Innovation in the Ranks; Expanding oral health care access in Arizona with advanced delivery and workforce models

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Agenda

• Status of oral health disease in AZ
• Senate Bill 1282 – teledentistry and affiliated practice dental hygienists
• Dental Health Aide Therapist
• Teledentistry in AZ
• AHCCCS reimbursement for preventive services
• Affordable Care Act’s impact on early childhood oral health care
Oral Health in AZ

• Children age 2-4 in AZ
  – 37% with tooth decay experience
  – 30% with untreated tooth decay

• Native American children 1-5 years
  – 72% with tooth decay experience
  – 55% with untreated tooth decay
  – 87% of 5 year olds with tooth decay experience

• Arizona has 154 dental care shortage areas
Where did this start?

- Senator Bradley, AzDA, ASDHA and other stakeholders.
What does the bill do?

• Amends the Dental Practice Act as it relates to the scope of practice for Dental Hygienists and Dental Assistants.

• Amends (under Dept of Human Services) tele dentistry.
More details

- §32-1281: amends the scope of practice for dental hygienists and allowing qualified hygienists to perform the restorative functions that an expanded function dental assistant may perform after completing educational and examination requirements;
- §32-1289: allows hygienists employed by public health agencies to perform screenings or assessments and apply sealants and topical fluoride before an examination by a dentist;
- §32-1289.01: relocates and amends the provisions governing affiliated practice relationships (formerly in § 32-1289);
- §32-1291.01: allows dental assistants to perform expanded functions if they complete Board-approved training and successfully completes a Board approved examination; delineates the authorized expanded functions;
What does this mean?

- Expanded services into hard to reach areas.
- Opportunity to increase the number of students/children treated.
- AHCCCS Billing
Dental Health Aide Therapist

- The evolution of a mid-level provider
- Alaska, Minnesota and Maine
- New Zealand
Education & Supervision

• Alaska:
  – 24 month program plus 400 hours of clinical practice in a tribal location under dentist’s direct supervision

• Minnesota:
  – Bachelors degree or for an Advanced DHAT, Masters degree with 2000 clinical practice hours

• Supervision:
  – Shadowing, dentist observes works for 1-3 months, daily review of upcoming patients/procedures
Scope of Practice

Alaska
• Perform exams
• Take X-rays
• Conduct cleanings
• Apply fluoride varnish and sealants
• Prepare and restore (fill) decayed primary and permanent teeth
• Place temporary stainless steel crowns
• Perform pulpotomies (partial pulp removal)
• Extract (nonsurgically) primary and permanent teeth

Minnesota
• Take X-rays
• Administer local anesthesia
• Apply fluoride varnish and sealants
• Prepare and restore decayed primary and permanent teeth (fillings)
• Place temporary stainless steel crowns
• Perform primary tooth pulpotomies (partial pulp removal)
• Extract primary teeth

While Advanced DHATS can also:
• Complete an oral evaluation
• Develop a treatment plan
• Extract permanent teeth (nonsurgically)
Expanding access to care

1. Serve high demand

Cultural Responsivity

2. Allows dentists to focus on high-skilled work and complex care

Revenue

3. Less training, less salary

Cost analysis
Procedure Mix

Ferry*

Curtis†

Diagnostic: e.g., exams and X-rays

Preventive: e.g., cleanings, topical fluoride, and sealants

Restorative: e.g., fillings and stainless-steel crowns

Other Procedures
Financial Cost Contribution

Estimated Financial Cost Contribution by Curtis and Ferry, 2012

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## Financial Contributions

### Estimated Financial Contributions of Ferry and Curtis, 2012

<table>
<thead>
<tr>
<th>Provider</th>
<th>Billings</th>
<th>Estimated total revenue*</th>
<th>Costs of employment</th>
<th>Estimated net revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ferry</td>
<td>$526,783</td>
<td>$385,338</td>
<td>$184,009</td>
<td>$201,329</td>
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<tr>
<td>Curtis</td>
<td>$296,268</td>
<td>$216,718</td>
<td>$202,009</td>
<td>$14,709</td>
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</table>
Teledentistry

