

## Oral Health Action Plan Template For Medicaid and CHIP Programs

STATE: WASHINGTON
AGENCY: HEALTH CARE AUTHORITY
PROGRAM NAME: DENTAL - MEDICAID – FEE FOR SERVICE
PROGRAM TYPE REFLECTED IN THIS TEMPLATE:  <input type="checkbox"/> MEDICAID  <input type="checkbox"/> CHIP  <input checked="" type="checkbox"/> COMBINED MEDICAID /CHIP

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PROGRAM: DENTAL – MEDICAID – FEE FOR SERVICE
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### INSTRUCTIONS

It is best to complete separate templates for each of your State's Medicaid and CHIP dental programs. If your State has a combined Medicaid and CHIP dental program, or if you are implementing common improvements across both Medicaid and CHIP dental programs, you may complete a single template for both programs.

### ORAL HEALTH INITIATIVE GOALS

- 1) To increase the proportion of children ages 1-20 enrolled in Medicaid or CHIP for at least 90 consecutive days who receive a preventive dental service by 10 percentage points over a five-year period. Target year is FY 2015.
- 2) To increase the proportion of children ages 6-9 enrolled in Medicaid or CHIP for at least 90 continuous days who receive a dental sealant on a permanent molar tooth by 10 percentage points over a five-year period. Target year has not yet been determined.

TYPE OF DENTAL DELIVERY SYSTEM

SERVICE DELIVERY FOR DENTAL	Calendar year implemented	Number of children currently enrolled	If a new dental delivery system was launched since 2005, please explain why the new dental delivery system model was chosen.
Fee For Service			
Administered by the State agency, including CARVED OUT of medical managed care	At least since 1992	545,079	
Administered by a contractor, including CARVED OUT of medical managed care			
Administered by a contractor or contractors, but CARVED IN to medical managed care			
Other FFS (describe)			
Dental Managed Care			
CARVED IN to medical managed care			
CARVED OUT of medical managed care			
Other dental managed care (describe)			

“PARTICIPATING” DENTAL PROVIDERS

“Participating”= submitted at least one claim. “Actively participating”= submitted at least \$10,000 in claims.	YEAR DATA IS FOR:	NUMBER LICENSED IN STATE	Primary Dental Delivery System Type:	Primary Dental Delivery System Type:	Secondary Dental Delivery System Type:	Secondary Dental Delivery System Type:
DENTISTS	FY 2011	1328		1221		
DENTAL HYGIENISTS	FY 2011	49		30		
OTHER DENTAL MID-LEVEL	FY 2011	NA				
DENTAL SPECIALISTS (enumerated by type) Oral/Max Surgeon	FY 2011	46		46		

Describe any specific access challenges in your State, such as rural areas, dental health professional shortage areas, etc.

We have small pockets in the state that have access issues, but for the most part we do not have any access issues for children \*(age 20 and under) to see a dentist.

There are also access issues for Oral Surgeons.

“PARTICIPATING” NON-DENTAL (MEDICAL) PRIMARY CARE PROFESSIONALS PROVIDING ORAL HEALTH CARE SERVICES

“Participating”= submitted at least one claim for oral health services. “Actively participating”= submitted at least \$10,000 in claims.	YEAR DATA IS FOR:	NUMBER LICENSED IN STATE	# PARTICIPATING	# ACTIVE
MDs	FY 2011	275	206	
NURSE PRACTITIONERS				
PHYSICIAN ASSISTANTS				
OTHER NON-DENTAL MID-LEVEL PROVIDERS				

	<p>Describe the activities you have underway and/or plan to implement in order to achieve the dental goal(s). Here are some examples of types of activities. Please describe how you are doing, or plan to do, any of these in your State. Please also add and describe any additional activities you have underway or plan to implement.</p>
<p>Education/outreach to dentists, dental hygienists, and state/national dental associations</p>	<p>Currently have an Access to Baby and Child Dentistry (ABCD) program with county coordinators that do a lot of out-reach to clients and dentists in their county.</p> <p>Plan to continue to work with this group, the Washington State Dental association, Washington Dental Services Foundation to find ways to promote good oral health to our clients and encourage dental care in non-users.</p>
<p>Education/outreach to pediatricians, family practitioners and state/national medical associations</p>	<p>Currently through the ABCD Dental program we provide education and outreach to physicians and family practitioners.</p> <p>Will be working on providing educational materials and a list of enrolled dentists taking new clients for the physicians to hand out during regular appointments.</p> <p>Currently pay for physicians and family practitioners to provide Family Oral Health Education.</p> <p>Working with the Managed Care plans to promote primary care physicians to become ABCD certified and bill the department for Family Oral Health Education, fluoride application and periodic oral examinations.</p>
<p>Education/outreach to beneficiaries</p>	<p>Plan to create educational material that will provide education on the value of good oral health and taking children to the dentist on a regular basis and provide a list of enrolled dentists by county with telephone numbers that are taking new clients.</p> <p>Plan to identify those clients that have not seen a dentist in the last 12 months and send them this material to target our educational efforts.</p>

