



EARLY CHILDHOOD SUMMIT 2015

LEARN. SHARE. GROW.



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

Kavita Bernstein, Program Specialist Children's Health – First Things First

Megan Miks, Manager of Community Oral Health Programs – Chandler Regional Medical Center

Vincent Torres, Program Supervisor – Maricopa County Department of Public Health

Kimberly Richards, First Teeth First Program Coordinator – Maricopa County Department of Public Health

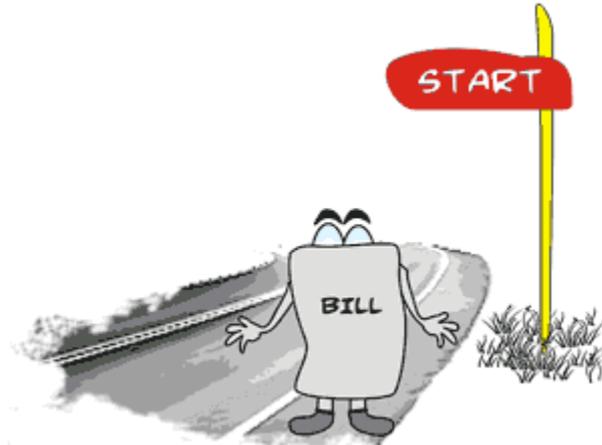
Agenda

- 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)

Advantage

Expanding
access to
care

Cost
analysis

Serve high
demand

1.

Revenue

Cultural
Responsivity

2.

Less
training,
less salary

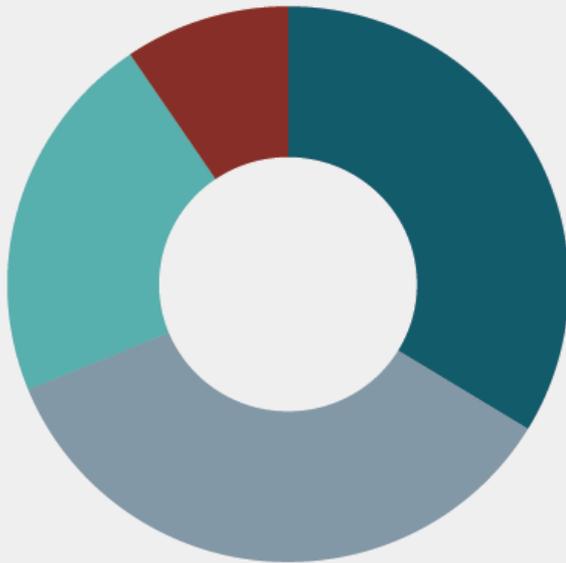
3.

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

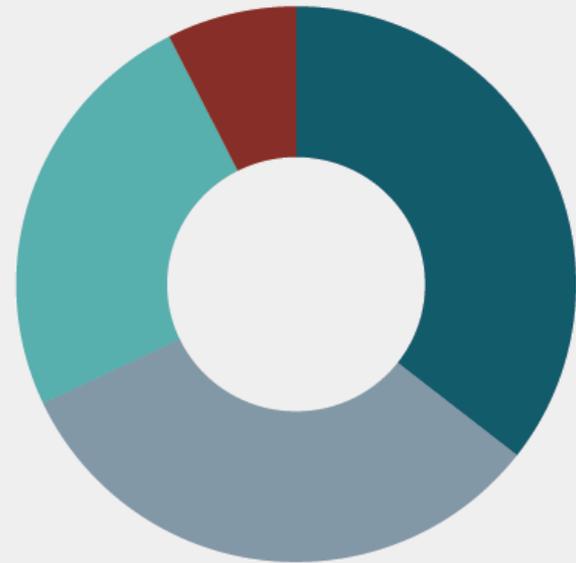
4.

