

Dental Action Plan Template For Medicaid and CHIP Programs

(Revised October 2014)

State: Tennessee

Program (please designate): Medicaid X CHIP Both

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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 & 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):

Analysis of DentaQuest's dental provider network demonstrates that it exceeds standards outlined in our contract and that enrollees are able to access needed dental care. TennCare's internal analysis encompasses both computer mapping through the use of GeoAccess software and direct provider sampling to confirm that providers are participating in the program, accepting new patients, etc. Analysis of claims data confirm that there is active participation of licensed general and pediatric dentists with the majority reporting acceptance of new enrollees in their dental practices.

- 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:

Tennessee contracts directly with a single dental benefits manager (DBM) to administer statewide dental benefits to TennCare enrollees under age 21. The contract is a partial risk bearing contract meaning the State and the DBM share in the risk. Losses are shared between the State and the DBM (downside) and savings are shared between the State and DBM (upside). The DBM is not permitted to share in any savings, no matter how large, if threshold enrollee participation ratios are not exceeded. The DBM is also sanctioned financially if contractual quality and utilization benchmarks are not met. The State retains control of the Dental Fee Schedule which is optimal for participating dentists since it prevents risk shifting by the DBM to participating providers. In order to mitigate risk and control for quality and cost, the DBM carefully selects providers they think are a best fit for their dental network. Dentists are reimbursed on a fee-for-service basis at the lesser of billed charges or the maximum allowable fee listed in the approved dental fee schedule. DentaQuest our current contractor, is responsible among other things, for managing an adequate statewide dental provider network, processing and paying providers after invoicing the state for clean claims, utilization management and utilization review, detecting fraud and abuse, meeting utilization benchmarks and conducting enrollee outreach and education.

- 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):

- 1) As of September 3, 2014, the Tennessee Department of Health licensure file showed that there was a total of 2,700 actively practicing dentists, full or part-time with a Tennessee practice address.
- 2.) For the quarter ending in September 2014, the dental provider network included a total of 847 contracted dentists. There were 580 contracted General dentists and 95 Pediatric dentists. Of these two provider types, 99% indicated they were accepting new TennCare patients into their practices. The remaining participating dental providers included 85 Oral Surgeons, 71 Orthodontists, 13 Endodontists, 2 Periodontists and 1 Prosthodontist.
- 3.) Because of claims lag, at this time, there is not a year's worth of paid claims data related to the new contract to report on. In the 6-month period from January 1, 2014 through June 30, 2014, under the current partial risk dental contract, there were 418 dental practices including individual dentists and groups that treated 100 or more enrollees and 534 dental practices including individual dentists and groups that were paid \$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).)

Pursuant to their contract with TennCare, DentaQuest launched the non-traditional fluoride varnish and dental screening program on January 1, 2014. DentaQuest contracts directly with Primary Care Physicians, Pediatricians, Physician Assistants, Nurse Practitioners, and Public Health Nurses to conduct dental screenings (D0190) and to apply fluoride varnish (D1206) to the teeth of TennCare enrollees. Non-dentist providers must first be currently contracted providers with a TennCare MCO, as well as directly contracting with the DBM and completing online training. The DBM is responsible for non-traditional provider network development, recruitment and management. This includes provider billing, reimbursement, and training, as well as quarterly program reporting to TennCare. DentaQuest has developed and distributed recruitment and resource materials to the Tennessee Chapter of the American Academy of Pediatricians (TNAAP), the Tennessee Primary Care Association (TPCA) and the Tennessee Association of Family Practitioners (TAFP) in order to increase non-dentist provider participation.

TennCare also contracts with the Tennessee Department of health to provide dental screenings, outreach, education and oral disease prevention services in low income public elementary schools and pre-school programs. Besides primary prevention, the program has been very successful in early recognition, referral for treatment and follow-up of children with unmet dental needs.

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.

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;
- Education/outreach to dentists, dental hygienists, and State/National dental associations;
- Education/outreach to pediatricians, family practitioners, and State/national medical associations
- Education/outreach to beneficiaries;
- 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;
- Changing/increasing payment rates;

The State has established a TennCare Dental Advisory Committee (TDAC) with representation of the state dental associations, dental academia, Head start, TN Primary Care Association and public health. The committee:

- Provides a forum for input by participating providers and stakeholder organizations like the State Dental Association, Specialty Dental Associations, State Primary Care Association, Head start, Public Health, Dental Academia, etc.;
- Provides a conduit for the Committee's recommendations to reach the State's HCFA bureau regarding its TennCare Dental Program;
- Allows professional input for establishment or revision to medical necessity guidelines for specific dental procedures;
- Allows professional consultation regarding the State's dental periodicity schedule;
- Promotes harmony, open dialogue and partnerships among the stakeholders;
- Allows two-way communication and education of both stakeholders and the state

TDAC has proven to be very beneficial to the program.