	<p>Describe the activities you have underway and/or plan to implement in order to achieve the dental goal(s). Here are some examples of types of activities. Please describe how you are doing, or plan to do, any of these in your State. Please also add and describe any additional activities you have underway or plan to implement.</p>
<p>Coordination with Federally Qualified Health Centers</p>	<p>Currently through the ABCD Dental program we provide education and outreach to Federally Qualified Health Centers.</p> <p>Gathering data on utilization of dental services at FQHCs to establish capacity that may support outreach partnership access.</p>
<p>Undertaking administrative simplifications</p>	<p>Working with the Washington State Dental Association the Washington Dental Service Foundation, ABCD coordinators, individual dentists and Local Healthcare coordinators to look for ways to simplify administrative burdens.</p>
<p>Using electronic health records and/or supporting dental providers in their efforts to qualify for meaningful use incentive payments</p>	<p>We have a group of staff that work with providers to qualify for upgrades and use of electronic health records.</p>
<p>Coordination with Maternal and Child Health (MCH) Title V programs (Title V is the Federal/State program focused on assuring the health of all mothers and children, and Children with Special Health Care Needs (CSHCN).</p>	<p>Our county coordinators work with WIC offices; working on educational materials for pregnant women and the importance of good oral health. Work with members of Children with Special Health Care needs.</p>
<p>Collaboration with dental schools and dental hygiene programs</p>	<p>Currently working in collaboration with University of Washington dental school.</p>
<p>If your State is a CHIPRA quality demonstration grantee, describe how you are coordinating activities with those being undertaken under the CHIPRA demonstration.</p>	

	Describe the activities you have underway and/or plan to implement in order to achieve the dental goal(s). Here are some examples of types of activities. Please describe how you are doing, or plan to do, any of these in your State. Please also add and describe any additional activities you have underway or plan to implement.
Changing or increasing reimbursement rates or approaches	Due to the state budget, there is no room for increased reimbursement. We recently eliminated adult dental for most clients 21 and older in January 2011.
Other	Work with other agencies to promote dental care and educate about coverage – Department of Health, Children’s Administration, Foster Care Coordination team.
Other	Work directly with individual providers on billing issues to help ensure they will continue to take Medicaid clients.
Other	

**Other Oral Health Improvement Initiatives**

Has your State undertaken any initiatives within the last 5 years to increase the number of children who receive oral health or dental services? If so, please describe those activities.

The ABCD Dental program was implemented in our state to education the dental community and provide outreach to clients to get children a dental/oral health assessment by age 1 or eruption of the first tooth.

We have contracts with county coordinators that assist with outreach and education in their county.

We have implemented coverage for dental exam, fluoride and family oral health education to be provided during routine medical exams/well child checks to assess/identify problems and promote referrals to a dentist.

Other Oral Health Improvement Initiatives

What impact did those initiatives have? Do you consider those activities to have been successful? If so, please describe.

The number of children age 5 and under that receive preventative dental care has increased from 21% in 1997 to 49% in 2011.

If the activities did not achieve the results that you had expected, please describe the lessons learned.



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). No – since dental is not covered by our contracted managed care plans.
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.

Reimbursement Strategies: What are your current reimbursement rates for the following 10 procedures for services provided to children eligible for Medicaid and CHIP? Please describe any increases or decreases in these reimbursement rates that have occurred in the last five years.

We do pay an enhanced rate on some codes for Children 5 years of age and younger for those providers that have received ABCD training.