Procedure Mix

Ferry*



Curtis†



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

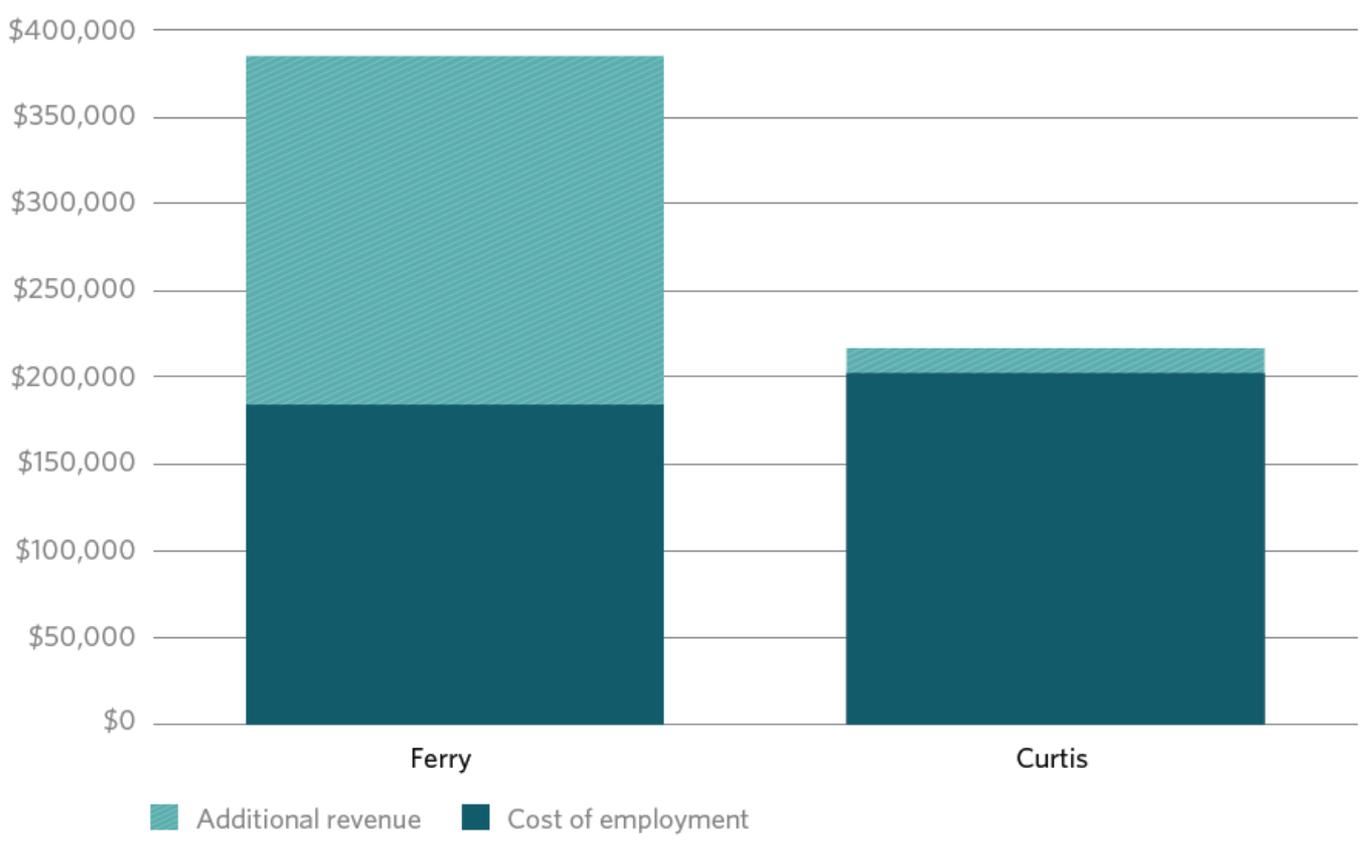
Restorative: e.g., fillings and stainless-steel crowns

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

Other Procedures

Financial Cost Contribution

Estimated Financial Cost Contribution by Curtis and Ferry, 2012



© 2014 The Pew Charitable Trusts

Financial Contributions

Estimated Financial Contributions of Ferry and Curtis, 2012

Provider	Billings	Estimated total revenue*	Costs of employment	Estimated net revenue
Ferry	\$526,783	\$385,338	\$184,009	\$201,329
Curtis	\$296,268	\$216,718	\$202,009	\$14,709

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

Knock knock
Who's there? ~-~HIPPA
HIPPA who?