Since 2002 when TennCare first contracted with a statewide DBM, it has required the contractor to conduct intensive outreach and education for both enrollees and providers. Contracting with a single DBM has resulted in less red tape and streamlined administrative processes for participating dentists. There is one: provider credentialing process, dental fee schedule, electronic billing protocol, claims processor, provider manual, set of program policies, set of benefit reviewers, set of prior authorization (PA) requirements, etc.

Beginning in FFY 2015, TennCare's contracted DBM (DentaQuest) will rank participating providers using a provider scorecard. The scorecard will incorporate such things as the provider's ability to increase enrollee utilization through outreach, increase preventive services rendered to enrollees and cost effectiveness. Benchmarks will be established and those providers falling below the mean will be encouraged through education and or other DBM interventions to improve their ranking. Providers who rank the highest have the potential to earn bonuses from the DBM. The scorecard will also be instrumental in future assignments of enrollees to dentists as part of the Dental Home model. Dentists with high rankings will be rewarded with additional assignments while those with low rankings will see their enrollee pool shrink.

TennCare also plans to continue its contract with the Department of health to conduct school-based oral disease prevention programs for low income schools.

In an effort to promote primary prevention, early detection, referral and prompt treatment of dental disease for young children, TennCare through its contract DBM provides outreach and education to non-dentist providers interested in participating in the fluoride varnish and dental screening program. TennCare will enlist the support of the Tennessee Chapter of the American Academy of Pediatrics (TNAAP) to promote this program.

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.

TennCare enrollees under age 21 are subject to intensive dental outreach. TennCare's contracted DBM (DentaQuest) conducts outreach activities designed to educate enrollees about the availability of EPSDT dental services and increase the number of children receiving dental care. DentaQuest submits an annual Community Outreach Plan, as well as a report detailing the outreach activities conducted during the past contract year. Besides quarterly enrollee and provider newsletters, member handbooks and provider directories, the DBM conducts a member education initiative. DentaQuest has developed and distributes educational materials to enrollees, providers, community organizations and other key oral health stakeholders. DentaQuest also maintains an oral health page for TennCare enrollees at <http://www.dentaquest.com/state-plans/regions/tennessee/oral-health-matters/>. Other outreach initiatives include: "At Risk" Populations for non-English speaking, visually impaired, hearing impaired and low literacy level enrollees; Pregnant Women and Early Childhood Caries; Education: Teens; Collaboration: Ambassador Program; Collaboration: Dental Screening; Collaboration: Grassroots Community Events; Collaboration: Rural; Prevention: PCP Integration and Non-Traditional Fluoride Varnish; Prevention: Preventistry™ Sealant; Prevention: Outreach Campaigns;

TennCare believes that the design and structure of the partial risk dental contract especially the enrollee target participation ratio, shared savings and shared loss components, as well as individual provider scorecard and dental home initiatives provide a strong economic incentive for both the DBM and participating provider to achieve oral health goals. TennCare believes that outreach and educational initiatives have contributed to an increase in enrollee utilization of dental services over the last decade. For this reason, TennCare requires that these types of activities be included in the current DBM contract as well as the school-based contract with the state Department of Health.

- 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.)

TennCare does not compute or report the NCQA HEDIS dental measure. TennCare has developed and calculates enrollee utilization using its own Annual Dental Participation Ratio. The specifications are as follows:

Description

The weighted percentage of qualifying members 2 – 20 years of age who had one (1) or more qualifying dental services during the measurement year.

Eligible Population

Members age 2 – 20 with a minimum 90 days of program and benefit. Age is determined at the mid-point of the reporting period.

- Continuous Enrollment - Eligibles must be continuously enrolled for a minimum of 90 days
- Anchor Date - Mid-point of reporting period
- Benefit - Dental

Qualifying Services

Claims with a qualifying paid service.

Codes to identify qualifying services¹ HCPCS/CDT: D0100 – D9999.

