work on establishment of school based sealants

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programs. We assist them with educating and recruitment of dentists to treat special needs patients. Our overall goal for the SoonerCare Dental Program is to provide at least one dental service per member per year at an 80% rate.

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:

- Collaboration with dental schools and dental hygiene programs;  
We have had many meetings with the Dean and representatives of the College. Our focus is to be a good partner and encourage more open clinics for our members.
- Education/outreach to dentists, dental hygienists, and State/National dental associations;  
The Oklahoma Health Care Authority has had a presence at the annual State Dental Meeting and our Chief Dental Officer is very active with the Medicaid SCHIP Dental Association.
- Education/outreach to pediatricians, family practitioners, and State/national medical associations. It was mentioned above that a fluoride varnish program for medical homes to treat our children aged to 42 months has begun.
- Education/outreach to beneficiaries;  
Communication Services worked with OSU to develop a video promoting the importance of oral health for children. It is currently airing on OETA public television.
- Coordination with Federally Qualified Health Centers;
- Undertaking administrative simplifications;
- Using electronic health records and supporting Dental providers in their efforts to qualify for meaningful use incentive payments;  
Oklahoma has been very aggressive in marketing the use of EMR. We were the first in the country to make provider payment for conversion.
- If a CHIPRA quality demonstration grantee, describe how you are coordinating activities with those being undertaken under the CHIPRA demonstrations;

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- Changing/increasing payment rates;
- 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).

### **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. No.

- 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.

**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.") 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.)

**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? YES

(Dental care: percentage of members 2 through 21 years of age who had at least one dental visit during the measurement year."

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).



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The OHCA HEDIS data reported is lower in terms raw numbers of the numerator and denominator compared to the CMS-416. However percentage wise, the OHCA HEDIS data reported 64.0% of children between the ages of 2-21 having at least one dental visit during the CY 2011 (HEDIS 2012) compared to only 46.8% of children having a dental visit according to the CMS-416.

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.

OHCA believes the HEDIS measure and CMS-416 data differs due to the difference of eligibility requirements. The CMS-416 only requires 90 days of continuous eligibility during the time frame, whereas the OHCA HEDIS measurement requires 320 days of any eligibility during the time frame. OHCA believes the longer the eligibility, the higher the level of health impact OHCA has on those children who are in the program for a longer period of time and thus able to provide services since they are covered under SoonerCare for longer. This would also help to explain why the OHCA HEDIS data reported reports a higher % of children receiving at least one dental visit compared to the CMS-416.

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.)

Modification from HEDIS: OHCA allows for any gap of up to 45 days of eligibility instead of just one gap. Also OHCA excluded the Home & Community Based Waiver population (very small sample) from this measure, because this small group of individuals has access to services outside of those offered by TXIX.

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-	\$22.06
	D0140	Limited Oral Evaluation, problem focused-	\$31.51
	D0150	Comprehensive Oral Exam -	\$31.51
	D0210	Complete X-rays with Bitewings -	\$63.01
	D0272	Bitewing X-rays – 2 films -	\$18.91
	D0330	Panoramic X-ray film -	\$50.40

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Preventive: D1120 Prophylaxis (cleaning) - \$31.51  
D1203 Topical Fluoride (excluding cleaning) - \$15.75  
D1206 Topical Fluoride Varnish - \$15.75  
D1351 Dental Sealant - \$25.21

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

Budget reduction actions caused a 6.25% decrease in all dental fees in 2010.

Efforts Related to Dental Sealants: Do you encourage or plan to encourage dental providers in your State to provide dental sealants? YES. If so, how do you communicate that information?

By program rules and fee schedule.

Have you seen an increase in the number of children receiving sealants?

YES. 2008 = 60,372 - \$1.595 Million; 2009 = 66,458 - \$1.761 Million; 2010 = 73,051 - \$1.83 Million.

Does your State support active school-based or school-linked dental sealant programs? NO.

If yes, how many Medicaid- or CHIP-enrolled children were served by these programs in the past year? N/A.

How many sealants were placed in these programs in the past year? N/A.

Are you continuing to see increases in the number of children served by these programs?

N/A. Has funding from the Centers for Disease Control and Prevention [for oral health infrastructure development] contributed to these efforts? No.

Please describe.

Collaboration with Dental Schools: Do you have a dental school or dental hygiene school in your State? Yes. 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.? Yes.

Please describe.

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We have been able to gain limited access to the dental school clinics for our members. We are still encountering problems with the screenings for acceptance to the school program procedure that i see as a barrier; some chairman's position that acceptance also be based "teaching case" bases and finally some faculty not wanting to become a "medicaid clinic". We continue to work diligently to make adjustments and changes that will allow greater participation in the electronic data world.

Electronic Dental Records:

Describe the use of electronic dental records in your State for your Medicaid and CHIP population.

Oklahoma has been very aggressive in marketing the use of EMR. We were the first in the country to make provider payment for conversion.

What is the take up rate by dental providers?

See data below

Is the dental record integrated with the medical record?

In a few limited cases, such as community health centers.

Will the state support dental provider efforts to qualify for meaningful use incentive payments?

Yes we do.

Of the total 1363 dentists contracted with OHCA:

185 have registered for the Oklahoma EHR Incentive Program

155 have attested and/ received EHR Incentive Program payments. Of these, 7, all using the RPMS system, have attested to Meaningful Use. All 155 have attested to Adoption/Implementation/Upgrade of an EHR system.

30 have registered for, but not yet attested to, the Oklahoma EHR Incentive Program.

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Dentists are not eligible for the Medicare EHR Incentive Program. The Oklahoma (Medicaid) EHR Incentive Program requires that the provider have 30% SoonerCare patient volume. This requirement likely restricts eligibility for a large percentage of our contracted dentists. Many of them may have EHR systems, but we don't have any data regarding that.

Of the 155 dentists who have attested and received EHR Incentive Payments:

52 are using the RPMS system provided by Indian Health Services.

28 use Mitochon

25 use Dentrix

23 use PracticeFusion

19 use Nextgen

The rest are a mix of a few providers each on other miscellaneous systems.

OHCA's understanding is that IHS/ RPMS does integrate the dental and medical records, and that Dentrix is exclusive to dentistry.

OHCA and the State of Oklahoma strongly support dental provider efforts to qualify for meaningful use incentive payments. The Oklahoma Health Information Exchange Trust (OHIET) has certified three Health Information Organizations (HIO's) in the state, all of which are operational. OHIET is currently in the process of accepting provider applications for vouchers for providers to connect to one of those three certified HIO's. The voucher is like a coupon which covers the cost of the initial setup connection between the provider's EHR system and the HIE, plus approximately one year's HIO subscription fees. OHCA has CMS approval for a current project called "E-Prescribing Payer Enablement," whereby OHCA will supply eligibility, medication history, and formulary information to Surescripts to support e-Prescribing. OHCA is also in the process of implementing a Medicaid Health Information Exchange technology for the

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purpose of sharing clinical data from our claims, with certain contracted providers, including dentists. This Oklahoma Medicaid HIE is also planned to connect to the three certified HIO's, so that our clinical data gleaned from claims will be able to be seen through any certified HIO in the state.

### 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](mailto:cynthia.ruff@cms.hhs.gov).