- Teledentistry means the use of data transmitted through interactive audio, video or data communications that occur in the physical presence of the patient for the purposes of diagnosis, treatment planning, consultation and directing the delivery of treatment by dentists and dental providers.
Critical components

- Hardware & software
- Delivery/communication of images
- Data security
- Relationship with dental clinic & provider
- A child’s perspective
Benefits

• Access
• Cost
• Demand
• Impact on families
• Fluoride Varnish Reimbursement
  • Affiliated Practice DH
  • Nurse Practitioners
  • Physician Assistants
  • Training
  • Coding/Billing
• Dental Hygiene Reimbursement Model
  • Miki Banks
  • United Healthcare/Dignity Health
• Tele-Dentistry Reimbursement
  • Background
  • NAU Model
  • NM Collaborative Dental Hygienist

WHAT ARE WE TALKING ABOUT?
Fluoride Varnish Reimbursement

• The application of fluoride varnish by health care professionals is intended to arrest, retard, or even reverse dental caries in children who are at medium to high risk for decay.

National Maternal & Child ORAL HEALTH Resource Center
Who is Eligible for Reimbursement of Fluoride Varnish Services?

Primary Care Physicians
Physicians’ Assistants
Nurse Practitioners
Dentists
Affiliated RDH
Training

Training Organizations

• Smiles for Life, A National Oral Health Curriculum
• American Academy of Physician’s Assistants
• American Academy of Pediatric Dentistry
• American Nurses Association (Contact)

• Approximately 1 hour
• Online capability
• Smilesforlifeoralhealth.org
• FREE TRAINING
• Eligible once training is complete
• Submit your certificate to CAQH

Arizona Department of Health Services
### Coding and Billing

- AHCCS Provider Identification Number and NPI Number
- ADA Dental Claim Form
- Electronic Claim Submission possible
- Submitted within 90 days
- 12 months to resubmit

<table>
<thead>
<tr>
<th>Medical</th>
<th>Dental</th>
</tr>
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<tbody>
<tr>
<td>CPT CODE IS 99188</td>
<td>Provider Type</td>
</tr>
<tr>
<td>$18.58</td>
<td>08</td>
</tr>
<tr>
<td>MD-Physician</td>
<td>07</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>18</td>
</tr>
<tr>
<td>Registered Nurse Practitioner</td>
<td>19</td>
</tr>
<tr>
<td>DO-Physician Osteopath</td>
<td>31</td>
</tr>
</tbody>
</table>

| CDT CODE IS D1206 | Provider Type |
| Varies | - |

- Physician |
- Dental Hygienist |
- Registered Nurse Practitioner |
- DO-Physician Osteopath
Participating Health Plans

- UnitedHealthcare
- Health Net
- Health Choice
- AHCCCS
Affiliated Dental Hygiene Practitioner Agreement

- The delivery of dental hygiene services, pursuant to an agreement, by a dental hygienist who is licensed and who refers the patient to a licensed dentist for any necessary further diagnosis, treatment, and restorative care
- Between a licensed Arizona dental hygienist and licensed Arizona dentist
- Written contract submitted to the Board of Dental Examiners within 30 days after the effective date of the agreement
- Identifies setting, services, procedures, and standing orders to be followed by the dentist and dental hygienist
Successful Delivery System

- United Healthcare Community Plan in Arizona reimburses ADHP directly
- Michele Banks, RDH practicing over 30 years and was the first ADHP
- Supporting the enhanced dental team model
- Promoting this model to AZ counterpart health plans

### Reimbursement Services

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Rate</th>
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<tbody>
<tr>
<td>D1110</td>
<td>(Prophy-Adult)</td>
<td>$ 46.71</td>
</tr>
<tr>
<td>D1120</td>
<td>(Prophy-Child)</td>
<td>$ 40.19</td>
</tr>
<tr>
<td>D1203</td>
<td>(Topical F2 Child)</td>
<td>Discontinued</td>
</tr>
<tr>
<td>D1204</td>
<td>(Topical F2 Adult)</td>
<td>Discontinued</td>
</tr>
<tr>
<td>D1206</td>
<td>(Topical F2)</td>
<td>$ 18.58</td>
</tr>
<tr>
<td>D1208</td>
<td>(F2 - Varnish)</td>
<td>$ 18.58</td>
</tr>
<tr>
<td>D1351</td>
<td>(Sealant/Tooth)</td>
<td>$ 25.24</td>
</tr>
</tbody>
</table>
Tele-dentistry Reimbursement