¹CDT (Current Dental Terminology) is the equivalent dental version of the CPT Physician Procedural Coding System

Metric Formulation

- Numerator -The sum of the FTE for qualifying eligibles with 1 or more qualifying services in the measurement year
 - Denominator -Sum of FTE for all qualifying eligibles
- FTE equals the number of days eligible divided by 365.25

Mathematical Formulation

i. Participant Ratio Weight for Individual i

$$W_i = Fte / \sum_{i=1}^I Fte; \quad \text{Where } I \text{ equals the total qualifying eligibles}$$

$$\text{Where } \sum_{i=1}^I W_i = 1$$

ii. Qualifying Service Indicator

$$f(s) = \begin{cases} 1, & \text{if received qualifying service} \\ 0, & \text{if not} \end{cases}$$

iii. Participation Ratio for Individual i

$$PR_i = W_i * f(s)$$

iv. Overall Participant Ratio

$$PR = \sum_{i=1}^I PR_i$$

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

Diagnostic:	D0120	Periodic Oral Exam	\$24.16
	D0140	Limited Oral Evaluation, problem focused	\$24.16
	D0150	Comprehensive Oral Exam	\$28.96
	D0210	Complete X-rays with Bitewings	\$61.78
	D0272	Bitewing X-rays – 2 films	\$18.34
	D0330	Panoramic X-ray film	\$49.23
Preventive:	D1120	Prophylaxis (cleaning)	\$33.79
	D1208	Topical Fluoride (excluding cleaning)	\$20.30
	D1206	Topical Fluoride Varnish	\$20.30
	D1351	Dental Sealant	\$29.01

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

Reimbursement rates in fiscal year 2010:

Diagnostic:	D0120	Periodic Oral Exam	\$25.00
	D0140	Limited Oral Evaluation, problem focused	\$24.00
	D0150	Comprehensive Oral Exam	\$35.00
	D0210	Complete X-rays with Bitewings	\$75.00
	D0272	Bitewing X-rays – 2 films	\$22.00
	D0330	Panoramic X-ray film	\$60.00
Preventive:	D1120	Prophylaxis (cleaning)	\$35.00
	D1203	Topical Fluoride (excluding cleaning)	\$20.00
	D1206	Topical Fluoride Varnish	\$20.00
	D1351	Dental Sealant	\$28.00

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-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.

When the current partial risk-based dental contract was launched, fees for preventive services like sealants were increased to promote utilization by participating dentists. Because of claims lag, at this time, there is not a year’s worth of paid claims sealant data related to the new contract to report on.

There is also an ongoing partnership between the TennCare Bureau and the Tennessee Department of Health (DOH) which has resulted in the provision of oral disease prevention services provided by public health dentists and dental hygienists to children attending public elementary (K-8) schools where approximately 50 percent or more of the student population participates in the school lunch program. Services include dental screenings (D0191), oral evaluations by dentists (D0120), sealant application (D1351), Fluoride varnish (D1208), prophylaxis (D1110 and D0120), oral health education, referral, follow-up, and TennCare outreach. DOH’s School-based Dental Prevention Project (SBDPP) is conducted in all 13 public health regions across the state. Public health hygienists perform reversible preventive procedures like pit and fissure sealants, fluoride varnish and prophylaxis under the general supervision of a dentist. However, Tennessee Code Annotated (T.C.A.) permits public health hygienists to provide such services without requiring an evaluation by a dentist first.

The following table presents some School-based services provided to TennCare children in targeted elementary schools from 2010 through 2014 by public health dental staff.

	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014
TennCare enrollees receiving oral evaluations (D0120) by a dentist through SBDPP	31,676	31,289	32,754	27,836	7,897
TennCare enrollees receiving dental sealants Through SBDPP	23,002	22,783	23,737	19,859	22,490
Number of permanent teeth sealed	126,855	119,707	123,984	104,182	117,803
TennCare enrollees outreached	133,236	127,116	142,609	121,965	131,811

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.

TennCare works with Colleges of Dentistry located in Tennessee including the University of Tennessee College of Dentistry, Meharry, and Vanderbilt University. Representatives also serve on the TennCare

Dental Advisory Committee (TDAC). Clinics affiliated with each of these schools are part of the dental provider network.

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?

As of October 3, 2014 promotion of the HIT incentive provider program has resulted in 290 dentists having received payment for adopting a certified electronic health record system. One dentist has received payment for having met Meaningful Use.

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.