Current Reimbursement Rates	Services Provided	Current Fees	Plans to Adjust
D0120	Periodic Oral Exam	\$21.73/\$29.46	None
D0140	Limited Oral Evaluation, problem focused	\$19.79	None
D0150	Comprehensive Oral Exam	\$33.64/\$40.38	None
D0210	Complete X-rays with Bitewings	\$44.53	None
D0272	Bitewing X-rays – 2 films	\$10.29	None
D0330	Panoramic X-ray film	\$42.55	None
D1120	Prophylaxis (cleaning)	\$22.98	None
D1203	Topical Fluoride (excluding cleaning)	\$13.25/\$23.41	None
D1206	Topical Fluoride Varnish	N/A	None
D1351	Dental Sealant	\$21.98	None

Efforts Related to Dental Sealants

Assessment of Current School-based, School-linked, Head Start or Early Childhood Dental Programs	Comment:
Do you encourage or plan to encourage dental providers in your State to provide dental sealants?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, how do you communicate that information to providers?	Comment: Through educational material, list serve, memos and public forums.
Have you seen an increase in the number of children receiving sealants over the last year or years? If yes, please explain.	Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:
Does your state support school-based or school-linked dental sealant programs?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, how many Medicaid or CHIP enrolled children were served by these programs in the past year? Are you continuing to see increases in the number of children served by these programs?	# 8,175 in 2011 Comment: At this time I do not have valid data to compare 2010 to 2011. We implemented a new MMIS in May 2010 and prior to that implementation we did not capture the school setting place of service.
How many sealants were placed in these programs in the past year?	# 2,313 clients received sealants in 2011
Has funding from the Centers for Disease Control and Prevention (for oral health infrastructure development) contributed to these efforts? Please describe.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Comment: For the past three years the Department of Health has funding from HRSA around \$25,000 each for LHJ's to provide MOU's to the private provider and school-based sealants. Due many LHJ's losing their oral health infrastructure we only have four counties

<p>Assessment of Current School-based, School-linked, Head Start or Early Childhood Dental Programs</p>	<p>Comment:</p>
	<p>that are willing to do this work. Seattle/King, Tacoma/Pierce, Lewis and Grays Harbor.</p>
<p>Collaboration with Dental Schools or Dental Hygiene Schools</p>	
<p>Do you have a dental school or dental hygiene program in your State? If yes, do you have any arrangement with the dental school or dental hygiene program to treat Medicaid beneficiaries, serve in rural areas, provide educational opportunities, etc.? Please describe.</p> <p>Yes, we work with the University of Washington Dental School, thru contracts to serve our most vulnerable clients and to administer the ABCD program.</p>	

Plans to Expand Dental School or Dental Hygiene Program Collaboration

Describe any plans to initiate or expand collaboration with dental school or dental hygiene program?

None at this time.

Electronic Dental Records

Describe the use of electronic dental records by providers in your State for the Medicaid and CHIP populations. Estimate the percentage of dental providers using electronic dental records.

Electronic Dental Records (EDR) of varying functionality is in widespread use among the Medicaid and CHIP Population Providers. However, based on applications to the Medicaid EHR Incentive Program, certified Electronic Dental Records may not be the majority of products currently in use.

Is the dental record integrated with the medical record?

In practices where both medical and dental services are provided (either at the clinic or organizational level) the EDR is most often integrated with the EMR.

How is the State supporting dental provider efforts to qualify for meaningful use incentive payments?

Thus far the dental community has been approached as part of the entire medical community. In the AIU portion of our efforts to engage providers, distinguishing between dental and medical was less critical than it is now. Efforts have included webinars, newsletters, informational communications and one-to-one help through the SmarterTrack system – linking providers with state eligibility managers.

Going forward, the dental community may be identified as needing specialized outreach, tailored to their challenges in meeting meaningful use. This is a natural timing given the implementation of Stage 1 Meaningful Use requirements – which present more of a challenge for dental providers than did AIU.

Currently 274 dental providers in WA are participating in the Medicare or Medicaid Electronic Health Records Incentive program.

Plans to Expand Dental School or Dental Hygiene Program Collaboration
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Technical Assistance
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Indicate areas of interest or topics about which you would be interested in receiving technical assistance.
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Other Materials or Links to Relevant Websites
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If you would like to submit copies of materials or provide links to relevant websites for additional information, please do so as attachments to this template.
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