- AHCCCS (Medicaid) must accept and pay for services provided through teledentistry for enrolled members who are under 21 years of age!
- Codes coming soon
- ACA no expected dental influence other than Medicaid expansion

- NAU Tele-Dentistry Model (No reimbursement)
- Teledentistry in Arizona
New Mexico Collaborative Dental Hygienist

• Collaborative Practice established in 1999
• RDH recognized as Primary Care Providers
• RDH who practices in rural underserved settings for at least 1040 hours = income tax credit
• Direct reimbursement by Medicaid for services

• Collaborative Dental Model – Video

• Developing a more efficient business model for the Collaborative RDH
• NM noticing policy as a barrier to reimbursement
Public Health Insurance

1965
- Medicare
  - No dental coverage

1967
- Medicaid
  - Dental coverage required for children
  - Limited access to dental providers
  - Low utilization of dental services

1997
- CHIP
  - Dental care for gap children between Medicaid and private coverage

2007-2011
- Progress
  - Increased reimbursement rates
  - Outreach to families
  - Integration of medical and dental care

2012
- Adult Medicaid
  - 8 states no adult Medicaid benefit
  - 17 states emergency coverage only
  - 11 states comprehensive dental benefit
Affordable Care Act Goals

• Individuals
  – More people covered
  – More benefits and protections
  – Lower costs

• Health System
  – Improved quality and efficiency
  – Stronger workforce and infrastructure
  – Greater focus on public health and prevention
ACA Dental Health Goals

- Support of dental public health programs
- Oral health education campaigns
- Oral health data collection
- Oral health included in 10 essential health benefits

Dental services for children

Dental services for adults not included in EHB
Pediatric Dental Options in the Marketplace

Dental benefit embedded in medical plan
- Comprehensive single plan
- Single premium & deductible

Stand Alone pediatric dental plan
- Not included in calculation for subsidy
- No federal requirement to purchase

Bundled Plan includes medical and dental coverage
- Single premium
- Separate deductibles
## States with Medical Plans with Embedded Pediatric Dental Benefits

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
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<tbody>
<tr>
<td>0%</td>
<td>8 states</td>
<td>3 states</td>
</tr>
<tr>
<td>&lt;50%</td>
<td>21 states (AZ)</td>
<td>23 states (AZ)</td>
</tr>
<tr>
<td>50% - 90%</td>
<td>9 states</td>
<td>9 states</td>
</tr>
<tr>
<td>100%</td>
<td>2 states</td>
<td>4 states</td>
</tr>
</tbody>
</table>

Includes states using Federal Marketplace and some State-Based marketplaces (not all SBMs included)

Adult Dental Options in the Marketplace

• Not included in Essential Health Benefits
• Not available for subsidy
• No federal requirement that states offer adult dental option in the Marketplace
• All stand-alone dental plans must include a pediatric dental benefit – even if targeted towards adults
• Embedded plan can offer adult benefit without pediatric
Affordability

<table>
<thead>
<tr>
<th>Monthly Premiums</th>
<th>Stand-Alone Plans</th>
<th>Embedded Plans</th>
</tr>
</thead>
</table>
| • Variation among states ($15 - $77/child/month) | • Generally lower than stand alone (average $5/child/month – dental portion only)
• Difficult to identify exact cost of dental premium; making plan comparisons difficult |

| Advanced Premium Tax Credits (Subsidy) | Only after subsidy applied to medical premium | Applied against single premium |

| Cost Sharing (co-pay/premium) | No cost-sharing reductions | Cost-sharing reductions apply |

| Annual Limits on Out-of-Pocket Costs | Separate deductible in addition to medical $350/child $750/2 or more children | Single deductible for both medical and dental $6,350/individual $12,700/family |
Dental Benefits Choices for Children