Sorry, I can't tell you
THAT



someecards
user card

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

Benefits

- Access
- Cost
- Demand
- Impact on families

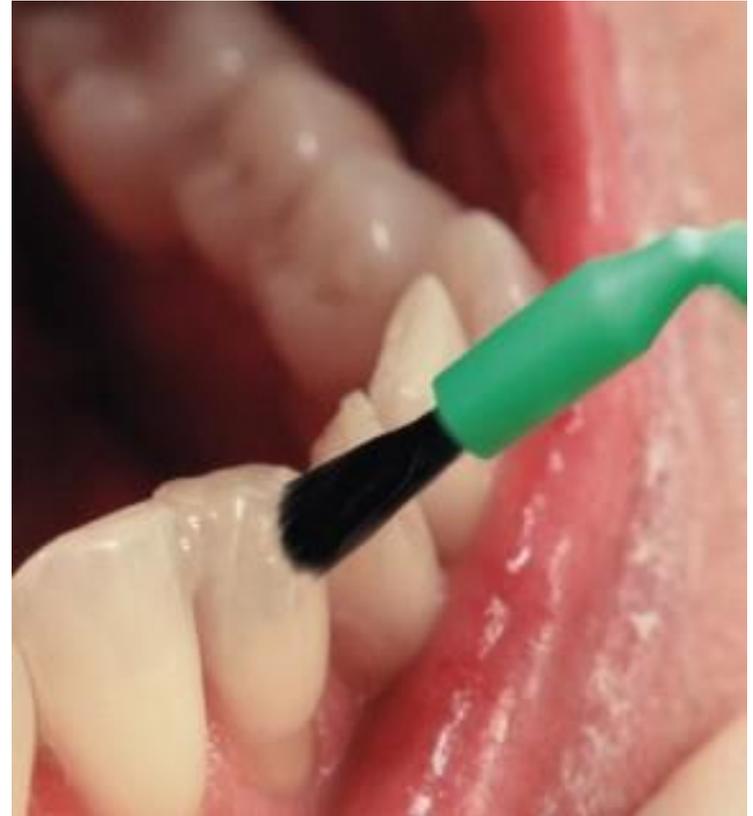


- Fluoride Varnish Reimbursement
 - Affiliated Practice DH
 - Nurse Practitioners
 - Physician Assistants
 - Training
 - Coding/Billing
- Dental Hygiene Reimbursement Model
 - Miki Banks
 - United Healthcare/Dignity Health
- Tele-Dentistry Reimbursement
 - Background
 - NAU Model
 - NM Collaborative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



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

Medical		Dental	
CPT CODE IS 99188	Provider Type	CDT CODE IS D1206	Provider Type
\$18.58	-	Varies	-
MD-Physician	08	Dentist	07
Physician Assistant	18	Dental Hygienist	54
Registered Nurse Practitioner	19		
DO-Physician Osteopath	31		

Participating Health Plans



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

RED TEXT

NEW LANGUAGE

BLACK TEXT

EXISTING LANGUAGE



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	
D1110 (Prophy-Adult)	\$ 46.71
D1120 (Prophy-Child)	\$ 40.19
D1203 (Topical F2 Child)	Discontinued
D1204 (Topical F2 Adult)	Discontinued
D1206 (Topical F2)	\$ 18.58
D1208 (F2 - Varnish)	\$ 18.58
D1351 (Sealant/Tooth)	\$ 25.24