One Size Does Not Fit All

Children in good oral health; mostly routine office visits & cleanings

Less out of pocket costs

Embedded Plan

Children in poor oral health; need more restorative care

Stand Alone Dental Plan

NADP - National Association of Dental Plans
Pediatric Stand Alone Dental Plans High and Low Plans

• High
  – Higher premiums
  – Lower copayments and deductibles
  – Pay more every month but pay less when you use dental services

• Low
  – Lower premiums
  – Higher copayments and deductibles
  – Pay less every month but more when you use services
Confused?

Get Covered America – Arizona

Welcome to the state page for Get Covered America – Arizona!

Here’s where you can find the latest information on how we’re getting the word out in our community about the new health insurance options — and how you can get involved.

https://www.getcoveredamerica.org/action-center/arizona/
Outcomes

• 10.2 million Americans paid premiums and active coverage (205,666 in AZ)
• 16.4 million uninsured people have gained coverage (in AZ uninsured rate decreased from 20.4% in 2013 -17.5% in 2014)
• Uninsured rates for minorities decreasing
• 29 million women receiving preventive services coverage (557,000 in AZ)
• Hospital uncompensated care reduced by 7.4% (280,546 in AZ)

<table>
<thead>
<tr>
<th>Dental Coverage</th>
<th>Expected outcome (based on expected mandate which did not occur)</th>
<th>Actual outcome</th>
<th>Arizona</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marketplace Child Dental Coverage</td>
<td>3 million by 2018 (15% increase over 2010)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stand Alone Dental Plan</td>
<td></td>
<td>26,591 (3/1/14)</td>
<td></td>
</tr>
<tr>
<td>Embedded Plan</td>
<td></td>
<td>?</td>
<td></td>
</tr>
<tr>
<td># of children with no dental benefits</td>
<td>Decrease by 55%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicaid/CHIP children</td>
<td></td>
<td>78,849 (3/1/14)</td>
<td></td>
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<tr>
<td>Medicaid Adult (not including emergency only)</td>
<td>4.5 million (Medicaid expansion)</td>
<td></td>
<td>none</td>
</tr>
<tr>
<td>Marketplace Adult</td>
<td>800,000</td>
<td>?</td>
<td></td>
</tr>
</tbody>
</table>

The Affordable Care Act: What It Means to Your Community’s Oral Health. Patrice Pascual. *Executive Director Children’s Dental Health Project*
What’s Next in Arizona - 2016 rate increases

- Insurance company rate increases filed with Arizona Department of Insurance
- 15 plans requested rate increases from 11%-27% over 2015 rates
- 7 plans requested rate increases of 10%
- Rate requests are being reviewed. Arizona does not have authority to reject rate increases
- Final rates will be announced prior to November 1
- 2016 Open Enrollment November 1, 2015 – January 31, 2016
- Penalty: $695/uninsured adult, $2,085 per household OR 2.5% of taxable income (whichever is greater)

Filling in the Gaps

- Mandatory dental coverage
- Tax subsidy benefit
- Consistent standards
- Increase provider reimbursement
- Expand provider networks
References/Resources

• 2010 IHS Oral Health Survey, Indian Health Service
• Children’s Dental Policy, The Pew Charitable Trusts
• Children’s Dental Health Project
  https://www.cdhp.org/topics/affordable-care-act
• HealthCare.gov
• Get Covered America - Arizona
  https://www.getcoveredamerica.org/action-center/arizona/
References/Resources


- Council for Affordable Quality Healthcare
  – Caqh.org

- Arizona Health Care Cost Containment System
  – https://www.azahcccs.gov/

- United Healthcare Community Plan
  – Denise Clemente (denise_clemente1@uhc.com)

- Arizona Department of Health Services
References/Resources

- University of New Mexico
  - http://dentalmedicine.unm.edu/hygiene/index.html
- Arizona Board of Dental Examiners
  - https://dentalboard.az.gov
- Arizona State Legislature
  - https://www.azleg.gov
Thank you!