United Healthcare Community Plan



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

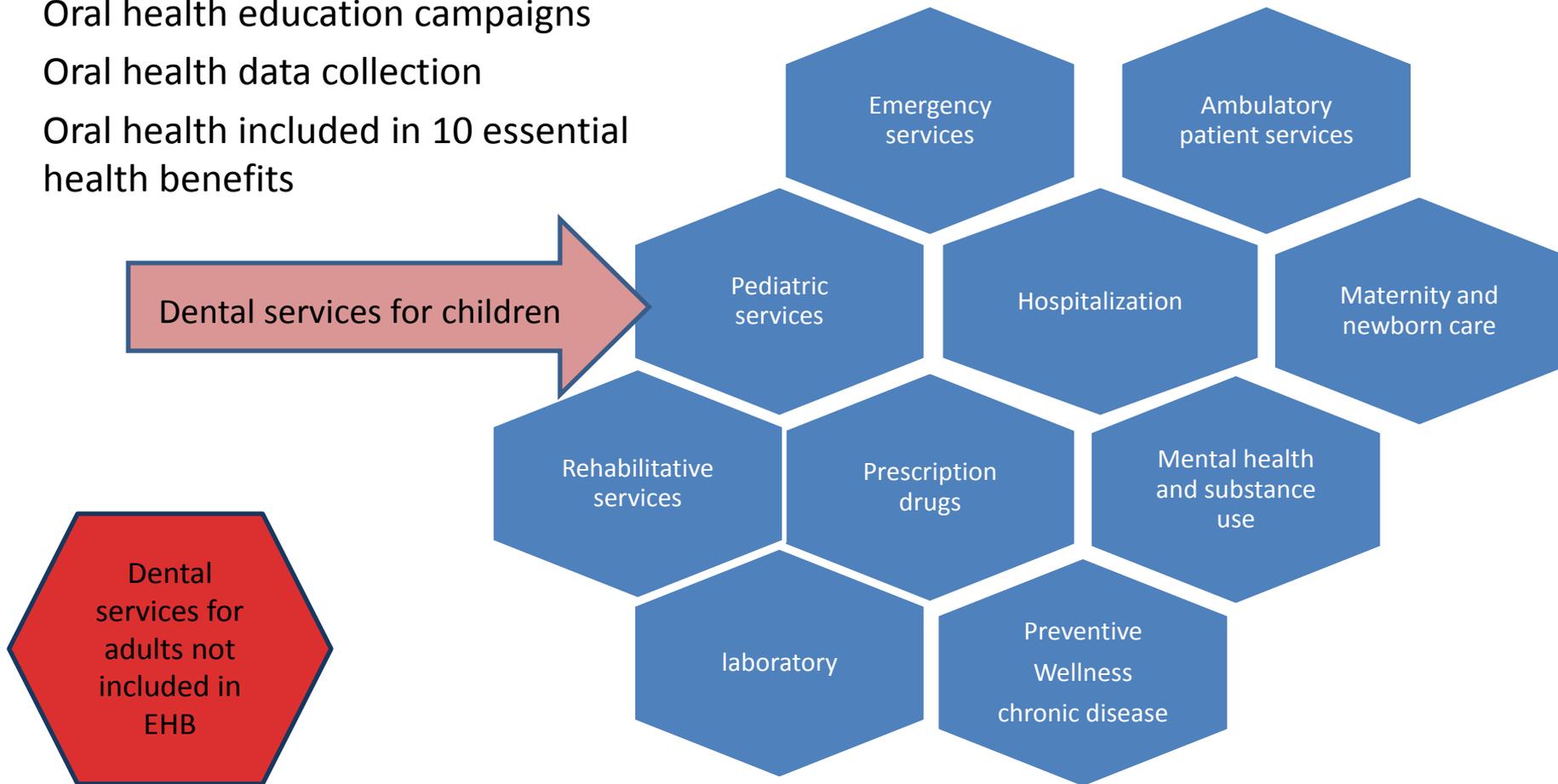
Affordable Care Act Goals

- 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

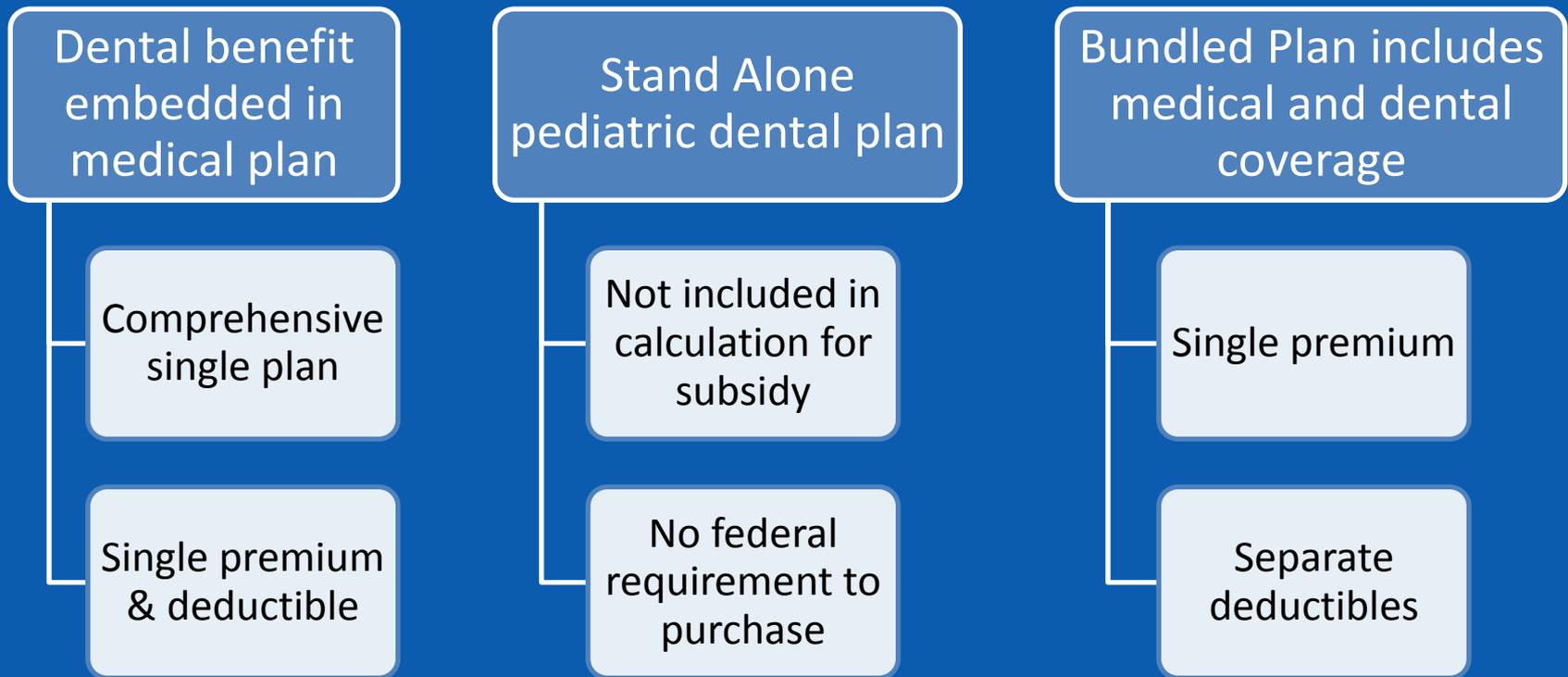


ACA Dental Health Goals

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



Pediatric Dental Options in the Marketplace



States with Medical Plans with Embedded Pediatric Dental Benefits

	2014	2015
0%	8 states	3 states
<50%	21 states (AZ)	23 states (AZ)
50% - 90%	9 states	9 states
100%	2 states	4 states

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

Adapted from: Yarbrough C, Vujcic M, Nasseh K. More dental benefits options in 2015 Health Insurance Marketplaces. Health Policy Institute Research Brief. American Dental Association. February 2015. Available from: http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0215_1.ashx.

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

	Stand-Alone Plans	Embedded Plans
Monthly Premiums	<ul style="list-style-type: none"> Variation among states (\$15 - \$77/child/month) 	<ul style="list-style-type: none"> 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

Before the Affordable Care Act (ACA), only 1% of consumers with dental benefits had them as part of a medical plan. The ACA requires dental benefits for children as part of essential health benefits offered by medical plans to small employers or sold to individual consumers outside of state or federal Exchanges. In some instances, a medical plan can offer consumers the option to get their children's dental benefits from a separate dental plan, in lieu of the other care for children. Families consider many factors in selecting a plan for dental services—like whether they can continue to see their dentist. But out-of-pocket cost is the main concern. This infographic shows the TOTAL yearly out-of-pocket costs for one of the four types of dental service needs under two typical medical plans and two typical separate dental plans. These examples are for plans offered through a small employer outside of Marketplaces where subsidies and cost sharing reductions are not available to consumers.

The Basics

There are 4 basic elements of total out-of-pocket costs for dental: premiums, deductibles, co-insurance and the maximum out-of-pocket limit (MOOP). Looking at one cost in isolation gives an incomplete picture leading to large variations about the value of dental coverage.

Premium

The amount a consumer or employer pays to an insurance company for a dental or medical policy.

Deductibles

A fixed dollar amount of dental or health care cost that a consumer pays before the medical or dental plan will pay for any other services. The deductible is paid each year that you or child is covered by the dental or medical plan.

Coinsurance

After the consumer pays the deductible, the amount of covered services is shared by the health or dental plan and the consumer. Coinsurance for the copayment is the part of the cost that the consumer pays. Coinsurance is usually expressed by the type of dental service.

MOOP Limit

Maximum out-of-pocket (MOOP) limit is the total amount that a consumer pays in a year under their medical or dental plan. After used by the MOOP, the medical or dental plan pays 100% of extra care health care costs for the rest of the year. The consumer pays nothing more for extra or health services that year.

Plan Options Outside Exchanges

1	2	3	4
Pediatric Dental in a Medical Plan (No separate dental plan available)	Pediatric Dental in a Medical Plan (No separate dental plan available)	Pediatric Dental in a Dental Plan (No separate dental plan available)	Pediatric Dental in a Dental Plan (No separate dental plan available)
\$205	\$2,893	\$409	\$336
<ul style="list-style-type: none"> Preventive Services: \$0 (100% covered) Basic Services: \$20 (50% covered) Major Services: \$50 (25% covered) Orthodontia: \$500 (25% covered) 	<ul style="list-style-type: none"> Preventive Services: \$0 (100% covered) Basic Services: \$70 (100% covered) Major Services: \$280 (25% covered) Orthodontia: \$500 (25% covered) 	<ul style="list-style-type: none"> Preventive Services: \$0 (100% covered) Basic Services: \$40 (25% covered) Major Services: \$67 (25% covered) Orthodontia: \$500 (25% covered) 	<ul style="list-style-type: none"> Preventive Services: \$0 (100% covered) Basic Services: \$33 (25% covered) Major Services: \$61 (25% covered) Orthodontia: \$500 (25% covered)
\$5,809	\$5,809	\$350	\$350



Yearly Total Dental Costs for Typical Coverage Options

	1	2	3	4
Consumer Out-of-Pocket Costs				
1 Only preventive dental services covered by dental insurance	\$0 ✓	\$248	\$0	\$61
2 Child needing 2 dental visits a year and 2 preventive dental visits	\$225 ✓	\$473	\$115	\$173
3 Child needing 2 dental visits a year and 2 preventive dental visits	\$600	\$848	\$350	\$350 ✓
4 Child needing 2 dental visits a year and 2 preventive dental visits	\$1,650	\$1,898	\$350 ✓	\$350 ✓
5 Child needing 2 dental visits a year and 2 preventive dental visits	\$2,984	\$3,091	\$350 ✓	\$350 ✓

Conclusion

Neither a medical plan with pediatric dental or a separate dental plan is best for every child. Giving consumers choices for dental coverage is critical. To assure they get the plan that fits their needs. In general, when consumers buy pediatric dental services as part of a medical plan they will have less out-of-pocket cost when their children are in good oral health and need minimal dental care beyond routine office visits and cleanings. For consumers whose children need more dental care, separate dental plans have the lowest annual out-of-pocket cost.

NOTE: This infographic is for informational purposes only and does not constitute an offer of insurance. Insurance coverage is subject to underwriting and may vary by state. For more information, please contact your insurance provider.

Less out of pocket costs

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

Embedded Plan

Children in poor oral health; need more restorative care

Stand Alone Dental Plan

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?



Calculator

Find Free Help

Get Covered 101

Insurance 101

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.



Volunteer

<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)

Dental
Gains?

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

Yarbrough C, Nasseh K, Vujicic M. Key insights on dental insurance decisions following the rollout of the Affordable Care Act. Health Policy Institute Research Brief. American Dental Association. August 2014. Available from: http://www.ada.org/-/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0814_2.ashx.

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

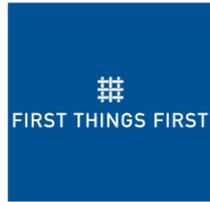
- Summary of Findings- Oral Health of AZ Preschool Children, Office of Oral Health, AZ Department of Health Services 2011
- <http://www.azdhs.gov/phs/owch/oral-health/documents/survey/survey-preschool.pdf>
- 2010 IHS Oral Health Survey, Indian Health Service
- Children's Dental Policy, The Pew Charitable Trusts
[http://www.aaiohi.org/wp-content/uploads/2015/01/Expanding Dental Case Studies Report.pdf](http://www.aaiohi.org/wp-content/uploads/2015/01/Expanding_Dental_Case_Studies_Report.pdf)
- Children's Dental Health Project
<https://www.cdhp.org/topics/affordable-care-act>
- HealthCare.gov <https://www.healthcare.gov/coverage/dental-coverage/> or www.CuidadoDeSalud.gov
- Get Covered America - Arizona
<https://www.getcoveredamerica.org/action-center/arizona/>

References/Resources

- Yarbrough C, Vujicic M, Nasseh K. More dental benefits options in 2015 Health Insurance Marketplaces. Health Policy Institute Research Brief. American Dental Association. February 2015. Available from: http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPIBrief_0215_1.ashx.
- 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
 - <http://www.azdhs.gov/phs/owch/oral-health/>

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>
- *Improving Integration of Dental Health Benefits in Health Insurance Marketplaces*. April 2014 National Academy for State Health Policy.
<http://nashp.org/improving-integration-dental-health-benefits-health-insurance-marketplaces/>



EARLY CHILDHOOD
SUMMIT 2015
LEARN. SHARE. GROW.

Thank you!



azftf.gov



@AZFTF



/AZFirstThingsFirst